

Thoraco-Lumbar Spinal Surgery

Pre-Operative Education Booklet



IMPORTANT! Please bring this booklet with you:

- to the VGH Pre-Admission Clinic
- to the Spine Surgery Pre-Operative Education Class
- to the hospital when you come for your surgery

For more copies, go online at <http://vch.eduhealth.ca>
or email pem@vch.ca and quote Catalogue No. FB.723.C337
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The information in this document is intended solely for the person
to whom it was given by the health care team.
www.vch.ca

Vancouver General Hospital

899 West 12th Avenue
Vancouver BC V5Z 1M9
Tel: 604-875-4111

Notes

Use this space to write down questions you want to ask your health care team.

- Done On the night before surgery starting at midnight, DO NOT eat solid food or drink alcohol. You may drink clear fluids (example: water, apple juice or cranberry juice but **no alcohol, citrus juices, carbonated beverages or dairy products**) after midnight until 1 hour before hospital check in time, then **DO NOT** drink at all - page 19
 - On the night before surgery before going to bed, drink 2 glasses (equal to 500 mL or 16 ounces) of clear juice (apple or cranberry) - page 19
 - 1 hour before hospital check in time drink 1 glass (equal to 250 mL or 8 ounces) of clear juice (apple or cranberry) then **DO NOT** drink at all - page 19
- Done On the day of surgery before you come to the hospital, if you normally take morning medications take them, as instructed by the Pre-Admission Clinic staff, with only a sip of water.
- Done On the day of surgery before you come to the hospital, do not shower, rinse off, or wash. Do not apply any lotions, moisturizers or makeup. Dress in clean, unused clothing - page 19
- Done On the day of surgery check-in at the VGH Admitting Department at the time you were given by the spine surgeon’s administrative assistant - page 20

Frequently Used Numbers/Addresses

Spine Unit
 899 West 12th Avenue
 9th Floor, Leon Judah Blackmore Pavilion
 Tel: 604-875-5800

Please note - Most patients do not arrive on the Spine Unit until about 5 hours after the start of surgery. That means if your surgery start time is 6:00am, your Spine Unit arrival time will be around 11:00am. On the day of surgery, a family member is welcome to call the Spine Unit to find out how you are doing. However, the nurse taking care of you will not have any information to report until after he/she has made an assessment once you are on the unit. ***On the day of surgery, family memebbers please call the Spine Unit only after 11:00am (or at least 5 hours after the surgery start time).***

CIBC Centre for Patients and Families
899 West 12th Avenue
Jim Pattison Pavilion, 1st Floor, room 1861,
(behind the information desk)
Hours: Monday to Wednesday and Friday:
10:00am–5:00pm
Thursday: 11:00am - 6:00pm
Tel: 604-875-5887

Pre-Admission Clinic

899 West 12th Avenue
Jim Pattison Pavilion, 1st Floor, room 1900
Hours: 8:00am–5:00pm
Tel: 604-875-5872

Admitting Department
899 West 12th Avenue
Jim Pattison Pavilion, 1st Floor, room 1850
Monday to Friday 5:30am–4:00pm,
Tel: 604-875-4300
Sunday and statutory holidays from
9:30am–12:30pm, Tel: 604-875-4937

**The Brenda and David McLean
Integrated Spine Clinic**
818 West 10th Avenue
Blusson Pavilion, 2nd Floor
Hours: Monday to Friday 8:00am–3:00pm
Tel: 604-875-4992

Introduction

About us - the Vancouver Acute Spine Program and the Spine Health Care Team

Within the spine/medical community, the Vancouver Acute Spine Program is considered to be a *Centre of Excellence* for spine surgery care. That means it has met certain criteria in its operation and focus - the program is internationally recognized for: providing the highest quality of spine care; training surgeons, nurses, physical therapists, occupational therapists and many other health care professionals; and for completing and publishing research.

In addition to providing elective spine surgery for patients like you, the spine surgeons provide emergency spine surgery for people who have been involved in a trauma or have been diagnosed with cancer of the spine. Because of their specialty knowledge, experience and skill, the spine surgeons are often invited to speak at conferences around the world.

Given that your surgeon may be operating much of the day or night, seeing patients in the out-patient spine clinic, or that they may be away at a conference, they may not be available to visit you every day after your surgery; however, you will be seen every day by one of the spine fellows (orthopedic or neurosurgeon specializing in spine surgery) or spine residents (medical doctor specializing in orthopedic or neurosurgery). Any concerns that may arise will be addressed by one of the spine surgeons who are available 24 hours a day, 7 days a week. If your spine surgeon is going to be away after completing your surgery, they will review your case with the on-call spine surgeon as well as with the spine fellow and spine resident. If you experience a medical problem while you are in the hospital that is not related to your spine surgery, the appropriate medical doctor (eg. cardiologist, diabetes doctor, respirologist, etc.) will be asked to come and see you.

Like the spine surgeons, the nurses, physical therapists, occupational therapists, and other health care professionals of the Spine Team are specially trained to work with patients with complex spine problems. Your care needs are discussed by the entire health care team every day.

Getting the Most Out of Your Spinal Surgery

Having surgery is a serious matter - getting ready for surgery is just as important.

Patients who have back surgery often go home about 4 days after surgery. Your length of stay in hospital will depend on your health before surgery, the type of surgery you have, the pace of your recovery, and how well you prepared yourself before coming to hospital.

‘Urgent Problems’

Go to your nearest Emergency Department (it does not have to be the VGH Emergency Department) if you think the problem needs immediate attention - ***that is, it must be addressed as soon as possible:***

- **Fever** - A fever greater than 38.5 C/101.0 F
- **Incision infection** - At your incision, new or increasing: redness, drainage (or a change in its appearance from clear to: blood-tinged, white, yellow, or green), foul odour, heat, swelling/hardening, pain. You may also experience night sweats, chills, fever, or flu-like symptoms.
- **Back and/or leg pain** - New or increasing pain in your back and/or legs that is not being controlled even though you are taking your pain medication.
- **Bowel problems** - New or increasing problems with your bowels (ie. constipation - not having a bowel movement for 72 hours) and severe abdominal pain. DO NOT allow this problem to persist for more than 72 hours.
- **Bladder problems** - New or increasing problems with your bladder (ie. not being able to pass urine at all for 12 hours). If you have bladder problems, in addition to seeing your family doctor, also tell your spine surgeon. DO NOT allow this problem to persist for more than 12 hours.

‘Emergency Problems’

Call 911 if you think the problem needs an emergency response - ***that is, it requires an immediate response by an ambulance and crew at your home:***

- **Chest pain**
- **Shortness of breath**
- **Weakness or numbness in your legs** - New, sudden and/or significant weakness or numbness in your legs (if this occurs, move into a lying down, resting position and remain in that position until the ambulance crew arrives and gives further direction)

HealthLink BC (formerly the BC Nurse Help Line)

You can access health information easily with a phone call or via the Internet through HealthLink BC. You can learn about health topics, check your symptoms, or find health services and resources near you. Call 811 if you would like to speak with a nurse or pharmacist, or you can call a dietitian to get healthy eating advice - any time of the day or night, every day of the year. Services are available in 130 languages.

To speak with a nurse, pharmacist or dietician call 811.

For deaf and hearing impaired assistance (TTY) call 711.

<http://www.healthlinkbc.ca>

How Did We Do?

We work hard to provide quality care. Quality care is best achieved when you become partners with us. Tell us how we did - your feedback matters because we use it to improve our services.

Compliments or suggestions for improvements can be made verbally (in person or by phone) or in writing (by letter, fax or email).

You can contact Brendan Tompkins, the Spine Program Patient Services Manager

Patient Services Manager Office

Leon Judah Blackmore Pavilion, 9th Floor, Room 919, 855 West 12th Avenue, Vancouver, BC V5Z 1M9

Tel: 604-875-5814 Fax: 604-875-5811

Email: brendan.tompkins@vch.ca

Office hours are Monday to Friday, 8:00am–4:00pm. The office is closed on statutory holidays.

You can contact the Patient Care Quality Office

Vancouver Coastal Health and Providence Health Care

Room LB-380m, 855 West 12th Avenue, Vancouver, BC V5Z 1M9

Tel: 1-877-993-9199 Fax: 604-875-5545

Email: pcqo@vch.ca

Office hours are Monday to Friday, 8:30am– 4:30pm. The office is closed on statutory holidays.

In Case of Medical Emergency

If you have any of the following problems once you are home, **do not wait - get help as described below.**

In addition to seeing your family doctor; going to the nearest Emergency Department; or calling 911, make sure that your spine surgeon is also aware of what has happened.

'Non-Urgent Problems'

Contact your family doctor if you think the problem needs non-urgent attention - **that is, it can be addressed in the next 24 hours:**

- **Fever** - A fever less than 38.5°C / 101.0°F (normal is 37.0°C / 98.6°F) and no problems with your incision.
- **Bowel problems** - New or increasing problems with your bowels (ie. constipation - not having a bowel movement for 24 hours) without severe abdominal pain.
- **Bladder problems** - New or increasing problems with your bladder (ie. not being able to fully empty your bladder).

What you do on a daily basis before you come to the hospital and after surgery makes a difference and will help maximize the overall success of your surgery and speed up your recovery time too.

This booklet describes what you can do before you come to the hospital, during your hospital stay, and after you go home again to have the best surgical outcome and quality of life throughout this process.

Research shows that patients who are well prepared for surgery participate better in their care and tend to have a better and faster recovery. Patients say that pain is not as much of a problem, they need less pain medication, and that they feel better overall. Research also shows that patients usually eat, sleep, and heal best at home - that means getting home in a timely manner is good for you.

Start getting ready for your surgery today - please read this booklet and follow the instructions provided.

Our role is to help you get back to your daily routines so you are safe and independent as soon as possible after surgery. After reading this booklet, if you have any questions or concerns please call the Spine Unit at 604-875-5800 and ask to speak with one of the following Spine Team members:

- Brendan Tompkins, Patient Services Manager (available Monday to Friday, 8:00am–4:00pm)
- Lise Belanger, Clinical Nurse Specialist (available Monday to Friday, 8:30am–4:30pm)
- The nurse-in-charge, called the Patient Care Coordinator (available 7 days a week, 7:00am–7:00pm)

Spine Unit

Vancouver General Hospital

9th Floor, Leon Judah Blackmore Pavilion

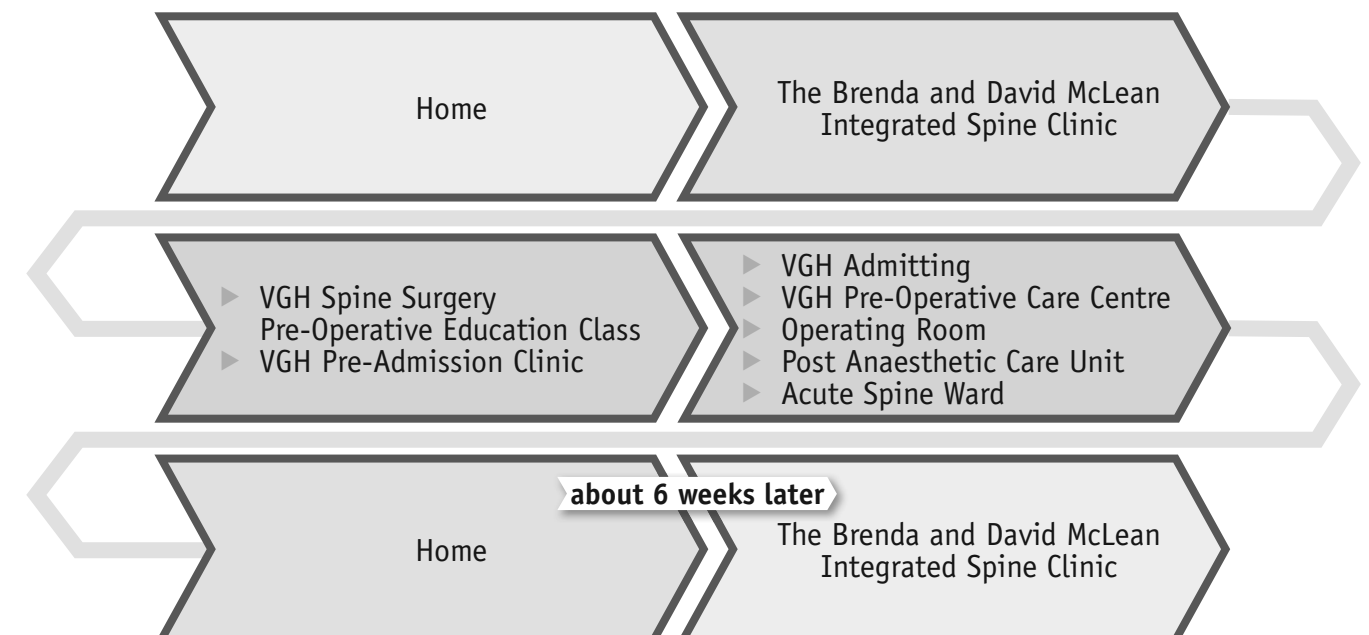
899 West 12th Avenue

Vancouver, BC V5Z 1M9

604-875-5800

NOTE: This booklet is given to ALL patients who are having spine surgery. If you receive instructions from the health care team that are different than what is described in this booklet, please follow the specific instructions provided by your health care team during your stay in hospital.

The Patient Journey



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Driving

You may not be ready to drive until 2–3 weeks after surgery. To drive safely you need to be focused so you can pay attention, and think and react quickly. Your pain must be under control, you must be alert, and you must be able to sit long enough to get where you need to go. Before you start driving, get approval from your family doctor or spine physician - ask whether or not you are 'fit to drive'. You can be a passenger when family or friends drive for you, and you may use public transportation (e.g. taxi, bus). Try to avoid crowded buses, rush hour traffic, etc. Lastly, do not ride a bike, a scooter, a horse, or operate a snowmobile, a forklift, a tractor, etc...

Therapy Services

Do not arrange other therapy (such as massage, chiropractic, or physiotherapy) to treat your spine unless you have been asked to do so while you were in the hospital. During your follow-up appointment with the spine physician (usually about 6–8 weeks after you go home), you can ask whether or not you need to start any kind of follow-up therapy.

Exercise and Sports

Do not do any exercises (or sport activities) unless you have been asked to do so while you were in the hospital. If there are activities (like walking on a treadmill, stationary cycling, swimming, yoga) you want to do during the next 6–8 weeks, you must ask your spine physician about these activities before you leave the hospital. During your follow-up appointment with the spine physician, you can ask when you may start or progress any kind of exercise (or sport activities).

Return to Work, School or Volunteering

Working, going to school and volunteering require lots of different movements and activities and there could be limits on the kinds of things you can do. Do not return to work until your spine physician and employer say it is okay. If you will be returning to school or volunteering, talk to your spine physician and anyone else who may be involved before you start.

When to Seek Medical Attention

Don't wait - contact your spine physician's office if you are having fever/chills, a problem with your incision, nerve (neuropathic) pain, have new bowel accidents or cannot pass urine. If you cannot speak with somebody in the office, call the Spine Unit (604-875-5800) and ask for the Clinical Nurse Specialist or the Charge Nurse.

Call 911 if you have chest pain or shortness of breath. Contact your family doctor if you think the problem (e.g. constipation, uncontrolled pain) needs non-urgent attention (in the next 24 hours). If you receive any medical attention related to your spine injury/surgery, make sure to call the office of your spine physician to provide an update.

Follow-up with the Spine Surgeon at the Brenda & David McLean Integrated Spine Clinic

Follow-up appointments are usually booked for 4–6 weeks after the date of discharge. You will be told when the spine surgeon has decided that you should return to the out-patient spine clinic. On the day of discharge, you (or your family member/friend) will receive a form that provides contact information for the out-patient spine clinic. Once home, please call the clinic to set up an appointment by calling 604-875-4992 (press 3 to bypass the message and go directly to booking) between 8:00am–3:00pm; the spine clinic is a busy place, do not wait to book your follow-up appointment; call within a few days of going home - **booking a follow-up visit with the spine surgeon is your responsibility.**

Increasing Activity Levels

Your ability to do activities will improve gradually. Do not rush the rate of recovery but it is important that, every day, you stay active throughout the day. As your pain decreases and your strength and energy increase you can add more activities into your day, do things for longer periods, or do things with less help.

Pain Management

People are not completely pain-free when they go home. The doctors and nurses will work with you to manage your pain so that it is at an acceptable level. It is normal to have low-level pain when being active. However, if you are having high-level pain, you may need to avoid the activity, do it in a different way, or have somebody help you. If high-level pain does not decrease with your usual routine (e.g. medication or rest) or if it steadily increases and doesn't go away, seek medical attention. Call your family doctor, or go to the nearest Emergency Department, or call 911.

Sleeping

Avoid lying or sleeping on your stomach. If you wake up on your stomach, there is no need to worry, simply roll onto your side (or back) and go back to sleep.

Moving In Bed and Getting In/Out of Bed

Log-roll when turning in bed. Move from lying to sitting (and back again) through side-lying. You may use the bed rail, but try to avoid twisting when reaching. As your mobility improves, practise getting in and out of bed with the head of bed flat and without using the bed rail.

Sitting

Only sit as long as you are comfortable. When you sit, you load weight through the area of your injury/surgery and this can cause soreness. Switch your body position between sitting, standing, and lying (lie flat on your back or side, and use good posture when sitting and standing).

Walking

Each day, increase how much time you walk. As your walks get longer, go for fewer walks so you do not get too tired or sore. Continue to follow the instructions you received (e.g. how to move from sitting to standing, keeping good posture when walking, how to properly use your walking aid).

Stairs

It is okay to use stairs at home and in other places. Continue to follow the instructions you received (e.g. take your time, use the handrail, make sure there is good lighting).

Lifting and Carrying

Do not lift or carry anything that weighs more than 5-10 pounds (a 2-litre carton of milk weighs almost 5 pounds). When lifting and carrying, use two hands and keep the item centred in front of you, keep the item close to your body, hold it between your hips and shoulders. When lifting, stay upright and do not combine reaching, bending and twisting of your spine.

Pushing and Pulling

Do not do vigorous activities that make you repeatedly push-and-pull, bend, twist, or reach too far (e.g. vacuuming, yard work). Do not do activities that are forceful or jerky (e.g. walking a dog that pulls on its leash).

Sexual Activity

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

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General Information for Patients and Families

1) The CIBC Centre for Patients & Families

The CIBC Centre for Patients & Families is a resource centre designed to help you and your family make informed choices about your health, before, during, and after your hospital stay.

Please visit the website prior to your admission to the hospital -

<http://centreforpatients.vch.ca/practicalresources>

- Please note - This website is not a substitute for consultation with your health care professional. Links to sites do not imply endorsement of products, services, or content.

The centre is a free service and is staffed by volunteers who will help you find and understand the information you need. If you have any questions, please don't hesitate to contact the Centre before, during or after your stay. At the Centre, you can find information on:

- Diseases, conditions, symptoms, medical tests, etc
- Finding your way around the health care system
- Community resources and how to access them
- Non-medical information

With world class information, helpful staff and volunteers, you will not only find a friendly space but also the guidance for your questions and the support you need to keep in touch with loved ones.

Services include:

- Computer access for email and research
- Pamphlets and brochures
- Copy machine and fax
- Personal assistance in locating information
- Web resources and links to sites that enable patients and families to stay connected with their loved ones during their hospital stay

Please note that the Centre for Patients & Families staff **do not** provide medical advice under any circumstances and they do not perform any medical/health testing (eg. blood work). If you have any questions or concerns about your medical/health status, you must contact your family doctor or spine surgeon.

The CIBC Centre for Patients & Families
Jim Pattison Pavilion, 1st Floor, room 1861
(main floor behind information desk)

Tel: 604-875-5887

Email: centreforpatients@vch.ca

Hours: Monday to Wednesday and Friday: 10:00am–5:00pm; Thursday: 11:00am–6:00pm

2) VGH Online

You can also find other, general information about the services and processes at Vancouver General Hospital online at the Vancouver Coastal Health website. Use the tabs located across the top of the page to find the information you need: Locations & Services, Your Health, Your Stay, etc. Please visit the website prior to your admission to the hospital - www.vch.ca

3) The Patient and Family Handbook

The Patient and Family Handbook includes information that addresses many questions that patients and families commonly ask. You can view (and download) this document from a link that is available on the CIBC Centre for Patients & Families website. Please note that you will receive a copy of the *Patient and Family Handbook* when you come to the VGH Pre-Admission Clinic.

Removal of Staples or Sutures

If you have staples or sutures (ie. stitches), your family doctor will remove them about 10 to 14 days after surgery. If you have staples, your nurse will give you a staple-remover that you must take to your family doctor. Sometimes small strips of paper tape (called Steri-strips) may be placed over your incision. Do not remove them as this could cause your incision to open; let them fall off on their own. Any Steri-strips that no longer cross your incision (helping to keep it closed) and won't stick in place any longer can be pulled off. Once the staples or sutures are removed and the drainage has stopped completely, the dressing can be removed. It is important to wear soft, loose clothing as your incision may be tender for a number of weeks. You may choose to cover your incision with a dressing to avoid it rubbing against your clothes.

Metal Detectors

In almost all cases, the type of instrumentation (ie. screws, plates, hooks, and rods) used is made from titanium and not steel. There are rarely any concerns about passing through metal detectors when traveling. Also, in the future it is okay to have X-rays, CT scans, or MRIs. You do not need (and will not be given) an 'identification card' that explains that you have had spinal surgery that included instrumentation.

Activity Guidelines Following Spine Surgery

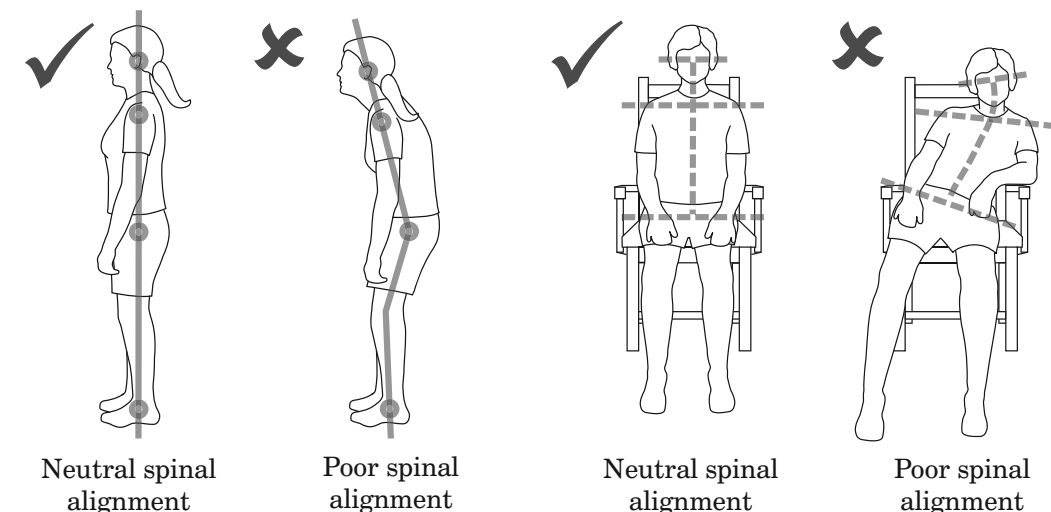
Research shows that patients have the best recovery after injury/surgery when they balance activity and rest. They say they have less pain, use less medication, move better, and get better sooner. Patients who are not 'up-and-about' don't do as well and are more likely to have complications and take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

This information will help you decide how to stay active while being safe and independent. You will be shown how to do things like get in/out of bed, take a shower, get dressed and manage in the bathroom. If you have family or friends who will support you, they can be shown how to help.

Think about the next 8–12 weeks as your recovery time. Use regular daily activities as a starting point for activity once you are home. When you do activities at home, keep in mind the following guidelines:

Neutral Spinal Alignment

As much as you can, keep your spine in a neutral position. That means in the area of your injury/surgery try to not bend your spine forwards, backwards, side-to-side or twist. You do not have to stay in a perfectly straight line all the time. Making small body movements will happen (e.g. when using the toilet, moving in bed, or dressing) but try to avoid big movements.



Step 2: Set-Up the Supplies

1. After washing your hands as per the instructions above, set-up the following supplies:



- Sterile saline (salted water) tube
- Package of sterile gauze. (A second package is included in case you need more gauzes to ensure the incision is clean and dry.)
- Sterile dressing

Step 3: Remove the old dressing

1. Remove the old dressing by gently and slowly peeling it away from the incision and throw it in the trash.

Step 4: Inspect the Incision for Signs of Infection

1. Without touching the incision, inspect it for signs of infection.
2. If you think you are developing an infection at your incision site go to the Emergency Department (it does not have to be the VGH Emergency Department).
3. If you have no signs or symptoms of infection, you may take a shower if you desire. It is not necessary to cover your incision with any kind of dressing at all. Stand in the shower facing the spray. You may get your incision wet but try to avoid getting shampoo and soap on the incision as this may irritate the healing skin. **Please note** - although you can get your incision wet in the shower, you cannot soak in a bath until your staples or sutures are removed and your incision is completely healed (at least 3 weeks after surgery). After your shower, have your helper apply a new dressing.

Step 5: Apply a New Dressing

If you have taken a shower, the person helping you **must** rewash and dry their hands.

1. Twist-off the top of one of the small pink tubes of saline (see photo) and cleanse the incision by squeezing the tube and squirting the solution over the incision in a top to bottom direction only.
2. Dab the incision dry with the sterile gauze dressings (use 1 or 2 packages). Make sure the skin around the incision is completely dry before trying to apply the new dressing; let it 'air dry' for a few minutes.
3. Apply a new sterile dressing (like you would apply a large Band-Aid) making sure not to touch the part of the dressing that will touch the incision.

4) HealthLink BC (formerly the BC Nurse Help Line)

You can learn about health topics, check your symptoms, or find health services and resources near you easily via the Internet through HealthLink BC. (www.healthlinkbc.ca) or by calling 8-1-1. 8-1-1 is a free-of-charge provincial health information and advice phone line available in British Columbia. The 8-1-1 phone line is operated by HealthLink BC, which is a program run by the Ministry of Health. By calling 8-1-1, you can speak to a health services navigator, who can help you find health information and services; or connect you directly with a registered nurse, a registered dietitian, a qualified exercise professional, or a pharmacist. Any one of these healthcare professionals will help you get the information you need to manage your health concerns, or those of your family.

For deaf and hearing impaired assistance (TTY) call 711.

Parking at VGH

A high volume of cars, taxis, and shuttle buses pick-up and drop-off patients outside the main entrances to Jim Pattison and Leon Judah Blackmore Pavilions. You are welcome to pick-up and drop-off as well but please note that there are only a few temporary metered parking spaces in front of the Jim Pattison Pavilion.

VGH is a busy place and finding convenient parking can be challenging! Street pay-parking is available throughout the area; this parking is metered and is restricted to 2-hours only. There are several pay-parkades in the vicinity of VGH. The main parkades are:

- The Gordon and Leslie Diamond Centre at 2775 Laurel Street (enter the parkade from Laurel Street at the north end of the Diamond Centre).
- The VGH parkade (enter from Laurel Street between 12th and 13th Avenues).

Metered parking within VGH is available in 3 locations:

- 20 spaces at the Jim Pattison Pavilion main entrance located on the ramp leading to the parkade (enter from 12th Avenue and take the ramp up to the left)
- 12 handicap spaces (you must display a valid pass) at the Jim Pattison Pavilion located under the parkade access ramp (enter from 12th Avenue and drive around the far side of the ramp)
- 5 handicap spaces (you must display a valid pass) located in the inner courtyard (between Heather and Blusson Pavilions) enter from 10th Avenue.
- 9 handicap spaces (you must display a valid pass) located in the inner courtyard (between Joseph and Rosalie Segal & Family Health Center and the Leon Judah Blackmore and Willow Pavilions) enter from 12th Avenue.

Instead of driving, consider using the bus (there are many stops along Broadway Street and Oak Street that put you within 1-2 blocks), taking a taxi, or using the Sky Train (the nearest stop is Broadway/City Hall which is 4 large city blocks or about a 10–15 minute walk).

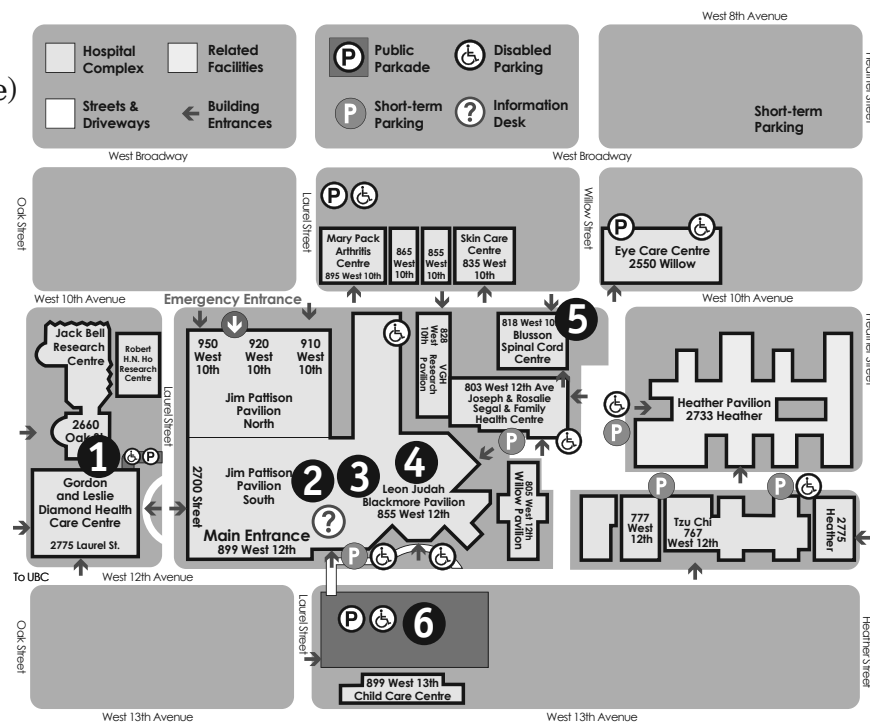
Patient Escort Wheelchairs

Patient wheelchairs are located inside the main entrance of Jim Pattison Pavilion for the convenience of patients and visitors. Please remember to bring a loonie (ie. \$1 coin) with you as a deposit which is refunded when you return the chair.

All Hospital Areas Are Scent Free Zones

Many patients and staff are allergic to scented toiletries, perfumes, and flowers. Wearing perfumes or other scented cosmetics is not permitted. Please check with the staff on the Spine Unit before bringing (or sending) flowers to the hospital.

- 1 Parkade (Diamond Health Care Centre)
- 2 Pre-Admission Clinic (Jim Pattison Pavilion)
- 3 Admitting (Jim Pattison Pavilion)
- 4 Spine Unit (Blackmore Pavilion)
- 5 Brenda and David McLean Integrated Spine Clinic (Blusson Centre)
- 6 Parkade (VGH)



All Hospital Areas Are No Smoking/Vaping Zones

Smoking is not permitted *anywhere* on the property (this includes inside any building, at any entrances, and anywhere outside while on VGH property).

Cell Phone and Wireless Internet Use

We know that it is important for you to stay connected to family and friends while you are in hospital. If you would like to use your personal cell phone we ask that you put the phone on silent especially if you are in the Spine Stepdown unit. The Stepdown Unit can be a very noisy place as the patients are on heart monitors which may alarm from time to time and the nursing staff need to be able to hear and respond to the alarms immediately. On the ward, cell phones that ring may interrupt other patients who are ill and need to rest. At all times, please be respectful when using your cell phone in your room; keep your calls to a minimum and please do not speak loudly. Cell phones can be freely used in the Spine Unit family lounge, Sassafras Cafeteria, Café Ami coffee shop, or in lobby areas.



Public Wi-Fi

There are two types of Wi-Fi services available depending on what you would like to do.

Basic Wi-Fi: Use the **BASIC** service to browse the internet or check your e-mails. This service is free. Just click **Accept & Connect** on the Wi-Fi home page.

Premium Wi-Fi: Use the **PREMIUM** service for streaming shows, movies, music, and for video calling or gaming. This service can be **purchased** based on your preferred length of access, ranging from one hour to one month. You can connect up to three devices on the **PREMIUM** service.

Please refer to the Wi-Fi pamphlet on the unit for more information.

Television and Phone Services

Services are available at all bedsides and are supplied by an external provider. Order forms and drop-off boxes are located on the Spine Unit; service requests can also be made by calling 604-875-4111 extension 62594. Payment can be made by cash, cheque or credit card.

You *need* to change your dressing if your dressing is very wet or discoloured by drainage.

- If you develop signs or symptoms of an infected incision, and/or need to change the dressing 2 times a day (or more) because there is a lot of drainage, you should go to the nearest Emergency Department. If your incision is draining, do not take any showers.

Changing a surgical dressing is not difficult, but it is important to do it correctly. You will need a family member or friend to change your dressing. **Make sure** the person changing your dressing reads the following information. While you are in the hospital your nurse will teach you and your helper more about how to change your dressing at home. On the day you go home from the hospital, the nurse will place a new dressing over your incision. This dry dressing is used to absorb any drainage from your incision and to keep it from rubbing against your clothing.

Step 1: Wash Your Hands

Effective hand cleansing is the number one way to prevent infection.

There are 2 ways to clean your hands.

If your hands are visibly dirty choose to wash with soap and water:

1. Using warm or lukewarm running water, wet your hands and then lather them with soap. Hot water should be avoided because it is drying to the skin. The soap does not need to be antibacterial to be effective.
2. Rub your hands together to make lather. If you have dirt under your nails, use this opportunity to clean under them. Rub your palms together and intertwine your fingers to make sure you get between them. Don't forget the back of your hands!
3. Keep rubbing your hands together! For proper hand washing this step should take no less than 15 seconds. Not sure when you're done? Try singing the 'Happy Birthday' song twice, and you should be fine.
4. Rinse your hands well. Ideally, start by rinsing your wrists and letting the water run off of your fingertips. Then rinse the rest of your hands as necessary.
5. Dry your hands well, using a clean paper towel or cloth towel. Nurses and doctors are trained to turn the faucet off with a paper towel. Why? Because you turned it on with dirty hands, so you don't want to touch it with your freshly cleaned hands.

If your hands are not visibly dirty you may choose to clean them with an alcohol based hand sanitizer:

1. Take one squirt of hand sanitizer
2. Rub your hands together making sure to cover your hands with the liquid or foam. Rub your palms together and intertwine your fingers to make sure you get between them. Don't forget the back of your hands!
3. Keep rubbing your hands together! For proper hand cleaning this step should take no less than 15 seconds. Not sure when you're done? Try singing the 'Happy Birthday' song twice, and you should be fine.
4. Allow your hands to air dry.

A certain degree of discomfort can be expected when you are being active. For example, when you are more active your pain level may increase from 2 (out of 10) to 5, and after some rest it should decrease. If this is the case, consider this ‘discomfort related to activity’ - this is normal. If your pain increases quite a bit, for instance from 2 (out of 10) to 7 or 8 this is no longer normal discomfort that would be expected. Regardless of the cause, if you are having severe, ‘uncontrolled’ pain, do not ignore the situation; call your family doctor, spine surgeon, or go to the nearest Emergency Department (it does not have to be the VGH Emergency Department).

Signs and Symptoms of an Infected Surgical Incision

- **Redness:** Some redness at the incision site is normal, but as the incision heals it should decrease over time rather than becoming redder. An incision that gets red, or has red areas radiating to the surrounding skin may be infected.
- **Drainage:** Drainage from the incision *that is increasing*. The drainage from an infected wound can be watery or thick. It may or may not be foul-smelling. It can range in color from blood-tinged to white, yellow or green.
- **Heat:** An infected incision may feel hot to the touch. This happens as the body sends infection fighting blood cells to the site of infection. If you touch the incision to feel for heat - wash your hands first!
- **Swelling/Hardening:** An infected incision may begin to harden as the tissue underneath becomes inflamed. The incision itself may begin to appear swollen or puffy as well.
- **Pain:** Your pain should slowly and steadily lessen as you heal. However, it is normal to have increased pain if you ‘overdo it’ with activity or you decrease your pain medication. If your pain level at the surgery site increases for no apparent reason, you may be developing an infection.
- **Night Sweats:** New onset of ‘night sweats’ - where you wake up in the night soaking wet and you need to change your pajamas and bed clothes.
- **Chills and Fever:** A fever is often preceded by chills and sometimes shaking/shivering of your body. If you are experiencing chills and/or feel excessively warm, take your temperature. An increase in temperature above 38.5°C or 101°F can be a sign of a wound infection.
- **Flu-like Symptoms:** Sometimes people with an infection experience ‘flu-like’ symptoms. If you are feeling generally unwell with loss of energy and appetite, you may have a wound infection (even if your incision is not draining).

Changing Your Dressing at Home

You **need** to change your dressing every day to inspect the incision and keep it clean.

- In between daily dressing changes, you do not need to do an **extra** change if your dressing shows a scant amount of drainage or discolouration (as this is normal), **and** you do not have any signs or symptoms of an infected surgical incision.

You **need** to change your dressing after every shower (you can shower once a day, every day, if you want).

- We recommend that if you shower, you remove the old dressing first, shower with nothing covering your incision and then apply a new dressing after.

Before You Come to the Hospital

Mental Preparation

Feeling nervous or worried about surgery is common. Having pain or trouble moving can affect your mood and disrupt your sleep as well. Meditation, relaxation and other similar activities are strongly recommended to help you get into the best ‘mental shape’ for surgery, and they are useful for reducing pain and sleeping problems as well.

Try this focused-breathing relaxation exercise -

- Sit or lie down in a quiet place
- Relax your muscles and be aware of feeling them ‘let go’
- When you breathe out, focus on making it long, and steady, and slow...
- Think the word...‘relax’...with each breath out
- If you become distracted, re-focus on the breath out and continue the exercise
- Try to do at least 15 breaths in a row

Do this exercise regularly; it may take some practise, but it does work and can help you to feel more calm. This breathing exercise is meant to be done at a slow pace - breath in and out as you need to. You should not feel light-headed or dizzy while doing this exercise. If you do, slow down or do fewer breaths. Start with 5 breaths only.

If feelings of ongoing worry or depression are, or have been, a serious problem for you it is recommended that you:

- Discuss your situation, as soon as possible, with your family doctor to see if medical treatment is advised.
- Learn about, and start to use, relaxation and other ways to manage your stress.
- Inform your spine surgeon (during a visit to the Brenda and David McLean Integrated Spine Clinic) or a member of the Spine Unit health care team (during the Spine Surgery Pre-Operative Education Class).

Getting in Shape for Surgery

Having surgery and being in the hospital is hard work. It is important that you are in the best physical shape you can be before you come to hospital. Exercising and being as active as possible will help you to be physically strong so you do better after surgery.

While you are waiting to come for surgery, do low-impact activities such as: walking, swimming, aqua-aerobics, or stationary cycling. However, talk to your spine surgeon or family doctor before you start any exercise program. You need to tailor an exercise program to match your current physical function and ability - avoid exercises that make symptoms (such as pain, numbness or tingling) worse. You can also see a physical therapist, or talk to a fitness trainer from your local community centre or fitness centre. Get the program that is right for you and just do it - starting an exercise program will put you on the right path for success.



Smoking



If you smoke, it is important that you stop smoking at least 1 month before your surgery. Studies have shown that people who continue to smoke up to the time of surgery are more likely to have a post-operative infection and problems with bone healing compared to people who stop smoking before surgery. If you need help to stop smoking, talk to your family doctor. You can also go online and find information at: www.quitnow.ca

Nutrition

Being under-nourished before surgery may result in more post-operative complications. For example, if you are nourished, you are more likely to have an infection which can make your recovery longer and more difficult for you.

If you have any of the following conditions, it is very important that you inform your spine surgeon:

- A medical condition such as cancer and you are undergoing chemotherapy
- Pressure injuries (ie. 'bed sores') or other skin problems that won't heal
- A gastrointestinal disease or a previous surgery that alters your body's ability to absorb food
 - Problems with diarrhea, nausea and/or vomiting
- Weight loss - whether on purpose or not, losing weight in the weeks before your surgery is not recommended as it can rob your body of protein and other nutrients you will need to heal from surgery
 - Unintentional weight loss - report any sudden or unexpected weight loss in the weeks or months leading up to your surgery to your spine surgeon
 - Intentional weight loss - if you are using a strict low calorie diet plan or are fasting to lose weight on purpose, stop this plan 2 months before your surgery. Aim for weight maintenance instead.

Diabetes and Blood-Sugar Management

High blood sugars interfere with healing. Keeping your blood-sugar in strict control before, during, and after your surgery will help reduce your risk of a post-operative wound infection. If you are having problems keeping your blood-sugar within normal levels, speak to your family doctor or diabetic clinic nurse right away.

Help with Nutrition Issues:

Health Link BC is a reliable source for nutrition information. Dial 8-1-1 to reach this health information line. Ask to speak with a dietitian.

Sickness Prior to Surgery

If you are sick with a cold, flu or other infection (eg. a bladder infection), it may be necessary to temporarily delay your surgery until you are well again. If you are sick or have a temperature contact your family doctor to discuss the best plan of action. Knowing whether or not you have a temperature is very important. You can purchase a thermometer from any local drug store - a normal temperature is 37°C/98.6°F.

Influenza Vaccine

This vaccine is given each year during the influenza season (ie. November through March). Ask your spine surgeon or family physician if you can have the influenza vaccine (ie. flu shot) before your surgery.



Discharge Checklist

You will be ready to go home when:

- ✓ Your pain is managed and at a reasonable level
- ✓ Your wound is healing
- ✓ You are emptying your bladder and bowels
- ✓ You are able to get in and out of bed and walk a distance that will allow you to get around your home, including being able to go up and down stairs
- ✓ You are able to perform basic self-care activities (e.g. toileting, grooming, showering and dressing)

Remember, research shows that patients usually eat, sleep, and heal best at home. Going home in a timely manner is good for you.

Once You Are Home Again

Getting Help for Non-Urgent and Urgent Problems

If you need **non-urgent** help, go to your family doctor, walk-in clinic, or health unit. Make sure that the person you see contacts your spine surgeon to explain what has happened if necessary. Your spine surgeon can be contacted Monday to Friday from 8:30am and 4:00pm.

If you need **urgent** help, go to the nearest Emergency Department (it does not have to be the VGH Emergency Department). Make sure that the emergency department physician contacts your spine surgeon to explain what has happened. If you are in the Emergency Department outside of regular working hours and your spine surgeon cannot be reached, the emergency department physician should contact the VGH spine surgeon on-call.

For more details about what to do in a medical emergency, refer to page 41.

Pain Management

The most important part of good pain management is that it speeds healing so that you can return to normal activities sooner. It is important that you take your pain medication regularly so that you are comfortable enough to sleep, get out of bed, and participate in daily activities. Take medication before your pain gets too bad, at the beginning this will mean taking it every 3–4 hours, but as your pain improves you can begin to take less medication.

To reduce the prescription pain medication:

- 1) Start by lowering the dose (the number of pills you take). For example, if you are taking 2 pills each time, start taking 1 pill to see if it controls the pain fine. If it does, continue with 1 pill each time and do this for 1–2 days.
- 2) After step 1, start to increase the amount of time between doses. For example, if you are taking a pill every 4 hours, extend that time. Take a pill every 6 hours for 1–2 days, then a pill every 8 hours for 1–2 days. Then consider stopping the pills.

You may also be able to take Tylenol regularly to help reduce the amount of prescription pain medication you are taking, and you can continue taking Tylenol once you stop taking the prescription pain medication as needed.

The maximum safe dose of Tylenol is 4000mg/day (8 extra strength or 12 regular strength tablets) but it may be lower if you have chronic disease. If you are not sure ask your doctor or your nurse.

You may also try ice packs for short periods or other types of relaxation techniques to help reduce your pain.

Medical equipment suppliers can be found:

- In the Yellow Pages listed under 'Medical'
- Online at: yellowpages.ca or use any search engine and enter phrases like: home health care equipment, medical supplies

High density foam cushions can be purchased from any foam shop and can be found:

- In the Yellow Pages listed under 'Foam'
- Online at: yellowpages.ca or use any search engine and enter phrases like: foam, foam supplier

If you normally use a walking aid (that is, before your surgery), make sure to label it with your name and **bring it with you** when you come to the hospital. The physical therapist will check to make sure it is adjusted to the right height for you. If it has been left at home, it must be brought to the hospital in preparation for your discharge. You will be given equipment to use only while you are in the hospital - you cannot take it home with you.

Filling Your Prescription

Pain medication, antibiotics, etc. may be required at home after discharge. When you go home, you will be given a prescription for the medications you will need. Usually this prescription is given to you by the nurse on the day of discharge. You, a family member, or friend will need to have the prescription filled - this cannot be done in the hospital, you must go to a pharmacy in the community. The closest pharmacy is located in Shoppers Drug Mart (located on the main floor of the VGH Diamond Health Centre) at 2730 Oak Street (at 12th Avenue), 604-714-1199. It may be your choice to have your family member or friend that is picking you up, go the pharmacy, and have the prescription filled before you leave the hospital.

Purchasing Your Dressing Supplies

In preparation to go home, a family member or friend must go to a pharmacy to purchase the supplies you will need to do the dressing changes for your incision. Dressing supplies can be purchased from **MacDonald's Home Health Care (located in the lobby of the Fairmont Medical Building) at 746 West Broadway between Willow and Heather on the south side of the street. It is a 5 minute walk from VGH 604-872-2662.** If you purchase these supplies at MacDonald's Home Health you will receive a discount and a receipt to claim for reimbursement if you have extended health benefits or to claim on your income tax. You will need to ask for either a "Long" or "Short" "Spine Surgery Dressing Kit".

It is helpful if you ask your nurse to take a photo with your cell phone of your incision on the day you are being discharged so that you will have a reference to compare at home.



"Long Spine Surgery Dressing Kit"

- 10 (9 x 25 cm) Mepore Dressings
- 10 (30 ml) sterile single use saline
- 20 (10 x 10) sterile gauze sponges

Cost: \$35.94

(includes 20% discount)



"Short Spine Surgery Dressing Kit"

- 20 (9 x 15 cm) Mepore Dressings
- 10 (30 ml) sterile single use saline
- 20 (10 x 10) sterile gauze sponges

Cost: \$39.75

(includes 20% discount)

The difference between the 2 kits is that the "Long" kit has 10 longer dressing for people with a single spine incision, and the "Short" kit has 20 shorter dressings for people with 2 shorter spine incisions. Ask your nurse if you have one long incision or 2 short incisions.

Arrange for Accommodations for Family/Caregivers in Vancouver

Patients are often accompanied by family members or friends who provide support and comfort. Such individuals **may not** reside at the hospital during the patient's stay. Consider making arrangements for family to stay with family or friends who live in the Vancouver area. If this is not possible, *The Places to Stay* resource lists places where family members can stay before, during and after your admission to VGH. You can view (and download) this document from a link that is available on the CIBC Centre for Patients & Families website: <http://centreforpatients.vch.ca/accommodations>



You must contact the individual places to confirm all details including: 'medical' rates, check in/out times, services and cancellation policy.

In addition, the Government of British Columbia website, is another source for accommodations near Vancouver General Hospital, go to: <http://csa.pss.gov.bc.ca/medicaltravel/> or search online on the CIBC Centre for Patients & Families website under 'medical travel accommodation listing' on the 'Places to Stay' tab.

Arrange to Stay Longer in Vancouver

Some patients, especially those who must travel long distance to go home, choose to recuperate for a few more days in the Vancouver area after they are discharged from the hospital. If you think you will want to do this, consider making arrangements to stay with family or friends who live in the Vancouver area or booking a few extra days at a local accommodation.

The Brenda and David McLean Integrated Spine Clinic

By the time you receive this booklet, you will have already been visiting your spine surgeon at the Brenda and David McLean Integrated Spine Clinic and the decision to go ahead and have surgery will have been made.

Some of the things you may have talked about include the following:

- If you are currently having feelings of anxiety or depression - page 9
- If you are currently having problems with nutrition - page 10
- If you are thinking about getting the flu shot - page 10

Also:

- When the surgery date will be (your surgeon may or may not be able to tell you the actual date of your surgery so far in advance)
- Approximately how long the surgery will take
- Whether or not you will require a blood transfusion during surgery and what you can do to reduce the chance that this may be needed
- If the length of stay in the hospital following surgery will be the usual 4 days or a different length of time
- That you will go home after your surgery and not to a rehabilitation centre or other type of care facility (unless specific and unexpected circumstances arise during your hospital stay)

If you have not talked about these or any others issues that you think are serious enough to affect your surgery, make sure you do before your surgery is scheduled to happen.

After you are discharged from the hospital, you will have your follow-up appointments at this clinic as well. The clinic is a very busy place - book your follow-up appointments well in advance of the actual date you need to return to the clinic. **We recommend that you call to book your follow-up appointment as soon as you get home from the hospital. Booking a follow-up visit with the spine surgeon is your responsibility.**

The VGH Pre-Admission Clinic

Attending the VGH Pre-Admission Clinic is an important step in making the whole process a success. Staff at the clinic are there to help you prepare for surgery.

- Staff at the Pre-Admission Clinic will contact you by phone. In some cases, the necessary screening can be completed over the phone and you won't need to come in. However, you may have to attend an appointment, in person, to meet with different health care professionals that will help you get ready for surgery. If you need to come to VGH, staff at the Pre-Admission Clinic will arrange an appointment with you; this appointment will occur close to the day of surgery. We encourage you to bring 1 family member or a support person with you when you come for your appointment, especially if English is not your first language. You may be at the clinic for up to 2 hours.
- A nurse will review your health history, medications and allergy status, teach you about pain management, and what to expect before and after surgery.
- A nurse will also ask questions that help determine if you are adequately nourished. If you are poorly nourished, a dietitian will work with you to improve your nutrition so that you are better prepared for surgery. You may be required to have a special diet (eg. high calorie/high protein) following surgery.
- An anesthesiologist (the doctor who puts you to sleep during your surgery) may see you as well.
- If needed, a Social Worker will see you to talk about your home situation. For instance, he or she will ask you about who will bring you to the hospital and take you home, who can help you on a daily basis once home again, etc.
- Any tests that have been ordered by your spine surgeon will be done (eg. blood samples, X-rays, etc.).

When you come to your appointment, you must bring:

- This booklet
- Your BC Health Care Card
- Your medications in their original containers (including: prescription, over-the-counter, vitamins, herbal supplements, and homeopathic medications)
- A list of all the surgeries you have had in the past
- Your credit card or a cheque (if you are going to request a private or semi-private room)

Pre-Admission Clinic

Jim Pattison Pavilion, 1st Floor, room 1900

Hours: 8:00am–5:00pm

Tel: 604-875-5872

(Refer to the map located on page 8).

Community-Based Professional Health Services

Most people are discharged home and not to a rehabilitation facility. Further, most people do not require professional health services at home from a community physical therapist or occupational therapist. Keep in mind that the instructions and therapy you receive by your physical therapist and occupational therapist while in the hospital is designed to meet your needs at home.

However, if you do require follow-up care, the team will request services before you are discharged. Be aware that (depending on where you live, what services you need, what services are offered, and your eligibility) **community services can be quite limited** - make the most of your time in the hospital with your physical therapist and occupational therapist.

If you require community nursing services (for complex wounds or IV medications) this will be requested by your medical team. You may be asked to travel to your community health unit as in-home services are only available for individuals with significant medical or mobility concerns.

Obtain the Safety Equipment You Will Need Once Home

While you are in the hospital, your occupational therapist and physical therapist will determine what type of equipment you need to be independent and safe during your hospital stay - you will be provided with the safety equipment you need. However, when you leave, you cannot take home any hospital equipment.

You may continue to require certain equipment (for example, a raised toilet seat or walker) during your recovery period at home. Having some simple equipment in place at home can make a big difference, for instance:

- Greater safety when moving around
- Good independence overall
- More ease in doing things
- Better pain control

Sometimes, patients who attend the Spine Surgery Pre-Operative Education Class have the equipment in place before they come to hospital so they can practise using it.

If you have an active insurance claim, equipment will be provided by WorkSafeBC or ICBC. Please call your claim manager to let him or her know of the upcoming surgery and that a request for equipment (if needed) will be provided by your therapist. WorkSafeBC or ICBC will arrange to have your equipment delivered and set-up for you. Your claim number and the contact information for your claim manager will be required - please bring it with you to the hospital so your therapists can make the necessary arrangements. Record this information in the Preparation Checklist located on the inside cover of this booklet.

If you do not have a WorkSafeBC or ICBC claim, equipment may be borrowed, by donation, from your local Red Cross via their Health Equipment Loan Program. You will be provided with the contact information of the Health Equipment Loan Program nearest to your home. Equipment supply and availability varies, and loans last for a maximum of 3 months. You, a family member, or friend must pick-up the equipment - you can phone ahead to reserve equipment. Most people arrange for a family member or friend to pick-up their equipment in the days before or the day of discharge. Please be aware that some locations are not open on weekends and equipment may need to be picked-up 'early' in case you are discharged on a weekend.

Sometimes loan equipment may not be available so you can rent or buy equipment from a medical supply store. However, before you rent or purchase anything, remember that you will need this equipment for a short period only (1–6 weeks on average). If you are considering purchasing any items, consider talking to your occupational therapist or physical therapist first. If you decide to use a medical equipment supplier, ask about delivery and set-up services as some equipment suppliers offer this service for a small fee.

- **Toileting**

When you come out of surgery, you may have a catheter in place that drains urine directly out of your bladder. Your catheter will be removed when your intravenous line is removed, when you can take oral medications, and when you can get to the toilet - all this should happen by 1 to 2 days after surgery. If you experience any feelings of constipation (not being able to have a bowel movement) tell your nurse. You will receive stool softeners and laxatives when you begin eating after surgery. Until you are able to comfortably get to the toilet, you can request the nurse to bring a commode to your bedside or use a bedpan. Your ability to get out of bed right after surgery will be limited. The physical therapist or nurse will let you know if you are safe to get out of bed and go to the toilet by yourself. ***Please do not get out of bed by yourself until the nurse or physical therapist has told you it is safe to do so.*** When you are able to get to the toilet, any staff will help you if you need assistance - just ask for help.

- **Grooming**

Right after surgery, you can perform your grooming activities, such as washing your face and brushing your teeth in bed. However, you will have a bathroom in your room. As soon as you are comfortable enough to stand at the sink, as part of your hospital daily routine we recommend that you brush your teeth, comb your hair, etc. in the bathroom— just like you would normally do at home.

- **Showering**

The hospital shower is a walk-in style that has a seat, hand-held showerhead, and grab rails. We recommend that you take at least 1 full shower in the hospital before you go home. The occupational therapist or nurse will assist to organize this. You can take a shower (but not a bath) soon after your surgery. You may not get your incision wet for the first 3 days after surgery; if necessary, your incision will be covered with a water-proof dressing. If you shower 3 days after surgery, your dressing can be removed before your shower and you can get your incision wet. Stand in the shower facing the spray. You can use regular shampoo and soap but try to avoid getting it on the incision as this may irritate the healing skin. Do not scrub over your incision, just let water and soap pass over the area. When you dry off, pat the area dry. When you are finished, your nurse will inspect your incision and apply a new dressing.

- **Dressing**

Changing out of hospital gowns and dressing in comfortable, basic clothing is part of your recovery. People who wear their own clothing always say they feel better, look better, and feel ‘more like themselves.’ When you are comfortable enough to be out of bed for most of the day, start wearing your own clothing - just like you would normally do at home.

Length of Stay

Your time in hospital is short. ***Most people who have this kind of surgery are ready to go home 4–7 days after the day of surgery.*** For example, if your surgery is on a Monday you will most likely be ready to go home the following Friday. Some people even go home before the 4th day. Your spine surgeon will tell you how many days they expect you to be in the hospital.

Having a plan helps the team organize your care and helps you, your family, and friends to know what to expect. Your health care team will work with you to make sure you are medically stable and able to manage daily tasks necessary to go home. Starting the day after surgery the health care team will discuss your progress and discharge arrangements with you everyday to make sure things are on track. The team will adjust your schedule according to your progress.

The VGH Spine Surgery Pre-Operative Education Class

Some patients may be asked to attend the Spine Surgery Pre-Operative Education Class. Attendance at the VGH Spine Surgery Pre-Operative Education Class is recommended for patients having certain surgeries. These patients will be contacted by a staff member from the Spine Unit. Ideally you will be scheduled to attend about 3–6 weeks before your surgery. During this time you will meet with members of the Spine Unit healthcare team - the actual people who will help you after your surgery.

We encourage you to bring 1 family member or a support person with you when you come for your education class, especially if English is not your first language.

You will be at the class for about 3 hours. The class is held in the Spine Unit Conference Room.
Spine Unit Conference Room
Leon Judah Blackmore Pavilion, 9th Floor, Room 912
Tel: 604-875-5800

During the Pre-Operative Education Class the Spine Unit clinical nurse specialist, physical therapist (often referred to as a ‘PT’), and occupational therapist (often referred to as an ‘OT’) will review the information in this booklet and give you detailed information to help you get ready for surgery. You will have an opportunity to see the Spine Unit where you will come after surgery, ask any questions you have (write down your questions in the space provided in the back of this booklet), and you may practice certain skills (eg. how to move after spine surgery).

Taking Medications, Vitamins, Herbal Supplements

Please follow the instructions you receive from the Pre-Admission Clinic staff regarding taking any medications, vitamins or herbal supplements before your surgery.



Preparing Your Home for Your Return from Hospital

Your home environment will have a big impact on how easy it is for you to ‘get up and do things’ once you are home again. After surgery, your abilities will be challenged by:

- How much strength you have
- How good your balance is
- How quickly you get tired
- How much your pain gets in the way

Despite these challenges, regular daily activities still need to happen. Your environment can help you - or it can get in the way. A proper set-up at home will: minimize the impact of these challenges, maximize your safety and independence, and improve your quality of life during recovery. Take time to prepare your home for your return from hospital. Here are some suggestions:

<input type="checkbox"/> Done	Get your home 'set-up' - move frequently used items to places where they are easy to reach, eg. <ul style="list-style-type: none"> • Leave bathroom toiletries out on the counter • Move clothes and shoes to shelves or drawers that are easy to reach • Leave pots, pans and dishes out on the kitchen counter • Make sure the height of your bed, toilet, couch, chairs, etc., are level with the top of your knee
<input type="checkbox"/> Done	Finish your home-making activities: <ul style="list-style-type: none"> • Do your laundry • Clean the house • Get groceries • Prepare and freeze meals, or purchase easy-to-prepare foods (for example: canned soups, TV dinners, etc.) • Pay your bills
<input type="checkbox"/> Done	Make your home safe: <ul style="list-style-type: none"> • Make sure there is proper lighting inside and outside your home; install night-lights around your home, particularly on the way to the bathroom • Ensure there is a railing along all stairways (inside and outside) of the house • Place a phone and a light at your bedside that you can reach without leaving your bedside • Place a phone and a light at your favourite chair where you may be resting during the day that you can reach without leaving your chair • Clear your floors and stairways of tripping hazards such as throw rugs, plants, children's toys, etc. • Make sure you have a non-skid surface in your tub/shower and on the bathroom floor outside your tub/shower as well
<input type="checkbox"/> Done	Make special arrangements: <ul style="list-style-type: none"> • Some people decide to stay on one floor once they go home because this gives them access to the kitchen, bathroom and other main living areas of the house. If you decide you want to do this, move and organize things ahead of time. However, this is not required - you will practise going up and down stairs with the physical therapist while you are in the hospital. In almost every instance patients are able to manage enough stairs to be able to manage at home.

Pre-Arrange Transportation Home

Traveling to the hospital is often easier than traveling home - this is certainly true when you live far away from Vancouver. Before you come to the hospital, make sure you have a plan to get home; regardless of how you travel home, **arranging for transportation home and paying the cost is your responsibility.**

Please make arrangements for somebody to pick you up from hospital; your discharge will occur by 10:00am. This person needs to be flexible about which day he or she can come because the day of discharge is not absolutely predictable. You will be asked (during your Pre-Admission Clinic visit) to provide the name and phone number of the person who will be taking you home. Also, please arrange for an alternate adult to be available should this become necessary. Record this information in the Preparation Checklist located on the inside cover of this booklet.

Mobility

Your spine surgeon will let the health care team know when you can start getting out of bed - usually on the same day as surgery. Getting out of bed and moving as soon as possible is extremely important and will minimize the chance that you will have post-operative complications, eg. breathing and circulation problems. The physical therapist will see you to help progress your mobility.

- **Moving In Bed**

After surgery, your nurse will help you to turn from side to side to prevent stiffness, or breathing and circulation problems. You will learn to turn yourself while maintaining a neutral spine by 'log rolling' (log rolling means moving your body without twisting or bending your spine). Until you can log roll independently, ask for help when you need to change your position.

- **Getting Out of Bed**

If you would like to get out of bed the evening of your surgery, the nurse will help you. You will be taught how to log roll onto your side and then move from lying to sitting (and vice versa) through 'side lying.' It is important that when you move into sitting that you pause to let your body adjust to the change in position before you move to standing. Tell the staff if your pain changes, you feel dizzy or sick.

- **Walking and Managing Stairs**

Walking is the main form of exercise you will do while you are in the hospital (and once you are home again). It will help you increase your endurance without putting undue stress on your spine. Your physical therapist will help you progress your ability to safely walk, and may give you a wheeled walker, a cane or walking poles to help keep your balance. Usually, people use a walking aid only for a short time. As your strength and balance improve, the physical therapist will help you practise managing a flight of stairs (or the minimum number of steps you will need to do to be able to go home).

- **Getting In and Out of Your Car**

The physical therapist can help problem-solve how to manage getting in and out of your car. If you think this will be quite difficult, have a family member bring the car to the hospital so that you can actually practise if needed.

Personal Care

Performing your own personal care (washing, getting dressed, etc.) is a good way to start building up your strength and endurance. Immediately after surgery, staff will help you to wash and dress and manage normal daily activities. A day or two after surgery, an occupational therapist will see you to make sure you can perform these and other basic daily activities safely and independently. Occupational therapists teach people new ways to do everyday activities so they are as safe and independent as possible in the hospital and when home again while recovering from surgery. The occupational therapist will help you to become more independent; you will be expected to do as much for yourself as possible even if it takes more effort than usual. Most people are fully independent to perform personal care activities even if they need to use some equipment or modified routines as determined with the occupational therapist. While in the hospital, you will focus on 4 key personal care activities because they are necessary to be able to go home, and they serve as a good basis for getting active again:

Preventing Blood Clots

It is very important to maintain good circulation through your legs while you are resting in bed after your surgery. Maintaining good circulation helps to minimize leg and foot swelling and helps prevent blood clots. For the first 24 hours after surgery, your spine surgeon will request that you wear calf compressors. Calf compressors are garments that wrap-around each calf and are inflated with air by a pump that automatically fills and empties. You will need to wear the compressors until you receive your first injection of Dalteparin from the nursing staff. Dalteparin is a blood thinner given to all patients who have had surgery.

Please inform your nurse if you notice any swelling, redness or new pain in one or both legs, or if you have sudden shortness of breath or sudden chest pain when taking a deep breath.

Please practice these leg exercises before you come to the hospital:

- Lay on your back.
 - Ankle pumping - Keep your knees straight and bend your ankles up and down as far as they will move.
 - Knee straightening - Tighten the muscles on top of one thigh and push your knee down onto the bed. Hold for 5 seconds. Repeat this movement with the other leg.
 - Buttock squeezes - Tighten your buttock muscles by squeezing them together. Hold for 5 seconds. Repeat.
 - Heel slides - Lightly slide your heel toward your buttock while keeping it on the bed.
- Bend your hip and knee until your knee is bent to a 45 degree angle.
- Repeat each exercise 5-10 times.

Once you are in the hospital, if any exercise causes pain stop doing the exercise and ask to speak with the physical therapist.

Urinary Tract Infections (UTI)

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

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

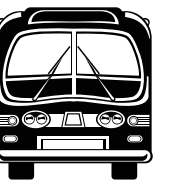
- Clean your hands often
- Ask your nurse to help you clean around your catheter two times each day
- Don't let the urine bag or tubing touch the floor
- Always keep the urine bag below your waist level
- If you are able to stand at the side of the bed and sit in a chair, you are ready to have your catheter out. Allow the nurse to remove the catheter as soon as possible as this will help reduce your risk of a UTI.
- After the catheter comes out it is important to measure how much urine you can pass. The nurse will leave a urinal or a 'hat' in the bathroom or at the bedside for you to use. It is important for you to call the nurse after you urinate so the nurse can measure it. The nurses will be assessing how well you are emptying your bladder by using a 'bladder scanner', or ultrasound machine, on your tummy immediately after you urinate to view your bladder and note the urine left in your bladder, if any. They will do this at least 3 times but it may be longer if you are having difficulties emptying your bladder.

If you have a long trip home, plan your route ahead of time to allow you to stop and take a rest break along the way. If the trip will take more than 5 hours, consider breaking the trip into 2 days. Remember to take your pain medications regularly throughout the trip home.

During your stay in the hospital, a therapist can advise you and your family about which mode of transportation is best. Most patients travel home by car or taxi. If you must purchase a ticket for travel, ask about an 'open-ended' booking that allows you to change the return date should your length of stay in hospital be longer or shorter than first planned.

Please remember to bring government issued photo identification with you if you plan to take an alternate method of transportation home, as many services require photo ID for travel.

- **By car** - Most people travel home by car. When in any vehicle, you may find it easiest to use the front seat; you can adjust the angle of the backrest to make yourself comfortable and even alternate your position between sitting up and reclining back. Remember to always wear your seat belt. It is recommended that you do not lie down in a private vehicle as you cannot properly wear a seatbelt. If you want or need to travel home lying down, please book use of private, patient-transfer provider.
- **By a private, patient-transfer provider** - A private, patient-transfer provider can be booked to provide transportation for patients who are unable to go home using regular transportation. Some people who have to travel long distances prefer to return home lying down. If you choose to travel home by such a service, a member of your health care team can assist you to arrange this. For information about such providers, search online using terms or phrases such as: 'non-medical patient transfer service.'
- **By ambulance** - Transportation by BC Ambulance is reserved for those individuals with specific medical needs. If you require this service, your medical team will make these arrangements prior to discharge.
- **By taxi** - On the day you are going home you can call for a taxi as you normally would, or the staff can assist you to arrange this. Direct-dial telephones are located in the lobby of Leon Judah Blackmore and Jim Pattison Pavilions.
- **By ferry** - When booking your passage, if possible choose a ferry that has an elevator and ask to have the wheelchair accessible parking space reserved for you. The booking agent can help to make these arrangements with you ahead of time. If you notify them ahead of time, staff may be able to assist you upon your arrival at the terminal. For information about BC Ferries go to: www.bcferrries.com or call 1-888-BC-FERRY (1-888-223-3779)
- **By bus/coach** - If you will be traveling home by bus/coach, please make as many of the arrangements ahead of time. When you arrange your trip, tell the agent you may require assistance to get to/from the platform and on/off the bus/coach, and ask for a seat with additional space. If you notify them ahead of time, staff may be able to assist you upon your arrival at the station.
- **By plane** - If you will be traveling home by a commercial flight, please make as many of the arrangements ahead of time. When you arrange your a flight, tell the agent you may require assistance to get to/from the boarding gate and on/off the plane, and ask for a seat with additional space. If you notify them ahead of time, staff will assist you upon your arrival at the airport.



Paying for Transportation

For some people, the cost to travel home can be expensive. To lessen the burden, the following services may be of assistance. Be aware that eligibility requirements must be met and you may or may not be able to access these services. Regardless of how you travel home, ***paying for the cost of transportation home is your responsibility.***

• Travel Assistance Program

The BC Ministry of Health and various transportation providers have partnered to create the Travel Assistance Program (TAP). To help reduce some of the transportation costs eligible BC residents, who must travel within the province for non-emergency medical specialist services not available in their own community, may be eligible to have regular fees discounted or waived.

Before making any travel arrangements, obtain the TAP form from your physician's office or specialty clinic (your referring physician must complete section 1 of the form), contact the TAP to i) verify your eligibility, ii) receive approval and, iii) be provided with a confirmation number. For information about the Travel Assistance Program, call 1-800-663-7100 or 604-683-7151 (Vancouver), or go to: <http://www2.gov.bc.ca/gov/content/health/accessing-health-care/tap-bc/travel-assistance-program-tap-bc> or search online under 'BC travel assistance program'.

• Health Connections

Health Connections is a health authority based regional travel assistance program that offers subsidized transportation options to help reduce costs for rural residents who must travel to obtain non-emergency, physician-referred medical care outside their home communities. Health authorities, through funding from the Ministry of Health Services, have implemented Health Connections programs to meet the unique needs of selected communities in their regions. Health Connections is separate from, but complimentary to, the BC Travel Assistance Program.

For information about Health Connections, go to: <http://www2.gov.bc.ca/gov/content/health/accessing-health-care/tap-bc/health-connections> or search online under 'BC travel assistance program health connections'.

Arrange For Supports You Will Need Once Home

Once you are home, you will need help to run errands, grocery shop, make meals, clean your home, do laundry or other housekeeping tasks, and help with driving (your ability to drive will be restricted - have a plan for getting around once you are home again). Before you come to the hospital, make sure you have a plan for help at home; ***arranging for support at home is your responsibility.***

Some people rely on the assistance of family and friends while others hire and pay for private help. Many services are available and can be found in the Yellow Pages or online under 'Home Support Services' and 'House Cleaning'. ***There are no government programs that provide this type of assistance at home.***

Medical Supports at Home

If you already receive health services provided by your local Health Unit (that is, health care from a nurse, a physical therapist, an occupational therapist, or a home support worker) you may need to increase the amount of service you receive for the first week or two after discharge.



Preventing Lung Infections (Pneumonia)

Staying in bed for a long time changes how you breathe and puts you at risk for pneumonia. Some things you can do to help prevent pneumonia are very simple; clean your hands often, sit up straight whenever possible (especially when eating) and brushing your teeth. It is also very important to do regular deep-breathing exercises while you are resting in bed after your surgery. Deep-breathing will help to clear your lungs of secretions that will build-up during and after surgery while you are not moving very much or breathing very deeply.

Think 'iCough' - inhale, Cough, Oral care, Up the bedhead, Get moving, Have a conversation

i - inhale (Deep breathing exercise)

- Find a comfortable position lying down, sitting or standing.
- Relax your neck and shoulders.
- Place one hand on you stomach.
- Take a deep breath in through your nose and think about the air going down into the bottom of your lungs.
 - Your stomach should move out and your chest expand
 - Your shoulders should not move toward your ears
- Briefly hold the breath (for 2–3 seconds), and then slowly breathe out through your mouth.
- Take 5-10 deep breaths each hour during the daytime.

C - Cough

Following the deep breathing exercise, you should always cough. Coughing after deep-breathing will help to move the secretions up and out of your lungs.

Please practice these coughing exercises before you come to the hospital:

- Coughing
 - Take several deep breaths (as described above).
 - Cough out as hard as you can with as much force as possible.
- Do this 5 times each hour during the daytime AFTER deep breathing
- Once you are in the hospital, the physical therapist will check your ability to do these exercises and help you to keep your lungs clear of secretions. Once you are out of bed and walking several times a day and your lungs are clear, you won't need to continue to do these exercises.

O - Oral care

- Clean your teeth with a toothbrush at least twice a day

U - Up the bedhead

- Tilt the bed up about halfway so you are not lying flat but only as your pain allows. This may not be possible for some of our patients post-operatively

G - Get moving

- Our physical therapists will be seeing you on the first morning after your surgery to start you moving.

H - Have a conversation

- Ask the health care team about your risks for pneumonia.

- **Nausea** - feeling like you want to vomit or ‘throw up’. Nausea may be mild, but it is very important to control it because it can affect your appetite and desire to eat and drink. If you feel nauseated at any time tell your nurse right away and you will be given medication. If you are still nauseated after 30 minutes, call your nurse again. It is important that your appetite is not suppressed by nausea because you will need to eat and drink normally to heal and get better.
- **Constipation** - not being able to have a bowel movement. If you experience any feelings of constipation, tell your nurse right away because the longer you wait, the worse it gets and the harder it is to correct this. You will receive stool softeners and laxatives when you begin eating after surgery.
- **Delirium** - mental confusion that might include visual or auditory hallucinations (seeing or hearing things that are not real). If you, or your family are aware that you are slightly confused or you are seeing things that are not there, tell your nurse right away because it is best to treat it immediately. Delirium is **temporary** and you will receive medications to stop it.

Medications

While in hospital, your medications will be dispensed by our pharmacy and given to you by the nursing staff. **It is very important that you do not take any medications that have not been given to you by the nursing staff.** This is to protect you from any dangerous drug interactions. Rarely, you may be taking a medication that is not supplied by our pharmacy. In this case you may be able to take them - but only after the pharmacist has checked them. Your nurse will then dispense these medications to you as ordered. The medication will be returned to you prior to your discharge.

Nutrition/Diet and Difficulty Swallowing

You will begin eating and drinking soon after your surgery. It is common to have a sore throat after the surgery; this may last for a few days. Sometimes patients have temporary difficulty swallowing medications, food or liquids due to pain and swelling in the throat area; this is not very common and is a temporary condition. If you have problems swallowing, let your nurse know. A speech-language pathologist will come to your bedside to assess your swallowing and will work with the dietician to ensure that your nutritional needs are met. Important medications, such as cardiac or high blood pressure medications can be given other ways (eg. through an intravenous line).

Incision Care in the Hospital

You will have a gauze dressing over your incision. These dressings will be left in place for 3 days from the date of surgery unless they become wet from drainage or become soiled. Research at this hospital showed that leaving the dressing on for 3 days is better than changing it right away after surgery. However, you must have a new dressing applied every time somebody peels back your dressing to take a look at your incision - even if it is the spine surgeon. Let the nurse know if this has happened and that you need a new dressing. Sometimes there is a drain that comes out from under the dressing, which will be removed a day or so after surgery. Removal of this drain is not painful and is done by the nurse at the bedside.

Intravenous Therapy

You will have an intravenous line placed in your arm and possibly a second line will be placed in your neck to give you fluids and medications until you resume drinking or can take medications by mouth. If you have an intravenous line in your neck, it will be placed by your anesthesiologist during your operation after you go to sleep. The site of your intravenous line should not be painful or swollen; if it is, let your nurse know.

Before you come to hospital, contact your Health Unit to discuss your upcoming surgery and the possibility that you may need more care. **Arranging for increased medical support at home is your responsibility.**

IMPORTANT! Please be aware that community health units do not provide housecleaning, cooking, shopping, transportation, or other similar types of services. If you want this type of assistance you must arrange this yourself; look in the Yellow Pages under ‘Home Support Services’ and ‘House Cleaning’.

Requesting a Private Room (Preferred Accommodations)

Private (one-person), semi-private (2-person), and shared (3-person) rooms are available on the Spine Unit. In a private (one-person) room, you will have your own room and your own bathroom. In a semi-private (two-person room), you will share the room and its bathroom with another person who may be a male or female. In a shared (3-person) room, you will share the room and its bathroom with one or two people who may be a male or female. It is not possible to guarantee that you will share your room with a person of the same gender; however, your privacy is important and every bedroom is equipped with privacy curtains.

Please contact the Admitting Department, Monday to Friday between 8:00am–4:00pm at 604-875-5057 to inquire about requesting a private or semi-private room. While there is no guarantee that a private or semi-private room will be available, we try our best to accommodate these requests.

VGH Bed Management

VGH follows a bed-management process to admit critically and acutely ill patients and place them on the units where they will get the care they need. If a patient who is more ill than you is admitted to the Spine Unit, you may be transferred from your room to another room within the Spine Unit. In rare cases, you may be transferred to another unit. At all times you will continue to receive the professional care you require from qualified Vancouver General Hospital staff and physicians.

Even if you are in a private room that you are paying for, you may need to be moved - the new room may not be a private room and your private room fees will reflect this change. The nursing staff will move you and your belongings. We try to avoid moving patients who are already ‘settled’; however, **the care needs of patients take priority over room preferences.**

Final Preparations Before You Come to the Hospital

By now, you have done lots of things to get ready. Congratulations - you are already on the right path to make sure you will have the best outcomes. Before you come to the hospital for your surgery there are a few final things you must do.

1) The Days before Surgery

- **Pack a Small Bag/What to Bring to the Hospital**

You will be staying for a few nights. Bring only a few basic items that you will need like a book or magazine. Make sure to bring toiletries - toothbrush/toothpaste, denture cleaner, shampoo/conditioner, soap, comb/brush, shaving cream/razor, deodorant (no perfumes or colognes). Bring 1 or 2 sets of easy to put on clothing (PJ’s or t-shirt/sweat pants) and rubber-soled walking shoes or sandals that have a stable base, enclosed heels, are easy to put on, and have adjustable laces or straps.



Bring in as few items as possible and send home belongings you don't need. Keep only necessary items on your over-bed table and bedside cupboard. This will help keep 'clutter' down and will help reduce the places where germs can hide. It also makes it easier to clean these surfaces.

Unfortunately, thefts do occur in the hospital. Be aware that there will be many times when you will be out of your room and away from your personal items - that means that things will be left unattended. You may choose to bring a laptop computer, DVD player and similar expensive item to the hospital but the hospital is not responsible for items left unattended at the bedside. **The hospital is not responsible for damaged, lost or stolen property.**

- **Stop Taking Medications as directed by the Pre-Admission Clinic Staff**

- **Date and Time of Surgery**

The day before your surgery is scheduled; the spine surgeon's administrative assistant will call you (usually after 1:00pm) and tell you what time to arrive at the VGH Admitting Department. If you have not heard from your surgeon's administrative assistant, please contact the surgeon's office and ask when you should arrive at VGH. If you are unable to reach your surgeon's office, call the VGH Admitting Department before 4:00pm at 604-875-4937 (Monday to Friday), or before 12:30pm at 604-875-4937 (Sunday).

2) The Night before Surgery

- **Preparing Your Skin**

Cleansing your skin to prepare for surgery can reduce the risk of infection at the surgical site. This skin cleansing is to be done **the night prior to surgery** and **the day of surgery**. VGH and your spine surgeon recommend the Sage brand of disposable cloths moistened with a rinse-free antiseptic solution. If you will be at home the night prior to surgery you will need to **purchase 1 package** of *Sage Antiseptic Body Cleanser (2% chlorhexidine gluconate)*. These washcloths can be purchased from the hospital gift shop, across from the Pre-Admission Clinic at VGH or from the Shoppers Drug Mart located on the main floor of the Diamond Health Centre at 2730 Oak Street (at the corner of 12th Avenue and Oak St. across the street from VGH), 604-714-1199.

1. Do not shave any area of the body for 2 days before surgery including your legs and underarms (however, men may shave their face).
2. Remove all make-up, nail polish (you may leave on acrylic fingernails without polish), false eyelashes, all jewellery, all body piercings, and hairpins.
3. You may continue to use glasses, contact lenses, and dentures until just before your surgery.
4. The night before surgery (at approximately 7:00pm) shower or bathe and wash your hair **at least 1 hour before** cleansing your skin.
5. After waiting 1 hour from the time you showered, cleanse your skin using the 'Sage' Antiseptic Body Cleanser cloths. (You may choose to warm the SAGE cloths first for comfort. Follow the instruction on the package for warming the SAGE cloths if you choose but this is not a requirement and is for comfort only.)
 - Do not use this product on your face.
 - Do not allow this product to come in contact with your eyes, ears, or mouth.
 - Do not apply to broken skin or open wounds.
 - Use 1 cloth to cleanse each area of the body.

- Nerve pain ('sharp/burning') is caused by irritation of nerves. This pain is caused by the disease process - the reason why most patients are coming for surgery. It is normal to continue to have some nerve pain following surgery because they can remain 'sensitive and inflamed' for many weeks or longer. Nerve pain is usually treated using other types of medication. You may receive a prescription for pain medication to manage this pain after you leave the hospital.

For the first couple of days following your surgery, you will receive pain medication through an intravenous line. Either the nurse will give you this medication, or you may be able to give it to yourself using an automated pump that gives you a dose of medication when you press a button. If you are prescribed a pump, you will be given a pamphlet and instructions about how to use it during your visit to the VGH Pre-Admission Clinic. Be assured, your nurse will be carefully observing your breathing and level of sedation while you are taking pain medication, especially through the IV, to ensure that you are not taking too much.

As soon as you can, you will start to take pain medication in pill form. You will continue to use the pain pump at the same time, but will need it less and less. After 1-2 days the pump will be discontinued because you won't need it anymore.

Whether you are receiving your pain medication through an intravenous line or by pill, your pain will be controlled better if you have a steady amount of pain medication in your system all the time. Take your pain medication regularly so that you are comfortable enough to sleep, get out of bed, and participate in daily self-care activities. When you take pain-control drugs like hydromorphone, morphine and oxycodone for acute pain, the risk of addiction is small. It is important to not let the fear of addiction stop you from using enough medication to be comfortable; to move about; to breathe deeply and cough to clear your lungs; or to participate in your therapy. If your pain medication is not working, please tell your nurse.

Normally, you can take pain medication every 3-4 hours. **You do not have to wait for it to be offered to you; ask your nurse for pain medication if you feel you need some to keep you comfortable enough to move.** He or she will check to see if you are able to have another dose and provide you with medication if it is safe to do so. Over time you will need less pain medication. However, it is most effective to continue to take your pain medication at regular intervals and take less each time until you do not need it at all.

Everyone working with you after your surgery knows about post-operative pain management and will help you to keep your pain under control. The nurses, physical therapists and occupational therapists are aware of your need to rest, and they will work within your limits of energy and pain but it is equally important that your pain is well managed so that you can progress after your surgery.

For more information about managing pain, go to the Pain BC website: www.painbc.ca

Possible Side-Effects of Pain Medication:

Sometimes people receiving pain medications after surgery experience side-effects. Your nurse will check you at regular intervals to ask you what your pain score is and look for any side effects caused by the pain medication. This is done for your safety and comfort so it means that he/she may need to wake you up and check you during the night.

Side effects can be dramatically reduced or eliminated with appropriate treatment. So that treatment can begin quickly, **it is important that you tell your nurse right away if you are experiencing any of these side effects:**

Hand Washing

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

It is very important that you clean your hands often and completely. There are 2 ways to clean your hands:

1. You may wash at the sink in your bathroom using soap and water - put soap on our hands and rub your hands for 15 seconds. Rinse with warm (not hot) water.
2. You may use the alcohol-based hand sanitizer - take one squirt of the hand sanitizer. Rub it over your hands for 15 seconds and allow to dry. These are located throughout the unit, or ask your nurse to bring a bottle to your bedside.



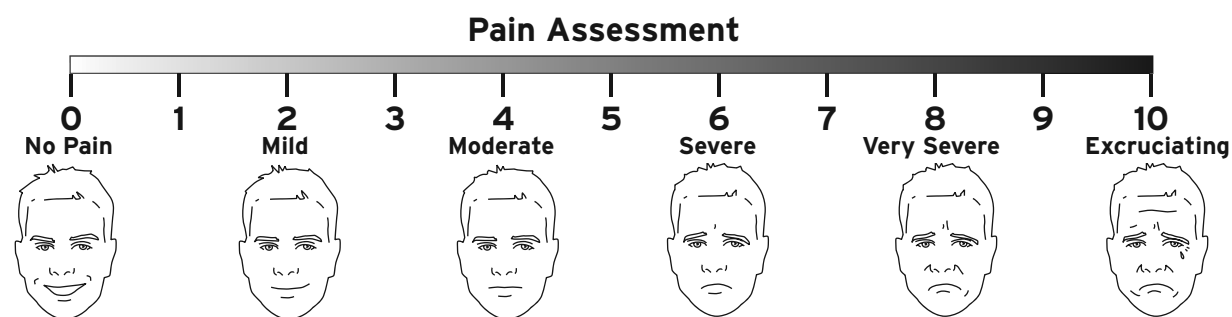
It is important to remember to wash your hands after using the washroom, before eating, when exiting and entering your room when going to and from tests, therapy sessions, etc. Also - clean hands are everybody's business, **it is okay** to ask staff (surgeons, nurses and therapy staff) and visitors to wash their hands or use the hand sanitizer.

Pain Management

The most important part of good pain management is that it speeds healing so that you can go home and return to normal activities sooner. Patients who have this type of surgery can experience two different kinds of pain. The difference between these two different kinds of pain is important because they need to be treated differently. Pain can be generally described as 'dull/achy' or 'sharp/burning'. Think about the pain you are experiencing and tell your nurse if it is 'dull/achy' or 'sharp/burning'.

In the hospital, you will use a scale that goes from 0-10 to describe how much pain you are having. You will not be pain free post-operatively. It is recommended that you keep your pain level at a '4'. If you have a little pain you might score it as a '2', if you have a lot of pain you might score it as an '8'. Think about the worst pain you have ever had in your life - that becomes the 10 on the scale. When you are in hospital, always compare how you are feeling at the time to that 'worst ever pain.'

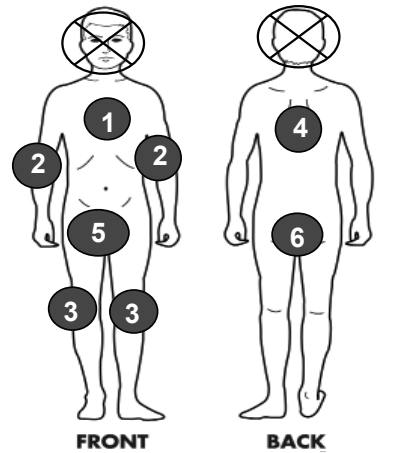
Pain Assessment



- Tissue pain ('dull/achy') is caused by the surgical process; cutting into the skin and muscles, removal of the disc or bone, and for some patients the insertion of rods and screws. This pain is greatest in the first few days post-operatively and will gradually go away over 6-12 weeks. Medications, like opioids/narcotics may be ordered to control your pain. Tylenol may also be given to you regularly to help further reduce your pain, and reduce the amount of prescription pain medication that you might require.

6. Peel-off the label on the top of the package. Using a back and forth wiping motion, cleanse your skin in the following order:

- Cloth 1 - Wipe your **neck, chest and abdomen**.
- Cloth 2 - Wipe **both arms**, starting with the shoulder and ending at the fingertips. Be sure to thoroughly wipe your arm pits.
- Cloth 3 - Wipe **both legs**, starting at the thigh and ending at the toes. Be sure to thoroughly wipe behind your knees.
- Cloth 4 - Wipe your **back** from the base of your neck to your waist line. (Assistance may be required.)
- Cloth 5 - Wipe your **right and left hip** followed by your **groin**. Be sure to wipe the folds at the top of your legs.
- Cloth 6 - Wipe your **buttocks**. Be sure to wipe the folds at the top of your legs.



7. Allow your skin to air dry for 1 minute. It is normal for the skin to have a 'tacky' feel for several minutes.
8. After cleansing, do not rinse or towel off, do not shower or wash; do not apply any lotions, moisturizers or makeup. However, you may wash your face.
9. Throw all cleansing cloths into the garbage; do not flush them down the toilet.
10. Go to bed in clean, unused bed linens (and clean, unused pajamas if you wear them).

- **Fasting**

On the night before surgery starting at midnight, do not eat any solid food at all; this includes not having any candy, chewing gum, lozenges, etc. It is **mandatory** to have an empty stomach before any kind of anesthetic is given. During surgery, stomach contents could move from your stomach and into your lungs resulting in a very serious lung infection.

- **Fasting Instructions - Solid foods:**

- Before midnight, you should eat a light dinner.
- After midnight, do not eat any solid food (including milk products) unless otherwise instructed by a member of your healthcare team.
- After midnight, do not chew gum, eat mints or candies.

- **Fasting Instructions - Liquids (clear fluid carbohydrate loading):**

- Drink 2 glasses (equal to 500 mL or 16 ounces) of clear juice (apple or cranberry) before going to bed
- Drink 1 glass (equal to 250 mL or 8 ounces) of clear juice 1 hour before hospital check in time **THEN DO NOT DRINK ANYTHING**
- Do not drink alcohol of any kind.
- Do not drink milk, orange juice, broth, coffee, tea or carbonated beverages of any kind

3) The Day of Surgery

- **Take morning medications, with a small sip of water as instructed by the Pre-Admission Clinic staff.**

- **Cleansing Your Skin**

you may wash your face. Do not apply any lotions, moisturizers or makeup. Dress in clean, unused clothing. When you arrive in the Peri-Operative Care Centre, you will be given a package of the *Sage Antiseptic Body Cleanser* cloths and will be asked to cleanse your skin in the same manner as previously described (the nursing staff will help you wipe your back as necessary).

During Your Hospital Stay

Steps of Surgery

1) Check-In at the VGH Admitting Department

Staff of the VGH Admitting Department help to organise your stay at VGH by gathering information to begin the hospital process. This information is required so that your medical record can be created.

When you come to the Admitting Department, you **must present** your:

- BC Services card
- 1 piece of government issued photo identification (eg. driver's license or passport)
- 1 credit card - if you are requesting preferred accommodation (ie. a private or semi-private room)

Staff will record your personal health number; full, legal name (not a nick-name); home address; birth date. In addition, you must provide the following information:

- The full name, contact address, and phone number of next of kin (a relative is preferred but a common-law partner or friend is also acceptable)
- Extended health benefit provider information for the Veterans Affairs Canada (VAC), WorkSafeBC (WSBC), or the Insurance Corporation of British Columbia (ICBC)
- The name of your VGH spine surgeon

Prior to checking-in you can call the Admitting Department if you have questions about the hospital process. Please note that the Admitting Department staff **do not** provide medical advice under any circumstances and they do not perform any medical/health testing (eg. blood work). If you have any questions or concerns about your medical/health status, you must contact your family doctor or spine surgeon.

Cancellations do occur and can occur as close as a few hours before you are scheduled to arrive at VGH. If your surgery must be cancelled, somebody from the Admitting Department will call you at home.

Admitting Department

Jim Pattison Pavilion, level 1, room 1850

Monday to Friday 5:30am–4:00pm, Tel: 604-875-4300

Sunday and statutory holidays from 9:30am–12:30pm, Tel: 604-875-4937

(Refer to the map located on page 8).

2) Admission to the Peri-Operative Care Centre (Peri-Op)

- The admitting clerk will greet you, ask for some personal information, and then will show you where you can change into a hospital gown and wait for the admitting nurse.
- The admitting nurse will also ask you some questions, review your medication history and make sure you understand your surgery, answer any last questions you may have, and make any final preparations for surgery (eg. start an intravenous line).
- Your family may be able to wait with you until you go into the operating room.

3) Operating Room (OR)

- About 15 minutes before your surgery, the OR nurse will meet you and ask some of the same questions you have already answered - this is an extra check to make sure all the information we have is correct.
- You will be taken to the OR where you will meet the surgical team and final preparations (eg. attaching heart-monitoring patches, blood pressure cuff, etc.) will be completed.
- You may have some markings drawn on your skin using a special felt marking pen.
- The anesthesiologist will give general anaesthesia medications so you remain in a carefully controlled state of unconsciousness so that your surgery is painless.

4) Post Anaesthetic Care Unit (PACU)

- You will wake up in PACU but may remain very drowsy to start - this is normal.
- A nurse will regularly check your status (ie. breathing, pain level, blood pressure, etc.)
- Likely, you will have several attachments such as an oxygen mask or nasal prongs, an oxygen monitor on your finger, an IV line, a catheter, etc.
- If you feel sick to your stomach - **it is very important to tell the nurse right away.**
- Because of the busy nature of PACU and the close monitoring provided to the various patients, family phone calls to the PACU are restricted and visitors are not permitted.
- You will stay in PACU for about one to two hours, but your time there could be longer. Family should call the Spine Unit (not the PACU) to determine when/if you have left the PACU and arrived on the unit.

5) Acute Spine Unit (Ward)

- The remainder of your hospital stay will occur on the Spine Unit.
- **Please note** - Most patients do not arrive on the Spine Unit until about 5 hours after the start of surgery. That means if your surgery start-time is 6:00am, your Spine Unit arrival-time will be around 11:00am. On the day of surgery, a family member is welcome to call the Spine Unit to find out how you are doing. However, the nurse taking care of you will not have any information to report until after he/she has made an assessment once you are on the unit. **Family members, on the day of surgery, please call the Spine Unit only after 11:00am (or at least 5 hours after the surgery start time).**

Visitors

We know how important family and friends are to your recovery. Your visitors may come at most times of the day. In general, the best times to visit are between 9:00am–9:00pm. Visitors who are feeling unwell (for example, have a cold or flu) or have been near someone else who is ill should not come to visit. Also, ask your visitors to use the hand sanitizer stations located throughout the unit before they enter your room and after they leave.

• Therapy Time...

Staff are mindful that visits from family and friends are a helpful part of your stay in hospital and they will accommodate visitors whenever possible. Please keep in mind that your therapy takes priority over visiting. **The hospital is a busy place for everyone - if you decline a therapy session with the physical therapist or occupational therapist, he or she may not be able to return until the next day.** Take full advantage of the therapy offered to you to maximize your recovery; this will help you manage more easily at home.

• Other Patients...

Please remember that other patients may not be feeling as well as you and may be overwhelmed by lively visitors or too many visitors. If you share a room with another patient, please consider meeting your family and friends in the lounge (located within the Spine Unit) or the cafeteria or coffee shop (located on other floors) if the other patient in the room needs rest.

- Sassafra Cafeteria - Jim Pattison Pavilion, level 2
(You must take the Leon Judah Blackmore Pavilion elevator to level 3 - when you walk to the cafeteria you will stay on the same level, but you will enter Jim Pattison Pavilion on level 2).
- Café Ami - Jim Pattison Pavilion, level 1