

Spine Surgery Patient Guide



**ENGLEWOOD
HEALTH**

You've taken the first step toward getting back to an active life. Let's walk through this journey together.

About this guide

This workbook is an important resource for you and your family throughout your spine surgery and recovery. It will guide you through what you can expect as you prepare for and undergo your procedure and rehabilitation. In this book, we have included information and tools to help make it easier for you to prepare for your hospital stay and follow-up care.

My Spine Surgery

Date of surgery: _____

Time of surgery: _____

Arrival time: _____

Location: Englewood Health—Main Campus
350 Engle Street, Englewood, NJ 07631

Procedure: _____

Surgeon's name: _____

Surgeon's phone number: _____

Table of Contents

SECTION 1: Preparing for Your Surgery	3
My Medication Checklist.	3
Understanding Your Insurance Coverage	4
Pre-Admission Testing (PAT)	5
Spine Surgery Checklist	7
Frequently Asked Questions	8
Preparing Yourself for Surgery	9
Preparing Your Home for Your Recovery	10
Items to Bring to the Hospital.	12
SECTION 2: Your Hospital Stay	13
Items Your Healthcare Team May Use	13
Planning Your Discharge	14
Admission to the Hospital on the Day of Surgery	15
Operating Room	16
Recovery Room (PACU).	16
The Days Following Your Surgery.	17
SECTION 3: Returning Home	21
Follow-Up Appointments	21
General Instructions for Home Activities	21
Precautions After Back Surgery	23
Precautions After Neck Surgery	24
Home Activities	26
Protecting Your Back	27
Notice of Nondiscrimination	39

Preparing for Your Surgery

My Medication Checklist

Medication Name	Dose	Frequency	Route (by mouth or injection)	Additional Notes

List all the medications you are currently taking. This includes medications prescribed by your doctor, as well as over-the-counter medications such as pain relievers, vitamins, and herbal supplements. Use an additional sheet of paper, if necessary.

Understanding Your Insurance Coverage

Although Englewood Hospital participates in most insurance plans, there may be some plans with whom we do not have a contract. Receiving care from an out-of-network hospital could increase your out-of-pocket costs. To verify your cost for out-of-network services, contact your insurance company directly.

IN ADDITION, THE PHYSICIANS WHO PROVIDE CARE WITHIN OUR HOSPITAL MIGHT NOT PARTICIPATE IN THE SAME INSURANCE PLANS AS THE HOSPITAL. You should directly contact your insurance company or the physician who is arranging your healthcare services to see which insurance plans the physician participates in. You should also know that these healthcare professional(s)' costs are not included in the facility's charges. They will bill separately.

Physicians and Hospital-Based Physicians Groups We Employ or Contract

Below is a list of the physicians or physician groups that have a contract with the hospital to provide certain healthcare services that prevents us from using any other physicians for these services. Regardless of the physician's relationship with Englewood Hospital, these healthcare professionals' costs are never included in the facility's charges and you will still receive a separate bill for these services. Please note that this list DOES NOT represent an exclusive list of physicians who may provide professional

services to you while at Englewood Hospital.

- Teamhealth Anesthesia: 350 Engle Street, Englewood, NJ 07631; 877-307-4554
- Englewood Pathologists, PA: 350 Engle Street, Englewood, NJ 07631, 201-894-3420
- Englewood Radiologic Group: 350 Engle Street, Englewood, NJ 07631; 800-889-4447

Pre-Admission Testing (PAT)

Several days before your procedure, your doctor may order a series of pre-admission tests and evaluations to be done at the hospital. During these evaluations, which take about 90 minutes, a nurse practitioner (a registered nurse with an advanced degree and training) or staff nurse will answer any questions you might have regarding anesthesia and surgery.

Your PAT visit will include the following:

- A review of your health history.
- A nursing assessment.
- Instructions regarding medications, foods, and liquids that are permitted prior to surgery. While this may seem

redundant, we want to do a final check to ensure that you are ready for surgery and that you meet the criteria to receive anesthesia.

- Blood may be drawn.
- Vital signs will be taken.
- An EKG may be done.
- An X-ray may be taken.
- Urine may be collected.
- You will have a pain management consultation or follow-up appointment with your existing pain management provider.

Call our pre-admission testing unit (PAT) at 201-894-3187, Monday through Friday, from 8 a.m. to 4 p.m. to make an appointment. Englewood Hospital's Pre-Admission Testing Unit is located on the main floor of the hospital. Our front desk will direct you.

Pre-admission testing appointment

Date: _____ Time: _____

Before your appointment, you will need to see your primary physician to ensure that you are physically sound for your upcoming surgery. You may also need to see a specialist if your primary physician thinks it is necessary.

Primary physician appointment

Name: _____ Date: _____

Phone: _____ Time: _____

Other physician appointment

Name: _____ Date: _____

Phone: _____ Time: _____

Other physician appointment

Name: _____ Date: _____

Phone: _____ Time: _____

The PAT unit will tell you what forms to bring with you.

Spine Surgery Checklist

- ___ The nurse practitioner will explain the progression of your hospitalization, from admission to discharge.

- ___ A physical therapist will explain what equipment you may need and your course of therapy during hospitalization.

- An occupational therapist will teach you the use of adaptive equipment, which (if needed) will assist you with activities of daily living.
- A case coordinator will help to plan your discharge and discuss the options open to you.

Frequently Asked Questions

Q. How long should I expect to be in the hospital?

- A.** Generally, for lumbar fusion, you should be prepared to be discharged from the hospital within 1–5 days if your recovery progresses as expected. Patients having other surgeries can sometimes be discharged on the same day.

Q. Will I set off metal detectors?

- A.** No.

Q. How long is the surgery?

- A.** Generally, 1–6 hours. However, you should also allow for pre- and post-operative preparation. The total time from when you enter the surgery area to when the doctor reports your status to your relatives in the waiting area will be about 3–7 hours.

Preparing Yourself for Surgery

- If you are taking aspirin, Coumadin, Plavix, Xarelto, Eliquis, vitamin E, or Motrin, Ibuprofen, Advil, Pradaxa, Effient, Savasya, Lovenox, Celebrex or any other nonsteroidal anti-inflammatories, ask your surgeon and primary care physician when to stop. Usually you will be asked to stop these medicines 7 days before the procedure.
- Eat light foods for 3 days prior to surgery.
- Do not eat or drink anything after midnight the night before surgery. No food, water, gum chewing, or smoking.
- Brushing of teeth with toothpaste and the use of mouthwash are allowed.
- If you take medications on a regular basis, ask your primary care physician whether to take them with a small sip of water the morning of surgery. You may take your daily medication for pain, high blood

pressure, thyroid, seizure, and heart conditions, if your surgeon and primary care physician feel it is necessary.

- ___ If you develop a cough, cold, bronchitis, or fever, or if you need extensive dental work (e.g., root canal), notify your surgeon.
- ___ Stop all herbal remedies 7 days before surgery.
- ___ No baby lotion/cream applied to your body the day before surgery.
- ___ COVID-19 testing may be required. Your surgeon's office will let you know.

MY QUESTIONS/NOTES

Preparing Your Home for Your Recovery

- ___ Move items in your kitchen, bathroom, and bedroom

to no higher than shoulder height. This will help you to avoid having to bend over or to reach for them.

- Remove any scatter or throw rugs that could cause you to trip. Secure any loose edges of rugs and extension cords. Make sure hallways and rooms are clear of clutter.
- Consider a cordless phone or cellphone to keep near you for convenience.
- Place a rubber mat or non-skid surface in the tub or shower to prevent you from slipping. Installing a grab bar on the tub or shower wall will help you maintain your balance. Never hold onto a wall-mounted soap dish or towel rack for support—they are not designed to hold your weight. You may need a tub chair or bench after surgery.
- If possible, prepare and freeze meals before surgery. Stock up on necessary items. Complete food shopping and laundry.
- Consider setting up a bed on the first floor if you live in a multi-story dwelling. It will be easier to manage until you are able to use stairs.
- Take into account how your pets may create a challenge to your recovery. You may want to look into a pet sitter/walker for your first few days home.

Items to Bring to the Hospital

- Flat, comfortable shoes or sneakers with Velcro closures are ideal for working with physical and occupational therapists. Loafers with good tread that are easy to slip into and not loose are also acceptable.
- A short wrap-around bathrobe is recommended (when not connected to IVs), so you won't trip.
- You may bring your own pajamas, but it may be more practical to wear a hospital gown until the tubes in your vein and/or bladder are removed. Loose-fitting pants with an elastic waist (e.g., sweat pants) and a loose-fitting shirt or button-down shirt are usually comfortable the second day after surgery.
- Toiletries such as personal care items.
- Books, magazines, and quiet activities such as knitting can help occupy your time.
- Do not bring personal valuables such as jewelry, wallet, or large amounts of money.

Bring home medications in their original bottles with the pharmacy label (not in organizers), in case they are not available from the hospital pharmacy.

SECTION 2

Your Hospital Stay

Items Your Healthcare Team May Use

- **IV or saline lock** — a small, soft plastic tube inserted into a vein to administer IV (intravenous) fluid or medicine.
- **Patient-controlled analgesia (PCA)** — pain medicine that is in a pump attached to an IV. Most patients' pain is well controlled on an oral multi-modal pain regimen without side effects of medications. Your surgeon, however, may order a PCA for the first 24 hours if you are unable to eat or drink. The amount of opioids delivered is preprogrammed and you push a button for pain control as needed.
- **Incentive spirometer** — a device that exercises your lungs, by helping you to take deep breaths. It is used after surgery to prevent fluid from building up in the lungs and to help prevent pneumonia. Your nurse will teach you how to use it.
- **Surgical dressing** — a sterile gauze pad placed over the incision to keep it dry and clean.
- **Urinary catheter (Foley)** — a soft tube inserted into the bladder to measure the amount of urine produced. It also prevents urine retention in the bladder.
- **Hemovac** — a drain placed at the surgical site to drain

blood and fluid from the area.

- **IM (intramuscular) injection** — an injection given into the muscle.
- **Venodyne boots** — tubular devices placed around the legs, which inflate and deflate to help keep the blood moving in your legs. They help improve circulation and prevent blood clots.
- **TED stockings** — elastic stockings that help increase blood return to the heart, prevent swelling of the legs, and prevent blood clots.
- **Assistive devices** — these include a rolling walker to help you get around and a commode to make toileting easier.

Planning Your Discharge

- A case coordinator will meet with you while you are in the hospital, to help plan your discharge and to discuss what you will need after you leave the hospital. This person will coordinate all inpatient rehabilitation and outpatient services, such as home physical and occupational therapy.
- **Discharge time is at or before 11 a.m.**
- You will need to make arrangements for your transportation home.

Admission to the Hospital on the Day of Surgery

- Upon entering the hospital, stop at the information desk, where you will be directed to the appropriate area. The same-day admitting department is on the second floor. If you are late, your surgery could be delayed. The department's phone number is 201-894-3123.
- You will be prepared for transport to the operating room. Family members may stay with you until you are transported. You will change into a hospital gown and will be asked to empty your bladder before leaving the unit.
- You will be taken to the holding area, where an IV (a tube in the vein for fluid) may be started and your surgeon will mark your skin for safety purposes. You will then be seen by an anesthesiologist. Family members and friends will be asked to wait in the waiting area while you are in surgery. Please let your surgeon know if family members and friends will be in this area, or provide the phone number of a contact person, so they can be kept informed.
- The surgeon may come to the waiting area when the operation is over to speak to your family. The recovery room (post-anesthesia care unit, or PACU) personnel will call your family with an update and discuss visitation based on current guidelines. Usually, you will remain in the recovery room for two to four hours. Please note that delays in transfer to the recovery room are not an indication of trouble.

- As a safety precaution, you will be asked many of the same questions several times.

Operating Room

- An IV will be started in your vein if one was not started while you were in the holding area. You may also be given medication to help make you sleepy. A urinary catheter will be inserted after you have received an anesthetic.
- Surgery will take 1–6 hours, depending on how many levels of the spine are involved.

Recovery Room (PACU)

- You will be monitored closely in the recovery room. A nurse will check your pulse, blood pressure, and temperature frequently. Nurses will also check the circulation in your legs. You will be asked to wiggle your toes, bend your knees, and move your arms, as well as to report any pain or numbness in your arms or legs.
- You will be given medication for your pain as needed. The staff will periodically ask you to describe your pain level on a scale from 0–10, with zero being no pain and 10 severe pain.
- You will start breathing exercises with the incentive spirometer device. This will help to keep fluid out of your lungs.

- TED stockings and/or pneumatic soft compression boots, which inflate and deflate automatically, will be applied in the operating room to aid circulation.
- When you are stable, you will be moved to your assigned floor.

The Days Following Your Surgery

Based on your evaluation your schedule may be different than outlined. The goal of therapy is to promote independence or get you back to your functional mobility as soon as possible. Some patients are able to get out of bed on the same day as surgery, as instructed by a nurse or physical therapist.

Day 1 (day after surgery)

- The nursing staff will continue to monitor your level of comfort and symptoms. Medication will be available for your pain and symptom management as needed. Ask for pain medication in the morning when you wake up, so that you are prepared when your therapy starts this day.
- You will continue breathing exercises using the incentive spirometer, as well as coughing and deep breathing.
- You may receive IV antibiotics to prevent infection.
- As soon as you are alert, you may start a clear liquid diet and advance to a regular diet.

- IV fluids may be stopped once you are taking fluids by mouth.
- The physical therapist and occupational therapist will begin working with you. You can expect to get out of bed and walk several steps, with or without a walker. You will also sit next to your bed in a high or regular chair for a few hours.
- The occupational therapist will begin showing you how to use adaptive equipment (if able to tolerate it), such as a reacher and sock aid, long-handled shoehorn, dressing stick, and long-handled sponge, to help you perform various daily activities such as dressing and bathing. Any adaptive equipment recommended is an out of pocket expense and information on where to purchase will be provided by the occupational therapist.
- A Doppler (ultrasound) test may be done to check for blood clots in your legs.
- You may receive an injection in the stomach once or twice daily to prevent blood clots.
- Your vital signs (pulse, blood pressure, and temperature) will be monitored. The nurse will check blood flow to your toes.
- The dressing on the surgical site will be checked for drainage.
- If you have a drain, it will be removed in the days after surgery.
- Blood may be drawn for lab tests, per your surgeon's orders.
- An air mattress can be placed on your bed to keep the pressure off bony joints.
- Staff members will check your skin frequently to make sure you are not developing pressure sores.

- Staff members will teach you how to move in bed safely.
- You may continue to wear TED stockings and/or pneumatic boots to help your circulation.
- An inpatient care coordinator will meet with you to discuss discharge planning, as well as any home assistance or inpatient rehabilitation.
- You might be discharged on Day 1.

Day 2

- The urinary catheter may be removed if it wasn't on Day 1. You can get out of bed to use a commode with assistance from a nurse or patient care associate. Do not attempt to do so by yourself or with a family member.
- Oral pain medication may be started if your PCA or IM injections are stopped. Note: Some patients will be on oral pain medicine from the day of surgery.
- You will practice walking (gait training) with a physical therapist. You may use a cane or walker. The physical therapist/occupational therapist and you will continue to do exercises and work on functional training, such as stairs and car transfers. Request pain medications before therapy.
- Your care coordinator will assist with ordering equipment.

Day 3

- Based on your progress, you will continue to work with a physical therapist.

- An occupational therapist will continue to teach you the use of adaptive equipment if required.
- Exercises will be reinforced.
- If not ordered prior to surgery, home equipment will be ordered if you are being discharged to your home.
- A case coordinator will continue to meet with you to discuss discharge planning.
- Home care services will be set up, if needed, for a visiting nurse and/or physical therapist/occupational therapist. The visiting nurse and your doctor will determine how long you require treatment. Many skilled nursing visits are discontinued after a few visits if the wound is dry and clean.
- If you are discharged home, you will be given prescriptions for pain medications.
- Based on your individual needs, you may be transferred to a rehabilitation facility. In that case, the facility will order your discharge equipment.
- The rehabilitation facility will also give you any discharge prescriptions you need.
- If you are being discharged to a rehabilitation facility, transportation can be discussed with the case coordinator. Insurance coverage is dependent on your carrier.
- If you are discharged home, you will be given prescriptions for pain medications. Any equipment recommended by therapy will be ordered and delivered to you either in the hospital or to your home when discharged.

SECTION 3

Returning Home

Follow-Up Appointments

Your follow-up appointment will be about 2–3 weeks after your surgery. Please call your surgeon's office to schedule this visit. It can be made prior to the surgery.

General Instructions for Home Activities

Follow these instructions at home until you see your doctor for a follow-up appointment.

- Essential principles are “Be aware of your muscles” and “Do everything slowly, gently, and mindfully.”
- After surgery you may feel tired, weak, and sore around the incision and surrounding areas.
- You may also feel pain, tingling, or numbness in your back, neck, arms, or legs, which should gradually improve as the nerves heal.
- Start resuming light activities that do not increase your

pain. Maintain good posture and proper body mechanics during all activities.

- Listen to your body; if you have pain, you may need to slow down and decrease what you are doing. Adhere to your precautions and be aware of your posture, positioning, and movements.
- You may have done too much too soon if you experience increased pain that lasts longer than 12 hours after an activity.
- Call your surgeon if you have any questions

Precautions After Back Surgery

Remember B.L.T.

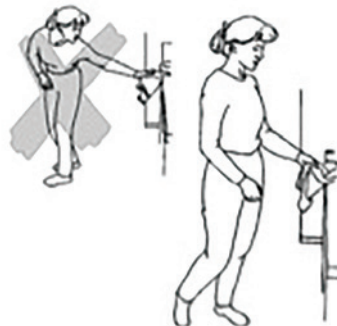
- No **B**ending



- No **L**ifting (more than 5–10 lbs.)



- No **T**wisting



- Avoid bending at your back. If you must bend, be sure to bend at your hips and knees while maintaining the natural curves of your spine. Don't forget to brace (tighten) your abdominal (stomach) muscles.
- Do not twist or arch your back.
- No heavy lifting—nothing greater than 5–10 pounds until cleared by your surgeon (a gallon of milk is about 8.6 pounds).
- Don't start an activity you can't stop if necessary.
- Stop if you feel sharp pain.
- Movement is limited by tolerance—be gentle; there is no need to push yourself in the early stages of healing. Listen to your body.
- Do not resume any strengthening or stretching exercises until cleared by your surgeon.
- Your surgeon may give you a back brace after surgery. Ask your surgeon when you should wear it.

Precautions After Neck Surgery

- Neck collars are usually worn for comfort and support. You may want to wear one when riding in a car and while sleeping. Ask your surgeon when you should wear one.



- No heavy lifting, nothing greater than 5–10 pounds (a gallon of milk is about 8.6 pounds).
- Don't start any activity that can't be stopped if necessary.
- Stop if you feel sharp pain.
- Neck and arm movements are limited by tolerance—be gentle; there is no need to push yourself in the early stages of healing. You may find it more comfortable to keep things at shoulder height or below. Listen to your body.
- Remember to avoid reaching overhead.

Remember to discuss with your surgeon how long you should adhere to the precautions and when you can resume normal activities and work.

Call your surgeon if:

- You experience constant or severe pain that is not relieved by your prescribed pain medication.
- You experience increased numbness or weakness.
- Your incision is red, warm, draining, odorous, or swollen.
- You have a fever above 101, a severe headache, or extreme fatigue.
- You have problems controlling your bowels and/or bladder.
- You have calf pain, swelling, or warmth in your legs.
- You have chest pain, shortness of breath, or rapid/irregular heartbeat.

Home Activities

Week 1

- Keep the incision dry for one week.
- Showers are usually permitted if the incision is dry, but check first with your nurse practitioner or surgeon.
- No baths and no swimming for one month.
- No driving until cleared by your surgeon; in general, no driving for 1–4 weeks.
- Adhere to the precautions ordered by your surgeon.
- Change dressings and bandages as instructed by your surgeon.

Week 2

- The incision may get wet on Week 2 but continue to follow the instructions of your nurse practitioner and surgeon. The surgical glue/Steri-Strips will fall off on their own when wet, or you may peel off the Steri-Strips at the end of Week 2.
- No baths and no swimming for one month.
- You may sponge bathe if your surgeon has given you permission. If you are unsteady, you may want to use a shower chair or tub bench for increased safety and independence.

- Adhere to all precautions ordered by your surgeon.
- You may drive when you receive clearance from your surgeon.
- You may resume regular activities as permitted by your surgeon.
- If the incision gets wet, dry it gently but thoroughly. Always keep the incision area clean and dry.

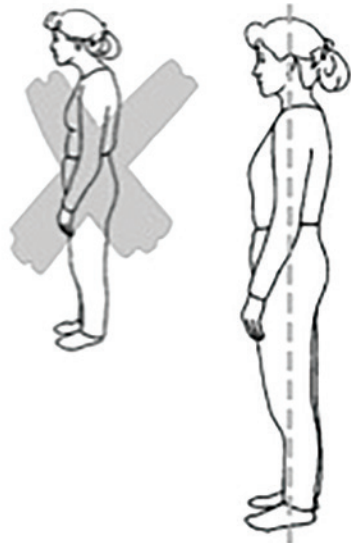
Protecting Your Back

- Tighten your stomach muscles for better back support.
- Over the long term, try to attain and maintain a healthy body weight.
- Avoid prolonged periods of sitting or standing; change positions frequently.
- When standing for prolonged periods of time, place one foot on a higher surface, such as a footstool or phonebook, for a while then switch legs. This should be avoided if one leg is much weaker than the other.
- Wear supportive shoes such as running shoes when standing or walking on hard surfaces. Be sure the tread on the sole of the shoe is not worn away.
- Use proper sleep and rest positions when in bed. Use pillows as needed for positioning.
- Adhere to precautions and proper body mechanics.

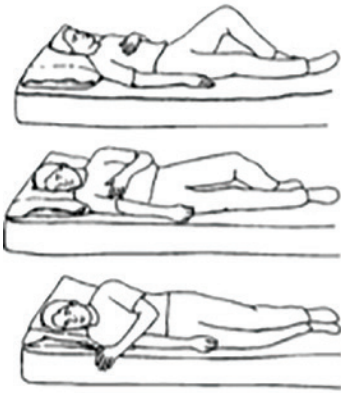
- Do not carry a large wallet in your back pocket or a large purse over one shoulder.
- Keep regularly used items at waist height for easy reach. This includes items in the refrigerator and kitchen cabinets.
- Do not be afraid to ask for help.

Posture

- Avoid rounded shoulders.
- Keep shoulders relaxed.
- Tuck your chin in (avoid forward-head posture).
- Maintain the natural curves of the spine.
- Keep your ears and hips lined up.
- Use a lumbar support when sitting on a chair or in a car as needed for positioning and comfort.
- Tighten your stomach muscles to help support your back.



Bed mobility



Log rolling



Moving from sitting to lying

To move from lying on your back to sitting up:

- Tighten your stomach muscles to support your back.
- Bend your knees.
- Roll onto one side by reaching across your body to the opposite side of the bed and rolling. Note: Your upper body and lower body move together at the same time (log roll)—do not twist.
- Lower your legs off the side of the bed while carefully pushing up through your elbow, then push up through your opposite hand to reach a seated position.

To move from sitting up to lying down on your back:

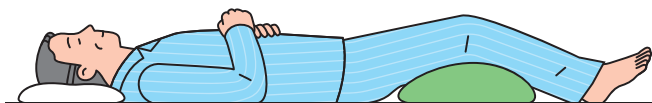
- Tighten your stomach muscles to support your back

- Lower yourself onto your side:
 - Lean on the elbow/forearm of the arm closer to the head of the bed.
 - Support yourself with the opposite hand by placing that arm just below the arm you are leaning on.
 - Raise your legs onto the bed (knees bent) as you lower your shoulder to the bed. The movement is like a seesaw: Your upper body lowers to the bed while your legs come up.
- Once you are fully on your side with knees bent, roll onto your back, moving your upper and lower body at the same time (log roll). Start the roll from the legs to avoid twisting the spine.

Note: If you need to adjust in bed (i.e., move up or down, forward or backward) it is best to do so while on your side. If you attempt to do so while lying on your back, you may experience more discomfort.

Positioning in bed

- For increased comfort when lying on your back, try bending your knees or placing a pillow under them.

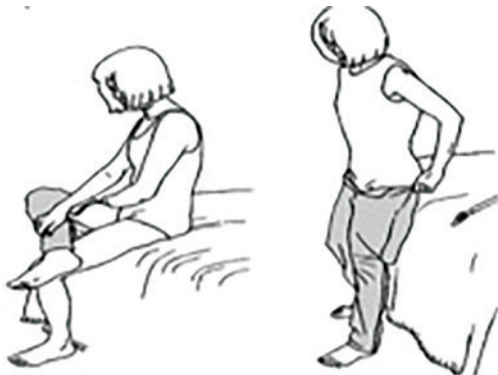


- For increased comfort when lying on your side, you may bend your knees and hips, place a pillow between your knees, and/ or have someone gently place a pillow behind your back for extra support.



Dressing

- Choose easy-to-wear clothing, such as elastic-top pants, sturdy slip-on shoes (with backs), or shoes with Velcro closures.



- When putting on or removing underwear and pants, always dress the weaker leg first and undress the weaker leg last.
- You may find it easier to put on and remove shoes and socks if you cross your legs. This is fine, as long as it is not painful or difficult.
- If you find it difficult to cross your legs for dressing, use adaptive equipment to increase independence and ease or ask for help.
- Avoid bending over far.

Sitting and standing

To stand up

- Tighten your stomach muscles.
- Slide forward to the edge of the chair.
- Push off from the arm rests and from the sitting surface with your thighs.
- Straighten your knees and hips as you stand up.
- Maintain the natural curves of the spine.

Note: Remember to always push up from the surfaces that you are sitting on for safety. Reach back for the surface before you sit down.

To sit down

- Back up until both legs touch the chair.
- Tighten your stomach muscles.
- Reach for the armrests or the sitting surface, or place your hands on your thighs as you lower yourself.
- Lower yourself by bending at the hips and knees (while maintaining the natural curves of the spine).
- Once seated, sit farther back on the seat so your back is supported by the chair.



TIP: Have a small lumbar support secured to the chair so you don't have to place/position one each time you sit down. You may find it most comfortable to sit in a supportive chair, such as an armchair. Avoid rolling chairs.

Grooming

- When standing at the bathroom counter, place one hand on the countertop to help brace/support yourself while bending at the knees and hips.
- Try to maintain the natural curves of the spine.



Showering



- **Week 1:** You can shower as instructed by your surgeon. You may need to replace your dressing if it gets wet.
- **Week 2:** The surgical glue/ Steri-Strips will fall off by themselves or you can peel them off. (No baths and no swimming).

- You may take a sponge bath if you prefer.
- When showering be careful not to arch your back (e.g., when rinsing your hair).
- Use a long-handled bath sponge for ease when washing your back, legs, and feet.
- Place a bottle of soap within easy reach beforehand. That way, you won't have to bend over to pick up the soap.
- Place a non-skid surface/mat on the bottom of the tub/shower.
- Make sure there is a non-skid mat on the bathroom floor for when you exit the tub/shower.
- Various types of shower seats and tub benches are available. Ask your occupational therapist for recommendations.

Using the toilet

- If you are unable to sit on the toilet, consider using a commode or an elevated toilet seat with or without armrests.
- Speak with your occupational therapist about what equipment may be appropriate for you.

Lifting and moving objects

Once your precaution period has ended (as determined by



your surgeon), it is important to use proper body mechanics when lifting or moving objects. You may seek guidance from your therapist about proper lifting mechanics.

Getting in/out of a car as a passenger

(DO NOT drive until you are cleared by your surgeon.)

- Open the front passenger door and back up until both legs touch the car.



- Left hand reaches for the dashboard; right hand reaches for the seatback or may be placed on your thigh and the seat.
- Slowly lower yourself into the car, bending at the hips and knees and keeping the natural curves of the spine.
- Once seated, turn yourself into the car by bringing in one leg at a time. Be sure not to twist your back.
- You may not drive until you are cleared to do so. You may not operate a car while still taking narcotic pain medication.
- For longer trips, be sure to get out of the car and walk/change position.

- A lumbar (back) support may be placed in the small of the back for increased comfort. Position it for comfort; if it is uncomfortable it may be too large or too small, or it may be in the wrong position.

Desk work



- When sitting at a desk, maintain good posture and alignment.
- Frequently used objects should be placed directly in front of you.
- Use good lighting.
- If you use a computer:
 - The top of the monitor should be at eye level and directly in front of you.
 - Both feet should be flat on the floor or on a foot stool so they are supported.
 - Knees and hips should be bent at 90 degrees.
 - Arms should be at a 90-degree angle and supported on arm rests.
 - Avoid using wrist supports—wrists should be kept in a neutral position.
- Take frequent rest breaks and change position before resuming desk activities.

Reading

- When reading, hold the book in the proper position (tilted up) so you don't bend your neck forward/down.
- Sit in a supported chair with a lumbar (back) support for comfort, with both feet on the floor.
- Use good lighting.
- Take frequent rest breaks and change position before resuming reading.



Household tasks

- Keep regularly used items at waist height to allow for easy reach.
- Avoid prolonged periods of standing or sitting.
- If you must stand for a prolonged period of time, place one foot on a higher surface, such as a footstool or phonebook, for a while and then switch legs (do not do this if one leg is much weaker).
- Adhere to precautions and proper body mechanics.
- No heavy-duty housework.
- Do not be afraid to ask for help.
- You will need training in proper body mechanics once you are cleared by your surgeon to resume regular activities.

Sneezing/coughing after back or neck surgery

- Use your arm to brace yourself if you have to cough or sneeze.
 - To brace when standing, place your hand on the wall with a straight arm and allow the force of the sneeze/cough to run through your arm. Avoid a fast forward bend of the back or neck.
 - To brace when sitting, place your arm on your leg, with a straight arm, and allow the force of the sneeze/cough to run through your arm.

Notice of Nondiscrimination

Englewood Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Englewood Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Englewood Health provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and/or written information in other formats (large print, audio, accessible electronic formats, other formats). Englewood Health provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact our Patient Relations Department. If you believe that Englewood Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Patient Relations Department, 350 Engle Street, Englewood, NJ 07631; telephone: 201-894-3368; email: patrel@ehmchealth.org. You can file a grievance in person or by mail, fax, or email. If you need help, our Patient Relations Department is available. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201, 800-368-1019, 800-537-7697 (TDD). Complaint forms are available at hhs.gov/ocr.

AR	.لاستفادة من خدمات المساعدة اللغوية، اتصل على الرقم 201-894-3368.
ES	Para asistencia lingüística gratuita, llamar al 201-894-3368.
FR	Pour bénéficier d'un service d'aide linguistique gratuit, appelez le 201-894-3368.
GU	मङ्गल भाषा सहायता सेवाओं माटे 201-894-3368 पर कॉल करे.
HI	निशुल्क भाषा सहायता सेवाओं के लिए 201-894-3368 पर कॉल करें।
HT	Pou sèvis asistans ak lang gratis, rele 201-894-3368.
IT	Per avere servizi gratuiti di assistenza linguistica, chiamare il numero 201-894-3368.
KO	무료 통역 서비스를 원하시면 201-894-3368로 문의바랍니다.
PL	Usługi bezpłatnej pomocy językowej zadzwoń 201-894-3368.
PT	Para serviços de assistência de idioma grátis, chame 201-894-3368.
RU	Для получения бесплатных языковых услуг обращайтесь по телефону 201-894-3368.
TL	Para sa mga libreng serbisyo ng tulong sa wika, tumawag sa 201-894-3368.
UR	مفت لسانی معاونت کی خدمات کے لیے 201-894-3368 پر کال کریں۔
VI	Đối với các dịch vụ hỗ trợ ngôn ngữ miễn phí, vui lòng gọi đến số 201-894-3368.
ZH	如需免费语言协助服务，请致电 201-894-3368。

Guided Meditation for People Undergoing Surgery



Guided meditation can help you reduce the stress and anxiety of undergoing surgery and support your recovery process. If you are planning to undergo surgery, we encourage you to take some time for yourself and join Mary Ann Fernandez, a certified yoga and meditation instructor, on these guided meditation sessions.



Before Surgery

This 15-minute recording will help you relax prior to your surgery. You can listen in the days and weeks leading up to your surgery or while in the pre-op area.

After Surgery

This 5-minute recording will support you in the recovery process. Listen in the recovery room or inpatient hospital bed, or in the days after your surgery.

Visit englewoodhealth.org/meditation or scan the code for instant access.



Important: Do not listen to these recordings while driving or at other times when you need to remain alert. The information in these recordings is not intended to replace any instructions or information provided by your own surgeon or other healthcare professional.



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