

Neuro-Spine Center

The Roper St. Francis Neuro-Spine Center welcomes you. We are an 18-bed unit within St. Francis Hospital that provides excellent care for patients requiring surgery on the spine and brain.

This Neuro-Spine Pre-Op booklet will help you prepare for your procedure and know what to expect before and after your surgery. We want you to understand the process and to be able to ask questions concerning your care. Your active participation in your care is vital to a successful outcome.

We encourage patients to attend one of our Pre-Op Classes, offered in morning, evening or weekend sessions to best accommodate your needs. You can sign up by calling **(843) 402-CARE (2273)**. A virtual tour of our Neuro-Spine unit is also available on the web at **www.rsfh.com**. If you have any questions about the class, call **(843) 402-1503**. If you have specific questions about your surgery, please call your surgeon at **(843) 723-8823**.

Our Neuro-Spine Team

Our Neuro-Spine team works together to provide comprehensive, expert care. Our multi-disciplinary approach means that several different staff members, each with a specific role in your recovery and safe return home, will be involved in your care. Team members will include:

Physician Assistant (PA) is an advanced practice clinician licensed to practice medicine under a doctor's supervision. The PA will assist the surgeon with your care.

Nurse Practitioner (NP) is an advanced practice nurse licensed to practice medicine with the supervision of a doctor. The NP may visit daily to follow and assist the surgeon with your care.

Registered Nurse (RN) administers medications and treatments as ordered by the surgeon, NP, or PA. They assess your progress and assist with your care.

Patient Care Tech (PCT) is a care technician to assist with daily care such as bathing, dressing and walking in your room and hallway. Please do not get out of bed without assistance from an RN or PCT. You will be weak after surgery and potentially disoriented from pain medications. We are here to assist you and do not want you to fall.

Physical Therapist (PT) will assist and instruct you on how to walk and exercise after your surgery. They also assess the need for assistive walking devices. You will start getting out of bed either the evening of your surgery or the next morning.

Occupational Therapist (OT) is responsible for teaching you techniques on how to bathe and dress after surgery. They will assess the need for assistive equipment such as shower benches and elevated commode chairs. Physical Therapy and/or Occupational Therapy will begin the day after your surgery.

Discharge Planner assists in arranging your care after discharge. They will also obtain any medical equipment ordered by your doctor.

Orthotist will fit and teach you how to properly wear and care for your orthotic brace, if it is needed. If orthosis is ordered, you will need to wear the brace when walking, sitting or standing for approximately 3-4 months after surgery. Your doctor will inform you when to discontinue wearing it. Please bring your orthosis (brace) to the hospital the day of your surgery if you already use one.

At-Home Caregiver will be assisting you after discharge from the hospital. You may need help with dressing changes, preparing meals, household chores, running errands and transportation.

Pre-Admission Instructions

The Pre-Admission Testing nurse will call you at home before your surgery to ask about your health history and prepare a list of all medications you are taking. Please include over-the-counter and herbal medicines. Be sure to tell your doctor and the pre-admission nurse if you are taking blood thinners. Contact your surgeon for specific instructions. All aspirin and nsaid's need to be stopped 5-7 days before surgery.

If you have lab work or other tests ordered by your doctor, these should be completed no later than one week before surgery. If the pre-admission nurse has not called you a week prior to your surgery, please call (843) 402-1387.

Please bring a list of your medications with you. The hospital pharmacist will check for possible drug interactions. It is extremely important to list ALL of the medicine names, doses/strengths and how often you take your medication. Please include any prescribed or over-the-counter pain medication or remedies that you use to help manage your pain. Also include any medicine allergies or reactions that you have had. Your safety and well-being is our top concern.

The Day before Surgery

Call your surgeon if you have been placed on antibiotics or other new medications, develop fever, may be pregnant or need to cancel your surgery.

Please follow instructions from the pre admission nurse regarding eating and drinking before your surgery. This includes water, ice, coffee, mints, gum and chewing tobacco.

Avoid alcoholic beverages two days before your surgery and do not smoke after midnight.

DO NOT wear makeup, nail polish, or contact lenses the day of surgery.

What to bring to the hospital:

- Completed home medication list
- Back or neck brace if ordered
- Essential toiletries: tooth brush/paste, deodorant, lip balm, hair care items
- Non-slip footwear

Please leave all valuables, including jewelry, at home.

Day of Surgery

Remember, DO NOT wear makeup, nail polish, or contact lenses to the hospital the day of surgery. Volunteers are located at the entrances of the hospital and are available to direct or escort you to the Hospital Admitting office. The length of your surgical procedure will depend on the type of surgery you are having. Your family will be in the waiting area and will receive periodic updates of your status. After the operation you will wake up in the recovery room. When you are awake, you will be transported to your hospital room and met by your Neuro-Spine Center nurse. Nurses will be monitoring you closely to keep you as comfortable as possible. Dressing changes will be done as ordered by your surgeon. Most surgeries require a one or two-night hospital stay. Early morning orders are received on the anticipated discharge day so please make arrangements for someone to take you home on the morning of discharge.

During Your Hospital Stay

Pain Management

- Pain level will be assessed using the following pain scale: 0 – No pain; 1-2 – Slight; 3-4 – Mild; 5-6 – Moderate; 7-8 – Severe; 9-10 – Horrible
- Our goal is to keep you as comfortable as possible.
- We want to keep your pain rating less than a five.

All medications are ordered by your doctor on an individual basis. Stool softeners and laxatives may be ordered to prevent constipation from the pain medications.

MEDICAL EQUIPMENT

After surgery, you may have a drain called a Hemovac. This collects excess blood that may accumulate around the surgical site. Usually it is removed the next morning.

Sequential Compression Devices (SCDs)

All patients will have SCD cover sleeves on their legs. A machine at the foot of your bed will alternately inflate and deflate the leg sleeves. This is used to prevent blood clots.

Foley Catheter

- Patients having a lumbar fusion will have a Foley catheter. This is a tube that drains urine from your bladder. The catheter is usually removed the following morning with permission from your surgeon.

Incentive Spirometer

- You will be instructed on the use of an incentive spirometer. Instructions include: form a tight seal with lips around mouth piece. Exhale the air out of your lungs. Draw air in through mouthpiece as if using a straw. Use a slow and steady rate to inhale air back into lungs. You will be asked to do 10 of these exercises every hour. This helps the lungs expand and helps prevent pneumonia.

Discharge Guidelines

These are general guidelines after head, neck or back surgery. Individualized instructions will be written by your doctor upon discharge from the hospital. Every patient recovers at a different pace. It is important to allow time for your body to heal. You will need help from family or friends until you regain your strength.

- Walk twice a day, gradually increasing your distance
- No driving until allowed by your doctor

- Do not lift anything heavier than a gallon of milk
- Avoid bending, strenuous activity and exercise
- Sexual activity can be resumed as you feel able
- You may shower. No baths/pools/hot tubs. Check incision daily and keep it clean and dry

Follow specific instructions for your surgeon regarding dressing changes and wound care

- No lotions, creams, powders or ointment on incision
- Following neck surgery you may feel a lump in your throat or some soreness for several weeks. Lozenges are helpful. Eat soft foods and drink plenty of fluids. Pain between your shoulders is normal and may persist for several weeks after surgery.

Call your doctor if you experience:

- Increased redness, swelling or drainage around incision
- Temperature above 101.°F (taken orally)
- Pain not relieved by your prescribed pain medication
- New onset of weakness or pain in legs
- Loss of bladder or bowel control
- Confusion or increasing difficulty waking
- Severe headache
- Seizures



www.rsfh.com/spine

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