

Lumbar (Back) Surgery

A guide for patients

*This is a new guide and subject to revision.
Your feedback is welcome as we work to
improve this guide for patients and families.*

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Introduction

You are on the waitlist for spine surgery.

- You have met with your spine surgeon.
- Your surgical procedure has been explained. Your surgeon will provide the detailed information about your specific surgery.
- The surgeon talked about the risks and benefits of surgery and got your consent to go ahead with surgery.
- The surgeon's office will call you with the date and time of your surgery.

This guide explains how to prepare for back surgery and what to expect after surgery. Not all surgery requires you to stay in the hospital. Your surgeon will talk with you about your specific surgery.

This booklet will help you take an active role in your care and recovery. Being ready for your surgery, and what you do before and after surgery, are important for your recovery.

Your support person

- It is helpful to choose a person who can support you during your recovery. This person can be a family member, friend or caregiver.
- Please review this guide with your support person **before** your surgery. This will help you both to understand your surgery and what to expect after your surgery.

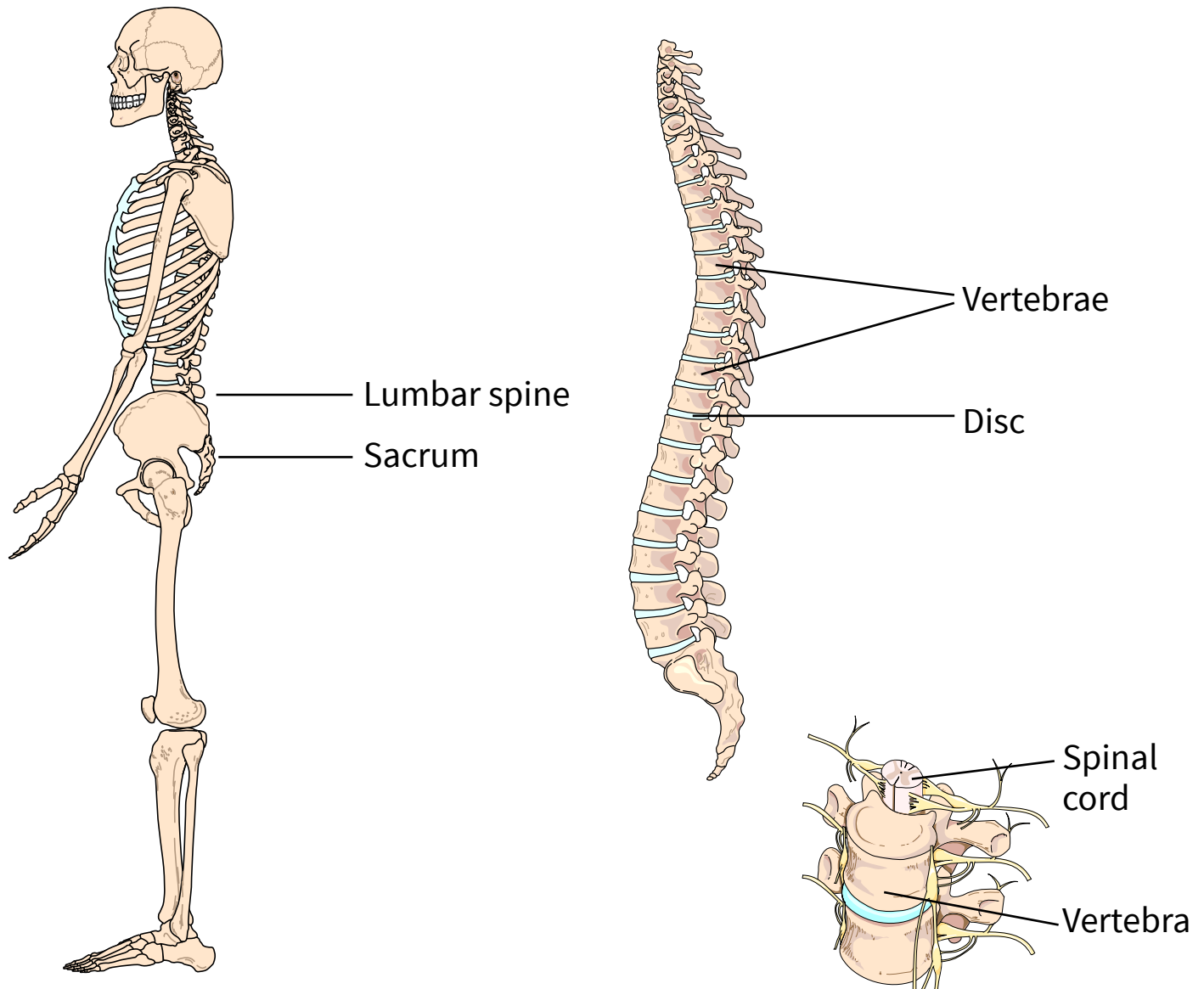
**What are your questions?
Please ask. We are here to help you.**

Anatomy of the spine

The spine is a column (stack) of bones called vertebrae. Your spine supports your body and allows movement. The spinal cord is a bundle of nerve fibres that is protected by your spine and carries messages to and from your brain.

Between each vertebrae is a disc. The disc is like a small cushion that absorbs shock and lets the spine move and be flexible. The lumbar spine (low back) is made up of 5 large vertebrae. Normally it has an inward curve called a lordosis. The lumbar spine sits on top of the sacrum (tail bone).

Your spinal and abdominal (stomach) muscles give stability and allow for movement of the spine.



Surgical treatments

When is surgery needed?

Back surgery may be considered to help with radiating leg pain, numbness or weakness when conservative measures have failed, with the following conditions:

- There is compression/irritation of the spinal nerves, causing significant leg pain
- The spine is unstable due to injury (spinal fracture)

Risks and complications of back surgery

Your spine surgeon will review the risks and complications of surgery with you. These include:

- Infection
- Bleeding or blood clots
- Nerve injury
- Spinal fluid leak
- Paralysis (very rare)
- No improvement of pain or worsened pain
- Need for a second surgery
- Bones not fusing or bone graft shifting out of place after a spinal fusion

Before Surgery

1. Getting ready for surgery

- What you do before surgery will help with your recovery time and the overall success of your surgery. Research shows that patients who are well prepared and help with their own care have a better and faster recovery, have fewer problems with pain, and feel better overall.
- Learn all you can about your surgery.
- Getting emotionally ready is very important. You may have trouble sleeping and may get anxious or frustrated. It is important to deal with these feelings. Techniques like these can help:
 - › deep breathing
 - › visualization or visual imagery (such as imagining yourself in your favourite peaceful place)
 - › progressive muscle relaxation (focusing on relaxing all of your muscles bit by bit)
- Set up your home and work space before your surgery, so that you are ready for discharge.

2. Talk to your family health care provider

- Talk with your family doctor or pharmacist about medications to help with the pain.
- Talk with your family doctor or other health care provider about using heat, ice or other options to help with pain management.
- Talk about your concerns with your health care providers and make sure that you deal with any health issues.

3. Improve your physical health

- Be active. If you have not been regularly active, talk to your family doctor or health care professional before starting an exercise program. A physiotherapist can teach you specific exercises to help strengthen your back and abdominal muscles.
- Research shows that exercise can help with pain, increase flexibility, and keep your heart, lungs and muscles healthy before surgery.
- Eat a well-balanced diet.
 - › It is important that you are not constipated before your surgery.
 - › To help manage constipation:
 - Drink plenty of fluids.
 - Limit how much coffee and tea you drink.
 - Eat a variety of foods such as fruit, vegetables, meat, fish and poultry.
 - Eat a high fibre diet. Fibre is found in apples, bran, oats, prunes, green peas, legumes (chickpeas, lentils, kidney beans) and raisins.
 - Keep as active as possible.
- It is important to sleep well. Try to limit caffeine, chocolate or other stimulants, and avoid screen time (e.g., TV, cell phones, computer) within an hour of bedtime.
- Manage your weight. 80% of weight loss is related to diet. Talk to your family doctor about this. There are also community resources that can help you, such as the Community Health Teams. Check for a Community Health Team in your area at:
 - › www.cdha.nshealth.ca/community-health-teams/contact

4. Quit smoking

- Smoking slows your healing and your recovery from surgery.
- The benefits of quitting smoking start on the day you quit.
- Contact the NSHA Smoking Cessation program Central intake team at 902-424-8866 or toll free at 1-866-340-6700.
- If you can't quit, ask your family doctor for help or contact the Smokers' Helpline at 1-877-513-5333 or www.smokershelpline.ca.

5. Equipment

- Some patients may need equipment after surgery. An appropriate walking or mobility aid will be prescribed by the physiotherapist if needed. If you are currently using a mobility aid, keep using it. Bring your mobility aid with you to the hospital to use after surgery.
- Some patients find using a raised toilet seat and a reacher helpful immediately after surgery.

6. Think about how you do everyday things and make changes

- Poor body mechanics and positioning repeated over time are the most common causes of back problems.
 - › To better manage your back, you may need to change some of your habits and start new ones.
 - › It may take 3-6 months for you to develop better body mechanics.
 - › A physiotherapist can teach you good body mechanics.
- Stop and take time to think about how you move.
- If you have pain during an activity, you may need to do the activity in a different way.
- If an activity takes a long time, take breaks and change your position often to avoid pain or stiffness.

7. Transportation

- Have someone drive you to and from the hospital.
- Ask your surgeon or family doctor about when you can drive again.

8. Getting your home ready

- Have meals prepared and frozen for when you get home.
- Place items in your home to reduce bending, reaching and lifting. For example, move items you use all the time from lower cabinets onto your counter. Move items from the lower shelves in your fridge to the higher shelves. Buy items that are easier to lift, like a 1 or 2 litre carton of milk instead of a 4 litre jug.

Pre-admission Clinic appointment

Not every patient will go to the Pre-admission Clinic (PAC). Your surgeon will decide if you need to go depending on your health. It is a good idea to bring a support person with you to the PAC. Expect to be at the PAC for 2-3 hours.

In the PAC:

- A nurse will meet with you to talk about your surgery. They will go over what to expect and how to prepare.
- Basic tests may be done, such as an electrocardiogram (ECG), blood test and X-rays. You will see the anesthetist (doctor who puts you to sleep for surgery) at this time.
- A health care team member will review all your medications. Bring all of your prescription medications in their original containers, including herbal, vitamin and over-the-counter medications.
- PAC staff will tell you if there are any prescription or over-the-counter medications that you need to stop taking before surgery and when you will need to stop taking them.
- If you have a history of being confused after surgery or when taking pain medication, please tell your doctor or nurse.
- If you have a CPAP machine, bring it to this appointment (even if you do not use it).
- If you have any questions, this is a good time to ask. Write your questions down ahead of time and bring them with you.

What if my health changes before my surgery?

If you do not feel well before your surgery, or if there is a change in your health, please call your surgeon's office to let them know **at least 24 hours before** your surgery. Your surgery may need to be rebooked.

Changes include:

- › A new cough, or a cough that is getting worse
- › Chills or fever (temperature over 38.5 °C or 100.4° F), or both
- › A new rash, especially in the area of your surgery
- › Diarrhea
- › Shortness of breath (worse than usual)
- › Severe headache (worse than usual)
- › Muscle aches
- › Feeling very tired
- › Vomiting (throwing up)
- › Changes in pain or location of pain

Pre-surgery Checklist

The Nova Scotia Health Authority is scent-free, smoke-free and vape-free. Please do not bring any scented products.

You will need to bring these items with you to the hospital:

- This booklet
- Your provincial health card
- All of your prescription medications in their original containers and a list of any herbal, vitamin and over-the-counter medications that you are currently taking
- Leave valuables at home
- One small bag with the following:
 - Closed-heel, comfortable slippers/shoes/runners
 - Knee-length housecoat (robe)
 - Loose, comfortable clothing - button or zip-up tops are easier than pullovers, pants with an elastic waistband that can be pulled up easily
 - Items such as dentures, eyeglasses, hearing aids and cases
 - CPAP machine, if you use one at home
- Something to read
- Personal care items, including:
 - Toothbrush and toothpaste
 - Comb or brush
 - Razor, if needed
 - Unscented deodorant and soap
- Home and work telephone numbers of your contact person
- Mobility aid, if you use one

The day before your surgery

- Don't drink alcohol for 24 hours before your surgery
- Shower or bathe using unscented soap and shampoo
- Eat a small meal the evening before your surgery
- Remove fingernail and toenail polish
- Remove all jewelry and body piercings

After midnight the night before your surgery

- Do not eat or drink
- Do not smoke
- Do not chew gum or suck on candies
- Take medications as told by your doctor, with a sip of water

Day of Surgery

- Have someone drive you to the Robie Street entrance of the Halifax Infirmary (HI).
- Register at Admitting on the 5th floor of the HI. Take the elevator in the lobby off the Robie Street entrance to Same Day Surgery.
 - › You will be directed to the pre-surgical area where you will get ready for surgery.
 - › The anesthetist will talk with you about what type of anesthetic is best for you.
 - › You may be given sedation (medication to make you relax) and other medication before surgery.
 - › You will be taken to the operating room (OR).
 - › An intravenous (IV) will be started in one of your arms in the OR.
 - › You will be given an anesthetic. Possible side effects of anesthesia include nausea, drowsiness and mild sore throat.

Send all valuables home with your family/support person. The hospital is not responsible for lost items. Your belongings will be taken to the unit where you will recover after surgery.

In-hospital Recovery after Surgery

The patient care plan is a general guide for your hospital stay. Everyone recovers differently, so your activities and discharge may be different than what is outlined in this guide.

Immediately after surgery you will be taken to the Recovery Room, where your nurse will:

- › check your breathing, pulse, blood pressure and oxygen level
- › check your circulation, strength and feeling in your legs
- › monitor your pain

When the team decides you are ready, you will be moved to your hospital room. Your support person and family members will then be welcome to visit.

Once you are in your hospital room, your nurse will:

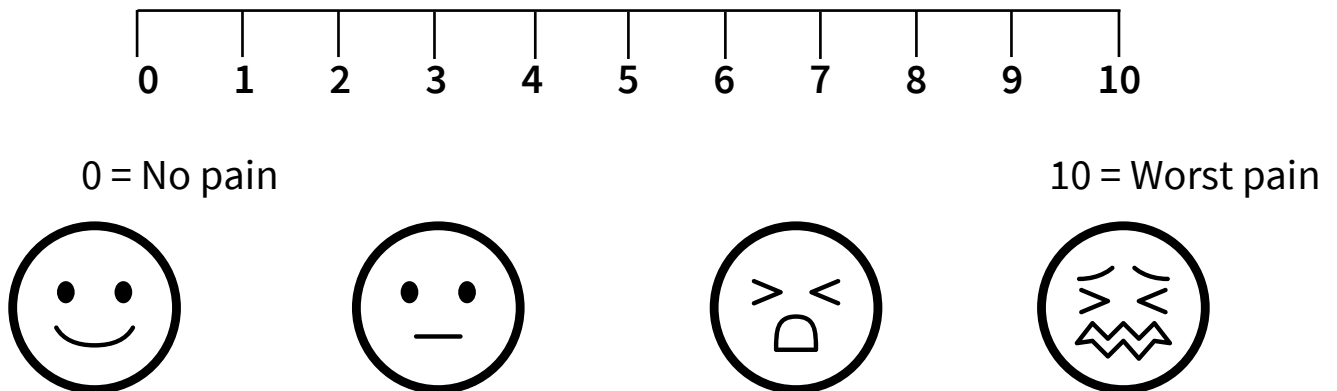
- Tell you what unit you are on.
- Explain how your call bell works, so you can call the nurses for help, if needed.
- Check the side rails on your bed; they may be raised for safety.
- Check your blood pressure, pulse, breathing, temperature, and oxygen level.
- Check your circulation, strength and feeling in your legs.
- Check for bowel sounds. When your bowel sounds return, your diet will be increased. You will be given ice chips or sips of water for the first few hours after surgery.
- Check your IV site.
- Measure your urine output.
 - › You may have a catheter (tube in your bladder) to drain your urine. This will be taken out as soon as possible.
 - › If you don't have a catheter but you are having trouble urinating, a nurse will place a tube in your bladder to drain your urine.

- Check the bandage over your incision.
 - › Your incision may be closed with sutures (stitches).
 - › Sutures may be dissolvable or non-dissolvable.
 - › Non-dissolvable sutures will need to be taken out 10 -14 days after surgery.
 - › Special surgical glue may also be used to close your incision.
- Ask you about the intensity of your pain and if your pain is better with the pain medication.

Managing pain after surgery

- It is normal to have pain after surgery.
- After surgery you will be given pain medication for a few days.
- Good pain control allows you to move.
- You will be asked to describe your level of pain.

“How is your pain right now?”



Ask for pain medication before you get too uncomfortable, to keep your pain under control. Your pain medication may not be scheduled regularly. It may only be given as needed. That’s why it’s important to **tell your nurse when you have pain.**

Pain medication works best if taken regularly:

- › before activity
- › before severe pain develops

If your pain doesn't go away or gets worse after taking pain medication, tell your nurse.

It is your responsibility to:

- Tell your nurse if you are having pain.
- Ask for pain medication before you get too uncomfortable.
- Give your nurse an honest report of your pain using the pain scale.
- Tell your nurse if your pain is not helped with medication.
- Tell your nurse if you are having side effects from medications (nausea, constipation, dizziness).
- Moving around helps with pain and promotes healing. Get up and start walking when asked. You can walk with any member of the health care team or your family if you have been told you can do so.
- Ask questions about your medications.

Types of pain control

You may be given your pain medications by IV, needle or mouth (oral).

After a few days, you should be able to gradually decrease your narcotic use and manage your pain with over-the-counter medications.

1. Intravenous (IV) or injected pain medications

- Pain medications may be given by IV or by needle, usually in the early stages of recovery.

2. Oral pain medications (taken by mouth)

- If you start with medications by IV or needle, it can take 1-2 days to switch to oral medications.
- Pain is usually well-controlled with oral pain medications.

When you are discharged, you will be given a prescription for the medications recommended by your surgeon. Your surgeon cannot give you narcotics after discharge. You must talk to your family doctor about any medication questions.

3. Ice

- Use as needed for up to 20 minutes at a time.
- Make sure your skin feels warm before you apply ice again.
- You may use ice on the incision as long as it is covered or completely healed.

4. Relaxation

- Practice relaxation techniques such as deep breathing or visualization/visual imagery.

Confusion

- Some people get confused after surgery from the anesthetic or the pain medication.
- If you are a family member or friend and you notice that your loved one is acting differently or is restless, please tell the nurse.

Nutrition

- You may have an IV until you are eating and drinking well.
- A poor appetite is common after surgery.
- You may start on a liquid diet.
- You can eat solids when your appetite gets better.
- You may have an upset stomach after surgery. Tell your nurse if you do not feel well. They may give you medications to help.

Preventing constipation

- After surgery you may get constipated due to decreased activity and taking certain pain medications.
- Tell your nurse about any constipation as you may need medications to help.

Preventing a urinary tract (bladder) infection

- Depending on your surgery you may have a catheter to drain urine.
- If you do, it will be taken out either the day of surgery or as soon as possible.
- When you are allowed to drink, you should drink 8 glasses of water per day to help prevent infection and stay hydrated.
- If you have any problems urinating (e.g., going often, not being able to go, having a burning feeling), talk with your nurse.

Preventing breathing problems

Do these exercises 10 times every hour that you are awake while in hospital.

1. Sit or lie down.
2. Inhale (breathe in) deeply through your nose.
3. Without exhaling (letting air out), take 3 small “sniffs” to fill your lungs.
4. Hold your breath for 2-5 seconds, and then exhale.

Incision care

- Your dressing will be checked and padding will be added as needed.
- It is normal for your incision to feel tender, tight, itchy and numb.
- You may or may not have a drain near your incision. If you have a drain,
 - › It will be emptied as needed.
 - › It will be taken out before you are discharged.
- Dressings will be changed or taken off before you are discharged.
- Your incision should be clean and dry.
- If your incision is not healing properly, your health care team may arrange for wound care/dressing changes to be done in your home.
- Staples will be removed by your family doctor 10–14 days after your surgery.
- Sutures are usually dissolvable. If not, your family doctor will remove them after 10–14 days.
- The incision may be sore for several weeks.

Self-care and hygiene

- You will be encouraged to do as much as possible for yourself in preparation for returning home.

Skin

- Lying in bed puts pressure on your skin and may cause pressure (bed) sores.
- The first signs of pressure sores are burning, redness and pain. If you have any of these signs on your buttocks (bottom), ankles, heels, elbows, shoulders or ears, tell your nurse.

The best way to avoid skin problems is to change positions often and not lie down in bed for a long time without moving. Staff will remind you to get up and move as much as possible.

Circulation - preventing blood clots

You are at a higher risk of forming a blood clot after surgery when your activity level is lower.

Possible signs of a blood clot in your leg(s) are:

- › Increased warmth when you feel your leg(s)
- › Redness
- › Swelling
- › Pain anywhere in either leg

Possible signs of a blood clot in your lung are:

- › Sharp chest pain
- › Fast heart rate
- › Blood-tinged spit
- › Shortness of breath

Tell your nurse or any member of your health care team right away if you notice any of these signs.

Getting moving

Getting into bed

1. Sit on the edge of the bed.
2. Lie down on your side, using your arms to lower your body.
3. Bring your feet up onto the bed at the same time.
4. Move into a comfortable position.

Getting out of bed

1. Roll onto your side near the edge of the bed.
2. Gently swing both legs off the bed.
3. Use your arms to raise your body.
 - Walking (with or without an aid as needed) is the best activity to help manage your pain and prevent blood clots after surgery.
 - › If you feel dizzy or weak, have someone walk with you
 - › Take short walks often during the day, gradually going farther or for a longer time
 - › Wear good supportive walking shoes or sneakers
 - Start each of your activities after surgery slowly. Bit by bit, increase the length of time, speed and intensity of the activity.
 - Move your lower back based on your comfort level.
 - You should only have mild discomfort.
 - If you had to rate your pain, it should not be higher than a 3 or 4 out of 10.

Your nurse will encourage you to use pain medication about 30-60 minutes before exercise if your pain is not managed well.

General activity

- Activity helps stop you from getting stiff and sore.
- Deep breathing, coughing, and foot and ankle exercises are done until you are walking regularly.
- Pump your feet up and down **at least 10 times** every hour that you are awake while in the hospital.
- While lying in bed, work the muscles on the front of your thighs:
 - › push your knee down into the bed and squeeze your buttock muscles
 - › Hold for 3 seconds
 - › Relax
 - › Repeat 10 times
- You will sit on the edge of the bed on the day of surgery.
- You will stand on the first day after your surgery and start walking.
- You might need help getting up for the first time and walking.
- Once you can walk alone, take short walks often during the day. Gradually increase your distance and speed.

Sitting

- Sit up at your bedside or in your chair for all meals.
- Sit on the edge of the bed, on a firm chair with armrests, or on a high stool with your feet flat on the floor.
- Try to keep your knees at the same height as or below your hips.
- Change your position every 20 minutes. Stand up and stretch or go for a short walk before sitting again.
- Increase how often you sit up during the day, not how long you sit at one time.

Fatigue

- Feeling tired after surgery is normal. Pace yourself and make sure you get lots of rest.
- Limit your visitors.
- Getting moving is important, but getting enough rest is also important for recovery. Try to find a balance that works for you.

Sleeping/lying positions

When lying down, be sure to support your spine so that it is straight. Here are ways to help keep your spine straight:

- If you sleep on your side:
 - › use a pillow between your knees and a small roll under your waist to help support your lower back
 - › have someone place a folded pillow behind your back for support
- If you sleep on your back:
 - › use a pillow under your head and a pillow under your knees

Discharge Planning

Your health care team will decide when you will be discharged from the hospital.

Before you go home, you should be able to:

- Get on and off the toilet without help.
 - › If it is hard to get off a regular toilet seat, a raised toilet seat with arms, a safety frame or a commode chair might help. Your feet should be flat on the floor when you are sitting on the toilet.
- Get on and off a chair without help.
- Get in and out of bed.
- Get dressed on your own with or without using aids or having someone help.
- Walk far enough so that you can get around your home.
- Climb stairs, if needed. If you live in a home with 2 or more levels, make plans to reduce the number of times you need to go up and down the stairs.
- Shower/bathe with or without equipment.

If the health care team finds that you need extra help at home and your friends and family are not able to help, you may be able to use resources in your community.

Day of discharge

Arrange for someone to pick you up by 10 am. Your nurse will go over your discharge instructions with you and your support person.

- If you have a long drive, plan to stop every 1-1½ hours. Tips:
 - › get out of the car so that you can move and stretch
 - › if you use a mobility aid, keep it with you in the car
- While in the car, change your position often. For example, you can change how much your car seat reclines.
- Extra pillows from home may be helpful for positioning during the drive home.
- Continue your ankle pumping exercises every hour.
- Take your pain medications before you leave the hospital.

Hospital Discharge Checklist

- I have confirmed my ride home.
- I have had a bowel movement or I have a plan for managing constipation.
- I know how to take care of my incision and when to change/take the dressing off.
- I understand that I need to go to my family doctor to get my staples or sutures taken out 10–14 days after my surgery, if I do not have dissolvable sutures.
- I know what my medications are supposed to do and when to take them. I have been given a prescription for pain medication, if needed. **(Once you go home, you need to see your family doctor for pain medication if more is needed.)**
- I know the signs that mean I need immediate medical attention.
- I have been given information about my follow-up appointments with my:
 - › Family doctor
 - › Surgeon – you will get either a letter or a phone call about your follow-up appointment
 - › Physiotherapist – referrals are usually not made until after the follow-up appointment with your surgeon
- I have a copy of my discharge instructions.
- I have arranged for the equipment and supports that I will need at home.
- I am familiar with any post-surgery restrictions.
- I can get myself in and out of bed.
- I can walk short distances with or without an aid.

What to Watch for at Home

Call 811 or go to the nearest Emergency Department if you have any of the following symptoms:

- Pain in your chest, trouble breathing or shortness of breath.
- Redness or pain in your legs, even when resting (this may indicate a blood clot).
- Loss of bowel/bladder control for no known reason.
- Incision becomes red, hard, hot or swollen, begins to drain, or has a bad smell.
- Chills and a fever (above 38.5° C or 100.4° F).
- Increase in pain, swelling or tenderness in your lower back that is not helped by rest and using ice.
- A painful “click” and decreased movement in your lower back or sudden trouble walking.
- Increased numbness or muscle weakness in your bottom or legs.
- Blood in your stool, urine or sputum.
- Increased bruising.

Signs of infection at the surgical site

If any of these symptoms happen within 30 days of your surgery (or up to one year if you have an implant such as mesh, wires, plates and/or screws), contact your family doctor or 811:

- Redness, heat, swelling or pain around the surgical site.
- Increase in drainage of fluid from your surgical wound.
- Bad smell from incision.
- Chills or fever.
- If you have no energy and generally feel unwell.

6-week follow-up with the surgeon

At your follow-up appointment, ask your surgeon about:

- Going back to work.
 - › You will likely be off work for up to 6 weeks. The length of time you are off work will be decided by your doctor.
 - › You may have to return to work gradually.
- Returning to sports.
- Resuming household activities or yardwork that require lifting or bending.
- Driving a car.

Long-term concerns

- If you have a lumbar fusion, you may be at risk of getting an infection around the internal hardware. If you get any kind of infection (for example, bladder infection, abscessed teeth, lung infection), contact your family doctor or 811 who will decide the best treatment for you.
- If you are having major dental work or other surgery, tell the dentist or surgeon about your spinal fusion. They will tell you if you need to take antibiotics.

Managing Your Back Health after Surgery

It is important to make sure your lifestyle and daily activities allow your lower back to stay healthy after surgery. You may need to change how you do your daily activities, including work and leisure activities. To prevent long-term problems:

- Each activity that you do after surgery should start slowly. Gradually increase activity based on your comfort level. You may have mild discomfort.
- Once you can walk alone, take short, frequent walks during the day. Gradually increase your distance and pace. Try to increase the time by 5 minutes every day. If your back or leg pain gets worse as you increase your distance, cut back a little. Slowly start to increase your walking again when that distance no longer causes discomfort.
- Try not to do any sudden twisting or jarring movements.
- Do not repeat the same movements over and over.
- Some activities, like climbing stairs and getting in and out of bed or the tub/shower, can be challenging after surgery. Have someone close by to help you until you are confident and your strength/balance improves.
- If you have trouble getting dressed, adaptive equipment like a sock aid or long-handled shoe horn may help. A family member/caregiver can also help.

Activities at Home

Bathing

You should not soak in a tub until your incision is completely healed.

- You can get your incision wet in the shower as long as it is not open or draining.
- You may want to sponge bathe until you are comfortable getting into the shower.
- Sitting on a bath bench may be helpful for getting in and out of the tub or shower.
- When washing your hair, turn to face the shower to prevent overarched of your neck and back. A spray hose attachment can be helpful.
- Gently pat your incision with a clean towel to dry. Do not rub.

Dressing

- Sit down to put on pants, socks and shoes.
- You may find it easier to get dressed lying down if you bend your hips and knees enough to get them up to where you can easily reach them.
- Bend your hip and knee to bring your foot up. Be cautious when you bend at the waist. A long-handled reacher and sock aid may help with dressing.
- You may need help from a family member/caregiver for some activities, like putting on socks and shoes.

At the bathroom sink

- Bend at your knees to get to sink level. Be cautious when you bend at the waist.
- If you prefer, sit on a high stool when working at the sink or counter.

Driving

- You may not be allowed to drive for 6 weeks after surgery.
- Make sure to talk about driving with your doctor.
- You can't drive if you are still taking narcotics.

- Put your seat as high as possible. Do not sit in low seats.
 - › To get in the car, sit down on the seat, then turn your body as a unit when lifting your legs in.
- Try not to twist to buckle your seatbelt.
- Using a small lumbar roll may help keep your back more comfortable.
- Once your surgeon has said that you can drive, and if you drive for work, be sure to change position every 15-30 minutes.

Lifting

Lifting is usually limited to 5-10 pounds for the first 6 weeks unless your surgeon tells you something different.

- Do not lift anything heavy until you see your surgeon for your recheck.
- Lift using your legs.
- Keep your back straight.
- Keep your hips, shoulders and toes pointing in the same direction.
- Tighten your lower abdominals (stomach muscles) first to help support your spine.
- Hold items close to your body and lock your arms in a bent position.
- Turn your body by moving your feet instead of twisting your back.
- If you have discomfort or back pain when trying to lift something, STOP.

Sexual activity

- Talk with your partner about your back condition. Only resume sexual activity when you are comfortable doing so.
- Do not stay in a position if it is painful.
- Do not stay in one position or repeat a movement for a long period of time. Try to change position often.
- Positioning on your back or side may reduce arching of your neck and back.
- Use pillows as needed for extra support.

Leisure and recreation

If any activity increases your back or leg pain, talk to your health care provider before continuing.

- Start with light activities and gradually move up to moderate activities.
- Avoid activities with sudden movements.
- Remember proper postures and body mechanics in all activities as described in the lifting section.

Housework and yardwork

- Arrange cupboards and shelves so that items you use often are easy to reach.
- If you don't have problems with your balance, use a step stool to reach higher shelves.
- Do not do activities such as sweeping and vacuuming for 6 weeks. Arrange to have someone help you with these activities.
- Maintain good posture.
- Keep your hips, shoulders and toes pointing in the same direction. Stay within your base of support.
- Pace yourself.
- Spread heavy chores throughout the week. Gardening and yardwork should be done in moderation.
- Try not to do any twisting or jerking movements.
- When using a broom, vacuum or rake, keep it close to your body and do not try to reach forward or to the side. Walk with the broom, vacuum or rake to prevent bending and twisting at your waist.
- When making the bed, kneel to tuck in the sheets and walk to each corner. Do not reach across the bed.
- When doing laundry, wash smaller loads to avoid lifting heavy loads of wet clothes. Squat or kneel to load and unload front-loading washing and drying machines.
- Use a reacher tool to reach items at the bottom of top-loading machines.

- When cleaning the tub, use a long-handled brush or sponge to prevent reaching out of your base of support. Use a spray attachment to rinse the tub.
- Use a self-propelling lawn mower and snow blower.
- Choose lightweight tools. Use a trimmer with a long handle.
- For low activities such as planting, use a stool, squat or go down on your hands and knees to support your back.

Returning to work

- Your surgeon will tell you when you can go back to work based on your surgery and job requirements.
- When you can go back to work is different for everyone.
- Most people do not go back to work for a few weeks after their surgery.
- Make sure that you will be able to use proper posture for sitting and standing, and proper lifting techniques in all parts of your job.
- Take breaks often to change position and stretch your back.
- A gradual return to work may be recommended depending on the type of work that you do (reduced work hours and/or light duties).
- If you have any concerns about your ability to return to work or your ability to do certain parts of your job, talk about this with your family doctor. They can refer you to an occupational therapist, if needed.
- DO NOT lift more than 10 pounds (e.g., two 2-litre pop bottles or a 4-litre jug of milk) for 6 weeks.

**What are your questions?
Please ask. We are here to help you.**

Summary of Your Stay in the Hospital

Surgery	Post-op day #1	Post-op day #2	Post-op day #3
<ul style="list-style-type: none"> • You will wake up in the Recovery Room. • You will return to your room with an IV and maybe oxygen. • You will get antibiotics through the IV to help prevent infection. • You will be asked about your pain level and given medicine by a needle so that you are comfortable. You will need to ask your nurse for this medicine. • You will sit at the edge of the bed. If you are able you may walk or get up to a chair. • Your feeling and strength in your legs will be checked. • You will start with sips of water and move to fluids/food as you are able. • You will practice deep breathing and coughing, and foot and ankle exercises. 	<ul style="list-style-type: none"> • If you have oxygen, it will be removed. • You will have fluids/food as you are able. • You will be given pain medicine by needle or pill. • You will need to ask your nurse for this medicine. • You will get up to a chair and walk several times during the day. • You will get up to the bathroom independently or with assistance if needed. • You will practice deep breathing and coughing, and foot and ankle exercises. • Your IV may be removed. • Your wound will be checked. • Health care team members will review your plan for discharge. 	<ul style="list-style-type: none"> • You will have fluids/food as you are able. • You will get pills for pain. • You will walk farther and more often with less help. • You will be up in a chair for all of your meals and walking to the bathroom. • Your wound will be checked. • You will learn more about how to move when you go home. • Your plans for home will be in place. 	<ul style="list-style-type: none"> • You will have fluids/food as you are able. • You will get pills for pain if needed. • You will be walking independently with or without a mobility aid. • You will practice on stairs if needed. • Your wound will be checked before you go home. • You will be given instructions on the follow-up plan and what signs and symptoms to watch for that would require medical attention.

Discharge from hospital: The day that you are discharged from the hospital will depend on the type of surgery that you had. Discharge is normally in the morning, so be prepared to have someone pick you up once your discharge time has been set.

Looking for more health information?

Find this pamphlet and all our patient resources here: <http://library.nshealth.ca/PatientGuides>
Contact your local public library for books, videos, magazines, and other resources.
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The information in this pamphlet is to be updated every 3 years or as needed.