



DANBURY HOSPITAL

THE SPINE CENTER

PATIENT GUIDE TO
INPATIENT SPINE SURGERY
AT DANBURY HOSPITAL

SPINE CENTER PHONE NUMBERS

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Danbury Hospital Anesthesia	203-739-7118
Clinical Resource Management (Nurse Case Managers)	203-739-7309
12 Tower	203-739-7129
Danbury Hospital Physical Medicine and Rehabilitation	
WCHC	203-730-5200
Inpatient Physical Therapy	203-739-7272
Outpatient Physical Therapy (Danbury)	203-730-5900
Outpatient Physical therapy (Southbury)	203-262-4230
Connecticut Neck and Back Specialists	203-744-9703
Danbury Orthopedics	203-797-1500
Neurosurgical Associates of Southwestern CT	203-792-2003

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The Spine Team

Over 800 Spine surgeries are performed at Danbury Hospital each year. Our staff has the expertise needed to provide you with safe and comfortable care following your surgery.

Anesthesia Care Team: the anesthesia care team is made up of both an MD and a Certified Registered Nurse Anesthetist (CRNA) who work closely together with your surgeon to ensure your comfort and safety during your peri-operative experience. They will meet with you the morning of surgery to review your health history, discuss the best type of anesthesia for you and answer any questions you may have regarding your care. They closely monitor you during your surgery and oversee your care in the Post-Anesthesia Care Unit (PACU).

Physician Assistant: a Physician Assistant (PA) is a health care professional licensed to practice medicine at the direction of your physician. The PA may assist your surgeon in the operating room during your spine surgery as part of the surgical team and will follow your progress during your hospital stay. You will be seen daily in order to assess your medical condition, monitor your surgical incision and change your dressing. The PA can adjust your medications and is able to evaluate any change in your medical condition. The PA is in constant communication with your orthopedic surgeon.

12 Tower Physician Assistant: hospital based Physician Assistants provide coverage Monday-Friday day and evening shifts and weekend day shifts. The hospital P.A. will round with your surgeon/P.A.

Registered Nurse: the registered nurse is an integral member of your health care team and will be involved in your care throughout your entire stay. Your daily plan is coordinated with the team through the nurse assigned to your care. Your nurse is a valued resource for you and your family. The nurses on 12 Tower have advanced training in orthopedics and neurosurgery, several with a specialty certification.

Certified Nursing Assistant: the Certified Nursing Assistant (CNA) will be available to assist you in your everyday activities, such as bathing, dressing, setting up meals and toileting. The CNA works closely with the nurse assigned to your care. Our aides receive additional training in caring for patients after spine surgery.

Physical Therapist: a Physical Therapist (PT) will work with you your daily to improve your walking and functional mobility and any precautions associated with your spine surgery. The PT will teach you how to use a walker or cane properly if needed. Your PT will communicate your progress to the rest of the team in order to determine a discharge plan appropriate to your needs. Our therapists have advanced training and are dedicated to 12 Tower.

Nurse Case Manager: Case Managers are specially trained registered nurses who assist with discharge planning to meet your needs after you leave the hospital. A case manager will visit you and your family after your surgery. She will ensure that your discharge needs are met in a timely and efficient manner by communicating with all members of your health care team, including your

insurance company. So that you may plan ahead, ask your physician what your anticipated discharge needs will be.

Program Coordinator, Musculoskeletal Care: the program coordinator can answer any question you have regarding your spine surgery. She is available during all phases of your surgery and recovery.

Hospitalist: the Hospitalist is a licensed medical doctor, trained in internal medicine, whose practice is devoted to the unique needs of hospitalized patients. They work with your private medical doctor, your surgeon and the rest of your health care team to deliver the right care at the right time, and they are able to respond quickly and efficiently to changes in your condition that may require a new medication, test or procedure. If your surgeon feels a Hospitalist will be helpful, he will consult with one.

Our interdisciplinary team meets daily to discuss each patient to ensure all your needs are met. Patient safety and comfort are of the utmost importance to us. Please advise the staff if you have any special needs or concerns.

Pre-operative Appointments

Surgeon

- Schedule an appointment with your surgeon to discuss your spine surgery and ask any questions you have about your surgery.
- Bring a list of ALL your medications, including over the counter medications, vitamins and supplements. Ask if and when you should stop taking aspirin, blood thinners and anti-inflammatory medications.
- If you see a pain management doctor please let your surgeon know
- Your surgeon recommends that you stop using tobacco products. For information on “Quit Now”, a smoking cessation program at Danbury Hospital, please call 203-739-8161.

Primary Care Doctor

- Schedule an appointment with your Primary Care Doctor for a pre-operative medical evaluation. This appointment needs to be within 30 days of your surgery.
- Your doctor will review your medical history and your current medications. (Bring a list with you, include over the counter medication, vitamins and supplements)
- Your doctor may order blood and urine tests, a chest X-ray and EKG
- You may be asked to see a specialist pre-operatively depending on your medical evaluation

Pre-Admission Testing

- In order to make your experience at Danbury Hospital as comfortable as possible, Danbury Hospital will schedule a pre-admission testing appointment.
- The Danbury Hospital Pre-Admission Testing Unit (PAT) is a unique unit that is dedicated to meeting the needs of our pre-operative patients and their families.
- Services provided by the PAT include: blood drawing (if needed), EKG (if needed), health history screening and anesthesia screening.

This visit is not intended to replace the visit to your primary care physician for pre-operative medical evaluation.

Day Before Surgery

- A nurse from the Duracell Surgery Center will call you the day before surgery. If your surgery is on a Monday, she will call you on Friday. She will tell you what time you should arrive for your surgery.
- The nurse will ask you about your medications and tell you which medications you can take the morning of surgery.
- **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT** the night before your surgery unless the nurse has told you differently. This includes water, candy, chewing gum and mints.
- She will also review your pre-operative instructions and answer any last minute questions.

Please note: *If you are not home when the nurse from the Duracell Surgery Center calls, she will leave a message on your machine. Please call back to receive your instructions and arrival time for surgery.*

Pre-operative Skin Cleansing

- You will receive a packet containing two cleansing wipes. You will use these to clean the area that will be operated on.
- These cloths have a cleaning agent in them that reduces the number of germs on your skin. Studies have shown that the cleaning agent is more effective if it is applied more than once. You will do this the night before surgery and the nurses will clean the area the morning of surgery
- Shower the night before your surgery
- **Do not shave** the area having surgery
- Wait at least one hour before using the cloth. Make sure your skin is dry.
- Rub vigorously over the area having surgery; it will take about 5 minutes.
- Discard the cloth.
- Repeat the procedure with the next cloth.
- Do not rinse after using the cloth.
- Do not use moisturizers or skin products before or after using the cloths.

Please note: *The cloths are for cleaning external parts of the skin only. Do not use on the face, eyes or ears. The cloths should be stored and disposed of out of the reach of children. Treat the cloths as if they are a medication. If redness, irritation or rash appears discontinue use of the cloth and contact your healthcare provider.*

Duracell Surgery Center

What to Bring to the Hospital

- You will need two forms of identification. One must be a photo ID (such as driver's license)
- A current list of ALL your medication, including over the counter medication, vitamins and supplements. Please **do not** bring your medication with you
- If you use a C-PAP machine to sleep or inhalers please bring them in
- Pack a small bag with toiletries and things to help you pass the time during your stay. Pack some loose fitting comfortable clothing to wear during your stay (gym shorts and t-shirt). Leave the bag in the car and have a family member bring the bag to you once you are in your room
- Leave all valuables home

Please do not bring any personal electrical appliances to the hospital. While many of these are safe for home use, they are not necessarily safe for use in the hospital.

Admission

- Arrive at the requested time and enter through the Duracell entrance.
- The receptionist will greet you and ask to see your two forms of ID. At that time, you will receive your HIPPA form and Patient Bill of Rights to sign.
- You will receive your hospital ID band. This ID band has important information about you. Please check to make sure that your name is spelled correctly and your date of birth is correct. All staff members you come in contact with will be checking your ID band in order to properly identify you.

Assessment

- A nurse will bring you to an "assessment room" (a family member/friend may accompany you). She will review your health information and medication list with you and complete any information still needed.
- The doctors and staff of Western Connecticut Health Network take your safety very seriously. Throughout your hospital stay several staff members may ask you the same questions. These repetitive questions may be bothersome, but please be assured that the staff is following procedures put in place for your safety.
- You will be given a hospital gown and slippers to change into. Your clothes will be placed in a bag and labeled. You will also be given support stockings to put on. These help improve circulation and prevent swelling and blood clots.
- The nurse will take your family's contact information for your surgeon. Whenever possible please leave a cell phone number.
- Please do not hesitate to ask questions you or your family may have.

Pre-operative Area

- Your family will be directed to the waiting room when you are moved into the pre-operative area.
- The nurse in this area will review your health information.
- Your surgeon will meet with you. He will verify the type of surgery you are having and he will initial a spot close to the area of your surgery. This is part of a national effort to ensure “correct site surgery”. This means that the right type of operation is performed at the correct place on the body of the correct patient. Endorsed by the American Academy of Orthopedic Surgeons, this process promotes communication and ensures patient safety. The marker will come off with alcohol after your procedure.

Anesthesia

- You will meet your anesthesiologist. He will start an intravenous (IV) line and review the options for anesthesia with you.
- A recommendation to maximize your comfort before and after surgery will be made based upon your history and individual needs. Please let the anesthesiologist know what pain medication has worked for you in the past.

Operating Room

- You will be moved into the Operating Room and placed on the operating bed.
- IV antibiotics are used to prevent infection and are administered according to specific guideline. You will receive the first dose in the operating room and two more doses afterward. These will be discontinued within 24 hours.
- Your anesthesiologist will give you medication to relax you. Once you are asleep the surgical area will be prepped and a Foley catheter will be placed in your bladder.
- After your surgery is complete, your surgeon will call your family.

Post Anesthesia Care Unit (Recovery Room)

Once your surgery is completed you will be moved to the Post Anesthesia Care Unit (PACU)

The PACU staff is dedicated to providing you with safe, comprehensive and personalized post-operative care..

- The nursing staff will monitor your recovery from anesthesia closely. They will check your vital signs (blood pressure, pulse, respirations, temperature, oxygen levels and pain) every 15 minutes.
- The nurse will ask you to describe your pain on a scale of 0-10, with 0 being no pain and 10 being the worst pain you ever experienced. If you are having pain, the nurse will give you medication through your IV.
- A PCA (patient controlled analgesia) pump may be started. This will allow you to give yourself pain medication. Your nurse will instruct you on its use. If you experience any nausea or itchiness, please let your nurse know and she will give you medication through your IV.
- You will have an oxygen tube in your nose and a clip on your finger will measure your blood oxygen level.
- A blood pressure cuff is placed on your arm and will automatically inflate and deflate to measure your blood pressure.
- Mechanical foot pumps will be placed on your feet to prevent blood clots.
- You will stay in the recovery room until you are awake, your vital signs are stable and your pain is well controlled. You will be in the PACU for 2 to several hours after your surgery.
- Your family will be notified when you are being transported to your room.

Your Hospital Stay

- You will be brought to your room in your hospital bed. Your hospital bed is fitted with a special mattress to help protect your skin. It also has an alarm that is activated for every surgical patient on the night of surgery. This is simply to remind you not to get up by yourself.
- Your nurse will receive a report on your surgery and your stay in the PACU.
- Your nurse will take your vital signs and perform a head to toe assessment, including a check of your dressing, IV sites, circulation, motion and sensation in your arms and legs.
- Your vital signs will be taken every 4 hours for the first 24 hours. After that they will be taken every 8 hours.
- Your nurse will ask you about your Flu and Pneumonia vaccination history. If you are a candidate to receive these vaccines you will receive one or both prior to leaving the hospital. The Influenza vaccine is administered seasonally, while the Pneumococcal vaccine is available year round. If you have questions about receiving vaccines, please ask your doctor.
- You will be encouraged to participate in as much of your own care as possible. We will assist you in taking a sponge bath. Your surgeon will determine when you can shower.
- The therapy staff will work with nursing to instruct you in proper techniques for functional mobility and activities of daily living.
- You will have a bulky dressing over your incision after surgery. Surgical staples or stitches will hold your incision closed. Your P.A. will change the dressing for the first time. You will have a waterproof dressing after that.
- You may have a drain near the surgical site. Your surgeon/P.A. will decide when it can be removed.
- Your nurse will look at the incision every day to check for redness, swelling and drainage. If you have any questions or concerns about your incision or dressing please ask your nurse.
- Once the catheter is removed, we will assist you in using a bedside commode or the bathroom (once cleared by PT)
- You may experience some constipation as a side effect of pain medication, iron supplements, decreased appetite and decreased mobility. You will be given medication to help resolve constipation.
- Someone from the lab will draw your blood as ordered by your surgeon. They will check your blood levels to make sure everything is okay.
- There is a white board near your bed. This board will list your nurse, nursing assistant, Physical Therapy times and what time pain medication is available to you. Staff will update this board each shift.
- Your call bell is located on the TV remote control. Every staff member carries a portable phone so when you ring your call bell, it will ring directly to your nurse or nurse's aide. Prompt response to call lights is our goal.

Please remember that, at times, we may be attending to the needs of another patient and we will accommodate you as soon as possible.

- You will have a phone at your bedside for local calls. You may bring your cell phone in to use on 12 Tower. If you choose to do so, please label your phone. The hospital cannot be responsible if it is lost.
- Television service is provided to inpatients free of charge.

Day of Surgery

- You will have fluids through your IV. These will be discontinued once you are taking in enough fluids and food by mouth. While you can resume your regular diet as tolerated, we prefer you eat a light meal the day of surgery. You will receive your menu to call and order your meals.
- Your dressing will be checked and reinforced as needed. Please don't be alarmed if you see a little drainage on your bandage, as this is normal.
- You will receive medication for pain, nausea and muscle spasm as needed. These will be either through your IV or by mouth.
- Your routine home medication will be restarted. The nurse will administer these. *Do not take your own medication.*
- You will be given a small plastic device with a breathing tube attached to it called an incentive spirometer. Your nurse will teach you how to use it. Using the incentive spirometer will encourage you to take deep breaths and keep your lungs clear. Please use this 10 times each hour you are awake.

Please do not get out of bed by yourself. If you need to get in or out of bed, please push your call light and a staff member will be happy to assist you.

Post-operative Day One

- Your diet will be advanced as tolerated.
- The P.A. will check your dressing and drain (if you have one). If needed, your dressing will be changed and the drain pulled.
- You may be disconnected from the IV fluids, but your IV will be left in place in case the nurse needs to give you medication by IV.
- You will receive medication for pain, nausea, spasm or tight muscles. Your pain medication will start to be transitioned to pills.
- If you are using a PCA pump you will be seen by a member of the Anesthesia Pain service to ensure your pain is well managed.
- You will be evaluated by Physical Therapy. The PT will teach you how to move properly in bed and how to use a walker or cane if needed. Your PT will review proper body mechanics and positioning with you.
- Staff will help you get up to a chair and use the bedside commode or bathroom.
- You will be encouraged to be out of bed in 30 minute intervals as you tolerate. Ideally, you will sit in a chair for lunch and dinner.

Please do not get out of bed by yourself. If you need to get in or out of bed, please push your call light and a staff member will be happy to assist you.

Post-operative Day Two-Three

- You will be back to your regular diet.
- Your incision will be checked and your dressing changed.
- You will receive medication for pain, muscle spasm/stiffness and inflammation as needed.
- You will be walking in the halls with Physical Therapy. If you have stairs at home you will begin walking on the stairs with therapy.
- You will sit in a chair for all meals.
- You will walk back and forth to the bathroom with staff.

Please do not get out of bed by yourself. If you need to get in or out of bed, please push your call light and a staff member will be happy to assist you.

When you are ready to be discharged you will receive detailed instructions before you leave. These will review activity, what to look for, what medication to take at home and when you need to see your surgeon for a follow-up visit.

Pain Management

Our goal is to help you manage your pain so you can play an active role in your Physical Therapy and nursing care.

- You will be asked to rate your pain on a 0-10 scale. Zero is no pain and ten is the worst pain you have ever experienced. The numbers themselves are not important. We want to make sure that after an intervention (medication, ice, positioning) your pain level has decreased.
- There will be several different types of medications used to manage your pain. In addition to narcotic pain medicine, you may receive muscle relaxers or medication to prevent muscle spasm.
- Your surgeon, anesthesiologist and nurse will help you decide what medications are best for you. ***You will need to ask for pain medication. It does not come automatically.*** These medications may be taken by mouth or administered through your IV.
- A PCA (patient controlled analgesia) pump may be started by your anesthesiologist in the PACU. If you take pain medication at home every day, the PCA pump will be adjusted to give you doses comparable to your usual daily dose of medication plus added doses for your post-operative pain. Your pain should be fairly well controlled with PCA. If your pain is not being helped with PCA, please inform your nurse so the dose can be adjusted.

If you are seeing a pain management specialist before your surgery, please let your surgeon know.

Discharge Planning

A Nurse Case Manager will meet with you to discuss your discharge plans. Your progress with Physical Therapy, home situation and insurance coverage are factors that influence your discharge plans.

- Many patients go directly home from the hospital.
- You will need someone at home for the first day or two to assist you with routine activities of daily living, meal preparation and house cleaning.
- You will need someone to drive you to appointments until your surgeon allows you to drive.
- If based on your progress with Physical Therapy you are unable to go directly home your Nurse Case Manager can arrange for you to go to a nursing home for a few days until you can safely return home.

Please Note: Even though a referral, based upon your anticipated needs, may be arranged before your hospital admission, the discharge plan cannot be finalized until after your surgery.

Insurance

- If you have Medicare, it will pay the full cost of the first 20 days in the nursing home if it is medically necessary. You must be hospitalized for at least 3 nights at an acute level of care before transferring to a nursing home.
- Medicare will cover home care services, if needed, upon discharge while you are home bound.
- If you have commercial insurance or Managed Medicare, your coverage is primarily determined by two factors: benefit coverage under your insurance plan and medical necessity for skilled care. To determine your benefits for post-acute care, contact the Customer Service or Benefits Department at your insurance company.
- If you choose a home care provider or nursing home that does not have a contract or is out of network with your insurance company, your insurance company may refuse to cover part or all of your care.
- Your Nurse Case Manager will act as a liaison between your physician and your insurance company in order to obtain “pre-certification” for a nursing home.
- Insurance pre-certification for home care or nursing home can only be obtained during your hospitalization.
- Choose home care providers and nursing homes that are in your Insurance Company Network

Transportation

- Your family will pick you up when you are discharged. Let your PT know what kinds of cars are available to you. They will help determine which is a safe and comfortable choice.

- If you go to a nursing home and choose not to have your family drive you, a wheelchair van can be arranged through Clinical Resource Management at your expense.
- Your Nurse Case Manager will verify coverage with your insurance company if you require an ambulance for transportation.

Preparing for Your Return Home

Planning ahead will make the transition home after your surgery easier and safer for you and your family.

- Arrange for someone to pick you up from the hospital
- If you are not receiving home Physical Therapy, set up your outpatient Physical Therapy appointments. Arrange for rides to outpatient Physical Therapy since you cannot drive until your surgeon clears you.
- Set up a firm armchair to use after surgery
- Have a portable phone and your TV remote nearby
- Clear any obstacles in halls and walking paths
- Tape down any wires in your walking paths
- Remove area rugs not anchored by furniture
- Install non-skid strips in the tub or shower you will be using
- Install night-lights in the bathrooms and halls
- Prepare meals ahead and freeze them
- Move the items you use most often, in the bedroom, bathroom, kitchen cabinets and refrigerator, to a comfortable height (this is usually about waist or counter level)
- Arrange for someone to care for your pets

HELPFUL INFORMATION

BODY MECHANICS

The following is a general list of body mechanics instructions. They may be modified for an individual patient.

- Standing
 - Stand with good normal posture.
 - When performing standing tasks, put one foot up on a stool or keep one foot forward to decrease stress on your spine.
 - Don't stand in one position for too long.
- Sitting
 - Sit in a chair with your knees level with your hips. Place both feet flat on the floor.
 - Use a straight back chair with armrests or a fairly rigid recliner.
 - Avoid low or soft cushioned chairs as they offer very little support.
 - Don't slump.
 - Try to avoid sitting for prolonged periods of time.
 - DO NOT cross your legs.
- Sleeping
 - When lying on your back, a pillow under your knees helps decrease stress on your spine.
 - When lying on your side, use pillows between your knees to help keep your spine aligned properly. Use pillows at your sides to avoid rolling over onto your stomach.
- DO NOT twist your spine.
 - Your shoulders, hips and toes should all point in the same direction.
- Lifting
 - Bend at the knees NOT at the waist.
 - Lift with your strong leg muscles.
 - Lift objects to chest height and hold them close to your body.
 - Hold onto the back of a sturdy chair for support.
 - DO NOT bend from the waist with straight legs.
- Move most commonly used items (in the kitchen, refrigerator, bedrooms and bathrooms) to a comfortable height.
 - This should be about waist level.
 - Use a stool to reach items above shoulder level.
- Pushing is easier than pulling.
 - Keep your arms and your elbows at your side.
 - Use your whole body.
- Stop smoking.
 - Nicotine restricts blood flow to the discs, reduces calcium absorption and prevents new bone growth. This slows post-op healing and increases the risk of recurrent disc herniation.
 - For information about smoking cessation programs at Danbury Hospital call (203) 739-8161.

Directions to Duracell Surgical Center at Danbury Hospital

TRAVELING WEST ON I-84

- Take Exit 6
- Turn RIGHT at exit ramp light at North Street
- Turn RIGHT on Hayestown Avenue
- Turn RIGHT on Tamarack Avenue
- Follow Tamarack Avenue up the hill to the traffic light
- Turn LEFT at this light onto Hospital Avenue
- Follow Hospital Avenue to BLUE parking on the right hand side
- Turn RIGHT into parking lot after you see the garage on the right
- Go STRAIGHT down the hill to the Duracell Center for Ambulatory surgery

TRAVELING EAST ON I-84

- Take Exit 5
- After stop sign, go straight ahead to intersection of Main street and North Street
- Go straight through onto North Street
- Turn RIGHT off North Street to Maple Avenue
- Stay on Maple to Osborne Street
- Turn LEFT onto Osborne Street
- Turn LEFT onto Hospital Avenue
- Follow Hospital Avenue to BLUE parking on the right hand side
- Turn RIGHT into parking lot after you see the garage on the right
- Go STRAIGHT down the hill to the Duracell Center for Ambulatory surgery

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