

Wisdom for Your Life.

Spine Class

Inpatient & Bedded Procedures

OUR MISSION | To Serve through healing, education and discovery



Our goal is to provide you with the best practices to promote healing and recovery.



Wayfinding – UTMC Way

Apple

UTMC Way ¹²⁺
University Health System, Inc.
★★★★★ 4.5 • 12 Ratings
Free

iPhone Screenshots

Everything UT Medical Center has to offer at your fingertips.

Never get lost with turn-by-turn directions to any department, amenity or parking.

You have Arrived, stress free.

Save your parking spot and we'll get you back no problem.

Android

UTMC Way

University of Tennessee Medical Center

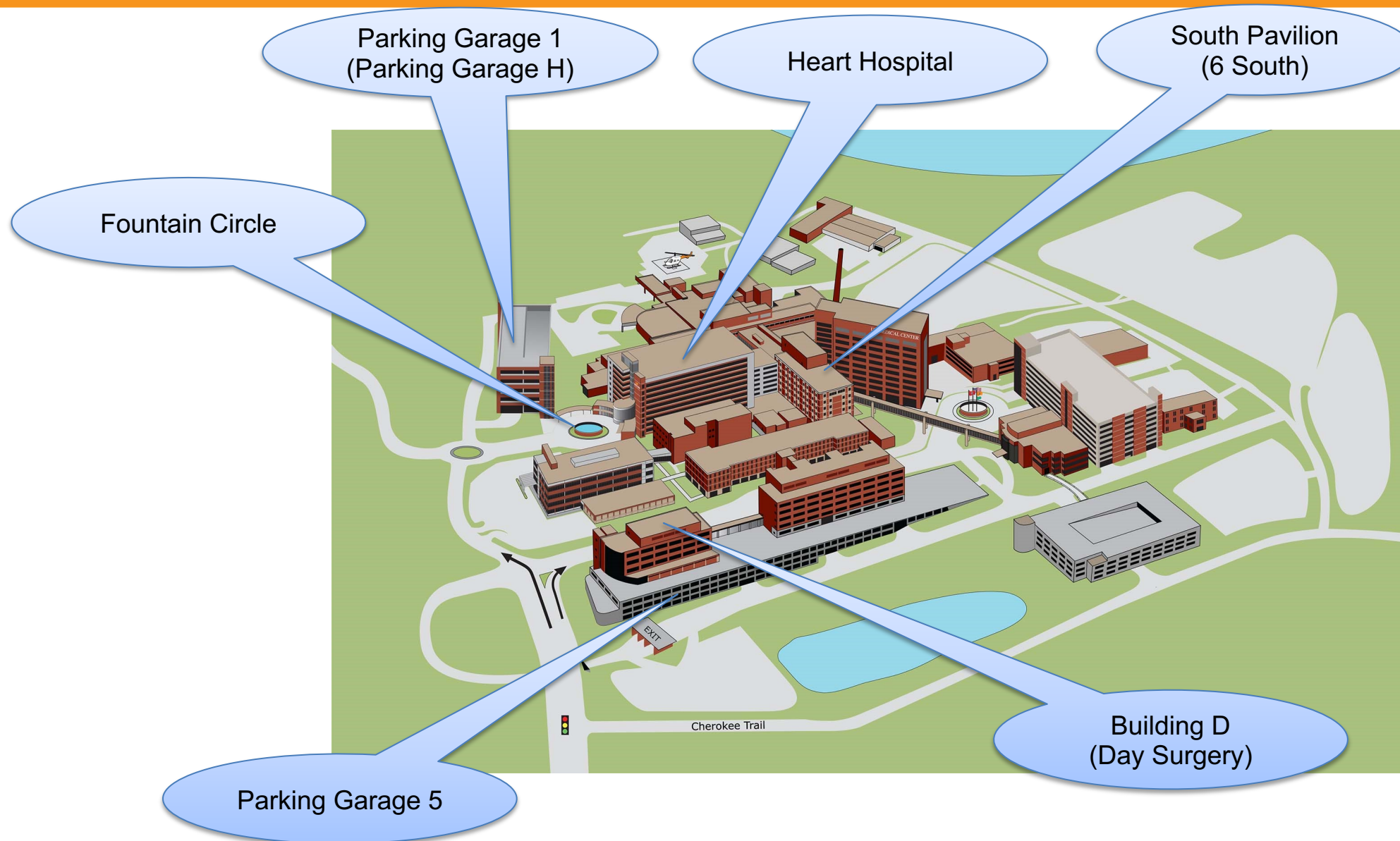
4.2★ 37 reviews | 10K+ Downloads | E Everyone

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Finding Your Way



We provide Pre-Anesthesia Testing (PAT) for patients who are going to have surgery or a procedure that requires anesthesia.

The testing and assessment will include an interview with a nurse for your health history, a review of medications, and a review by an anesthesiologist. It may also include lab tests, EKG, nurse assessment and review of records from specialists.



- Aspirin: Do not take any aspirin, aspirin products, or NSAIDS (non-steroidal anti-inflammatory drugs) for seven (7) days prior to your surgery. Tylenol may be a safe alternative – check with Pre-Anesthesia Testing or your surgeon’s nurse.
- Medication Changes: Contact your surgeon’s office or Pre-Anesthesia Testing if there are any changes with your medications or other questions on medications.
- Medication Questions? Contact:
 - *Neurosurgical Associates, Inc. (865)524-1869*
 - *Pre-Anesthesia Testing: (865)305-9076*



WHAT TO BRING WITH YOU:

- Comfortable Clothing: Loose fitting clothing – shorts, sweat pants, loose slacks, t-shirt, pajamas, etc.
- Shoes: Non-slip socks issued. No flip-flops, open-heel slippers, clogs, or “rocker-bottom” shoes.
- Personal Entertainment: Television in every room. Bring a book, magazine, crossword puzzle, MP3 player and headphones, e-reader, etc. Free Wi-Fi service.
- Personal Care Items: toothbrush, toothpaste, make-up, deodorant, etc.
- CPAP: Clean thoroughly before your arrival.



WHAT *Not* TO BRING WITH YOU

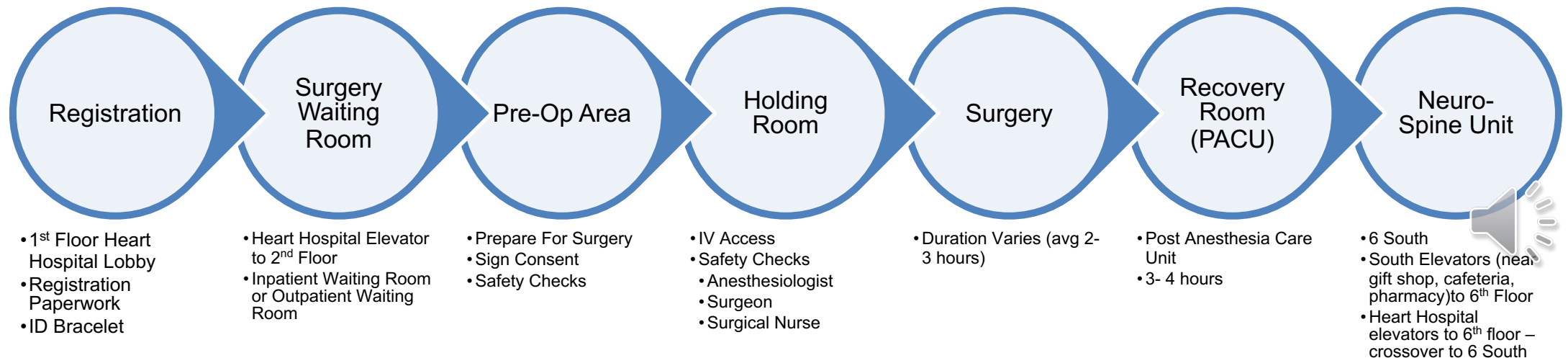
- DO NOT bring jewelry, watches, large sums of money, credit cards.
- DO NOT bring home medicines.
- Walking Devices: We provide walkers in every room. If you bring yours, please ask nursing or therapy to inspect and label it.



WHAT TO EXPECT ON DAY OF SURGERY

Main OR: Inpatient

Parking: Parking Garage 1



AFTER SURGERY

Promoting Full Recovery and Preventing Complications

- Activity: Avoid prolonged bed rest or inactivity. Typically, up and moving around the room the day of surgery or the next day. Progressively going longer distances. Gentle progression of activity.
- Deep Breathing Exercises / Incentive Spirometry: Oxygen levels monitored – oxygen line (nasal cannula) – deep breathing/coughing exercises – incentive spirometer (10 times each hour)
- Intermittent Pneumatic Compression (IPC): early/frequent walking – inflatable compression garment on lower legs while in bed
- Swallowing Screen: Anterior Cervical Fusions – confirm no difficulties with swallowing



AFTER SURGERY

- Post-Anesthesia Nausea: Nursing will monitor. Please notify Anesthesiologist prior to surgery if you've experienced this with prior procedures
- Constipation: Common due to anesthesia & pain medications – increase fluids, fiber – medications as needed/ordered.
- Surgery Site Care: Varies depending on surgery & surgeon preference. Clear written and verbal instructions for care upon discharge.



PLAN NOW FOR CARE AFTER YOUR HOSPITAL STAY

Develop a plan based on help needed, home environment, and assistance available on return home.

Going Home?

- Get Help: Arrange for someone to stay with you during your recovery.
- Meal Plan: stock pantry; get assistance; meal preparation; arrange kitchen – place commonly used items in easy reach
- Remove Tripping Hazards: throw rugs, extension cords, clutter; install night lights; arrange furniture as needed; contain pets
- Prepare Living Space: bed, bathroom, dining, and personal needs on a single level in your home.
- Shower Equipment: shower bench/chair may helpful after surgery. Typically, not covered by insurance.
- Telephone: portable or mobile phones within easy reach in case of emergency. Pre-program emergency contact numbers.
- Safe Shoes: a pair of closed-heel walking shoes with rubber, non-slip soles.

Going to Rehab?

- Where? Contact facility to begin insurance verification & admission process
- Community Care Network - our partnered network of facilities and providers. List is available on our website and on request.

Case Management

At your surgeon's request, case management can assist with discharge planning.



Walking Program



Leads to significant improvement in quality of life, fatigue levels, and physical function

Improves cardiovascular system and reduces the risk of some health problems

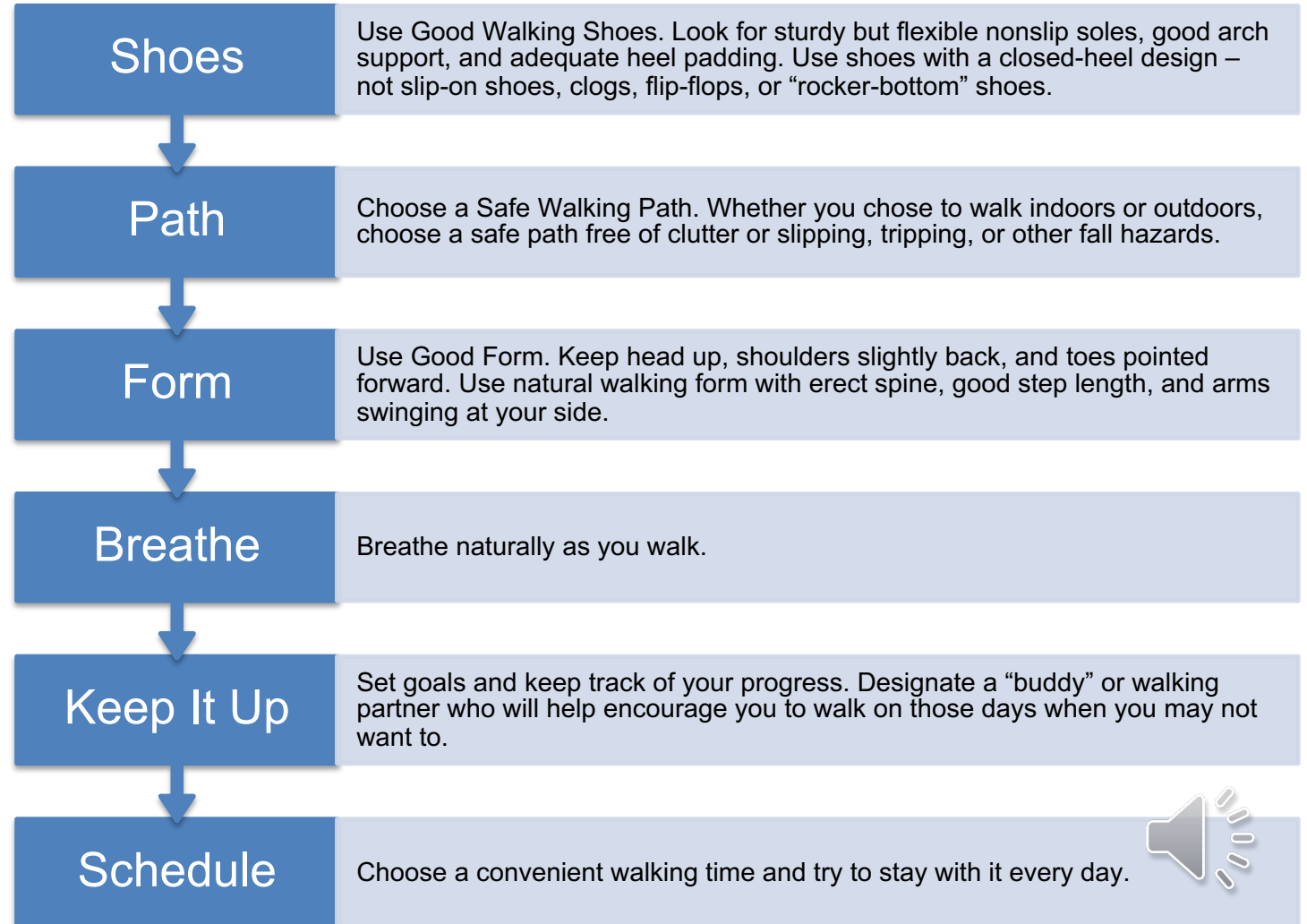
Aids in recovery by restoring mobility

Promotes healing and speeds your recovery

Walking is a healthy way to begin your body's rehabilitation



Walking Program



Walking Prescription *

- 150 minutes of moderate intensity exercise per week.
- 30 minutes a day, 5 days a week.
- If limited now, start easy and gently progress....
 - 5-minute walk, 2 times a day
 - Add a minute or two to each walk every day with a goal to get 150-minutes or more per week



Seek immediate medical attention if you experience chest pain or tightness or other symptoms of heart trouble.



* Centers for Disease Control, Academy of Sports Medicine

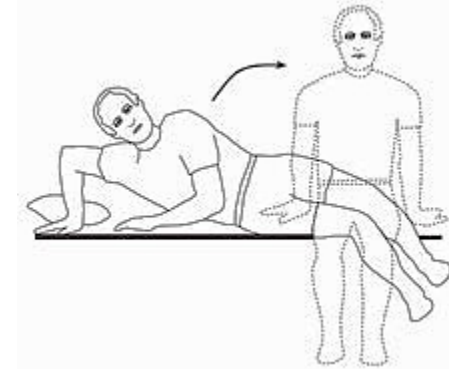
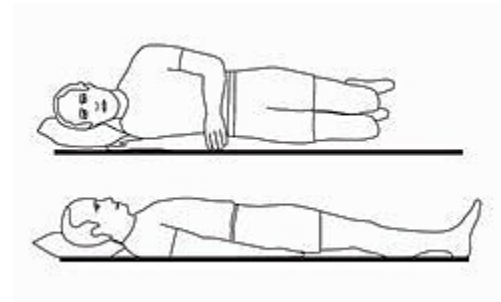
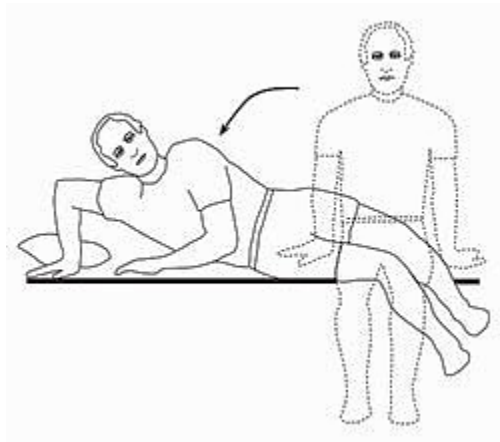
Safe Lifting

- Follow Surgeons orders / restrictions
(No lifting, 5-lbs, 10-lbs)
- Plan Ahead
- Test Load
- Keep Spine in Neutral Alignment
- Keep Load Close to your Body
- Lift With The Legs
- Pivot With Feet – Do Not Twist Spine
- Maintain Stable Base of Support



Transfers

In / Out of Bed: Log Roll Technique



Transfers

In / Out of Car: Sit and Pivot



PREVENTING INFECTION

- If diabetic, control your blood glucose/insulin levels.
- **QUIT SMOKING!**
- **Illness:** In the week prior to your surgery, tell us right away if you feel you might be ill or have an infection of *any* kind – cold, fever, cough, rash, infection, toothache, or other physical health change.
- **Surgery Cleansing Procedure**

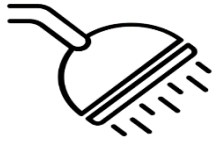


PREVENTING INFECTION

- Ask all friends and relatives not to visit if they are ill or not feeling well.
- Wash your hands frequently.
- Family & friends should clean their hands with soap and water or an alcohol-based hand rub before and after visiting you.
- Your medical team is required to wash their hands on entry and exit from your room. Don't be afraid to ask the medical team if they have washed their hands.
- Excellent oral hygiene. Brush your teeth several times every day.
- Bed linens will be changed every day during your stay with us. Please notify your nurse if your linens need to be changed more frequently.
- Notify your nurse if the dressing on your wound is loose or wet.
- If you have a drainage tube, notify your nurse if it comes loose or leaks.
- Family and friends should NOT touch the surgical wound or dressings.



Perform this Treatment 3 Times



1. Two Nights Before Surgery

2. The Night Before Surgery

3. The Morning of Surgery

With each treatment:

1. Wash your hair with your normal shampoo and/or conditioner. After, fully rinse your hair and body to remove all soap.
2. Wet a clean washcloth. Turn the water off.
3. Apply the CHG soap to the clean, wet washcloth. Thoroughly wash your body from the neck down. Do **not** apply CHG near your face, eyes, ears, or genitals.
4. Gently wash your body for 5 minutes. Focus on the parts where you are having surgery.
5. Use the whole bottle (4 oz/120mL) of the CHG soap with each treatment.
6. Allow the treatment to dry for 1 minute.
7. Turn the water back on. Fully rinse your body.
8. Do not shave the parts of your body where you are having surgery.
9. Pat yourself dry with a clean, soft towel.
10. Do **not** apply any lotions, powders, perfumes, deodorant, or makeup. Do **not** use any alcohol-based hair or skin products.
11. Put on clean clothes after your shower.
12. Place clean sheets on your bed after the first treatment





Smoking & Spine Surgery:

- More Frequent Complications & Worse Outcomes
- Increased Risk of Infection
- Increased Failure Rates
- Difficult Pain Control
- Longer Recovery Times
- Healing Interrupted



- Keep post-op appointment with surgeon.
- Eat well balanced meals and drink plenty of liquids.
- Use ice (or frozen bagged vegetables in a pillowcase) over the incision for comfort and swelling.
- Do not drink alcohol or drive while taking pain medications.
- Call your surgeon's office if you have any questions or concerns
- Continue walking daily.



Call your surgeon if you have:

A persistent temperature greater than 100.5° F

Severe pain that is not relieved by medication

Increased redness, swelling, or tenderness of your incision

Persistent drainage from your incision. Foul odor.

Substantial tenderness in the calf of either leg

Call 911 or go to the nearest emergency room if you experience chest pain, shortness of breath, or difficulty breathing.



Questionnaires: Outcomes & Patient Experience



INPATIENT SURVEY

Please take a few minutes to complete this questionnaire. When you have finished, please seal it in the enclosed envelope.

Please rate your experience (based on needs) How well discharged from the hospital on:

Very Satisfied/Very Good **Satisfied/Good** **Neutral** **Dissatisfied/Poor** **Very Dissatisfied/Very Poor**

C. DOCTORS

	very poor 1	poor 2	fair 3	good 4	very good 5
1. Courtesy of the doctor.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Degree to which the doctor took the time to listen to you.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Doctor's concern to keep you informed about your treatment.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Doctor's concern for your comfort while treating you.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

AMERICAN SPINE REGISTRY OUTCOMES QUESTIONNAIRES

THE UNIVERSITY OF TENNESSEE MEDICAL CENTER
BRAIN AND SPINE INSTITUTE

MODIFIED Oswestry Low Back Pain Questionnaire

Name: _____ Date of Birth: _____ Today's Date: _____

This questionnaire has been designed to give us information as to how your back pain has affected your ability to manage in everyday life. Please answer every question by placing a mark in the one box that best describes your condition. We realize you may feel that of the statements may describe your condition, but please mark **only the box that most closely describes your current condition.**

Pain Intensity

The pain is mild and does not come and goes.
 The pain is mild and does not change much.
 The pain is moderate and comes and goes.
 The pain is moderate and does not change much.
 The pain is severe and comes and goes.
 The pain is severe and does not change much.

Personal Care (e.g. washing, dressing)

I can take care of myself normally without causing increased pain.
 I can take care of myself normally, but it increases my pain.
 It is painful to take care of myself, and I am slow and careful.
 I need help, but I am able to manage most of my personal care.
 I need help every day in most aspects of my life.
 I do not get dressed, wash with difficulty, and stay in bed.

Lifting

I can lift heavy weights without increased pain.
 I can lift heavy weights, but it causes increased pain.
 Pain prevents me from lifting heavy weights off the floor, but I can manage if the weights are conveniently positioned (e.g. on a table).
 Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
 I can lift only very light weights.
 I cannot lift or carry anything at all.

Walking

Pain does not prevent me from walking any distance.
 Pain prevents me from walking more than 1 mile.
 Pain prevents me from walking more than 1/2 mile.
 Pain prevents me from walking more than 1/4 mile.
 I can only walk with crutches or a cane.
 I am in bed most of the time and have to crawl to the toilet.

Sitting

I can sit in any chair as long as I like.
 I can only sit in my favorite chair as long as I like.
 Pain prevents me from sitting for more than one hour.
 Pain prevents me from sitting for more than 1/2 hour.
 Pain prevents me from sitting for more than 10 minutes.
 Pain prevents me from sitting at all.

Standing

I can stand as long as I want without increased pain.
 I can stand as long as I want, but it increases my pain.
 Pain prevents me from standing more than one hour.
 Pain prevents me from standing more than 1/2 hour.
 Pain prevents me from standing more than 10 minutes.
 Pain prevents me from standing at all.

Sleeping

Pain does not prevent me from sleeping well.
 I can sleep well only by using pain medication.
 Even when I take pain medication, I sleep less than 6 hours.
 Even when I take pain medication, I sleep less than 4 hours.
 Even when I take pain medication, I sleep less than 2 hours.
 Pain prevents me from sleeping at all.

Social Life

My social life is normal and does not increase my pain.
 My social life is normal, but it increases my level of pain.
 Pain prevents me from participating in more energetic activities (e.g. sports, dancing).
 Pain prevents me from going out very often.
 Pain has restricted my social life to my home.
 I have hardly any social life because of my pain.

Traveling

I can travel anywhere without increased pain.
 I can travel anywhere, but it increases my pain.
 My pain restricts my travel over 2 hours.
 My pain restricts my travel over 1 hour.
 My pain restricts my travel to short necessary journeys under 1/2 hour.
 My pain prevents all travel except for visits to the physician's office or hospital.

Employment/Homemaking

My normal homemaking/job activities do not cause pain.
 My normal homemaking/job activities increase my pain, but I can still perform all that is required of me.
 I can perform most of my homemaking/job duties, but pain prevents me from performing more physically stressful activities (e.g. lifting, vacuuming).
 Pain prevents me from doing anything but light duties.
 Pain prevents me from doing even light duties.
 Pain prevents me from performing any job or homemaking chores.

Scoring: Each answer is coded in rank order from 0 (best) to 5 (worse). The total score can range from 0 (highest level of function to 50 (lowest level of function). If a patient does not respond to every section, clinical staff should calculate a percentage based on the items that are answered. If more than one answer is selected, score the item based on the lowest level of function.

Name: _____ Date: _____ Raw Score: /50 = %

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