

Wisdom for Your Life.



Welcome!



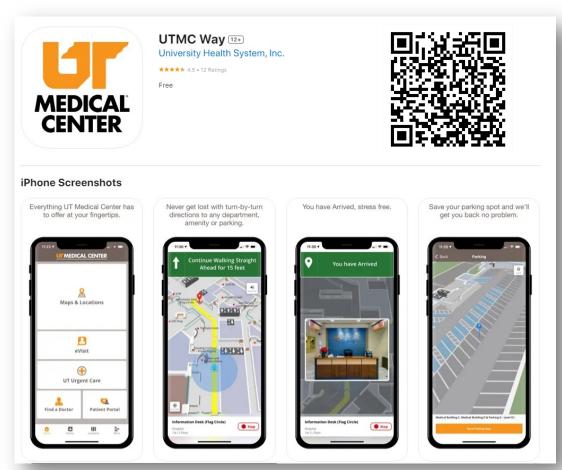
Our goal is to provide you with the best practices to promote healing and recovery.

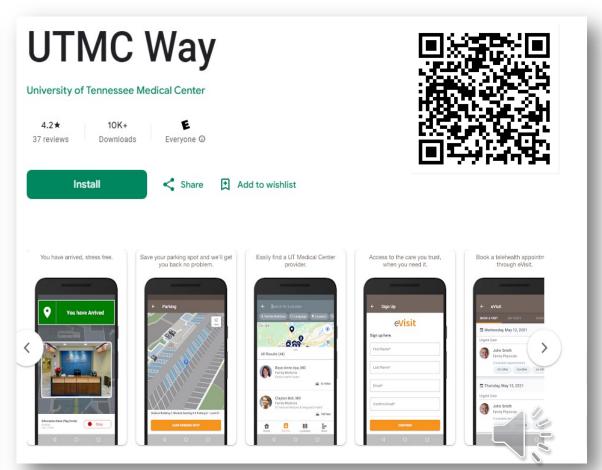


Wayfinding – UTMC Way



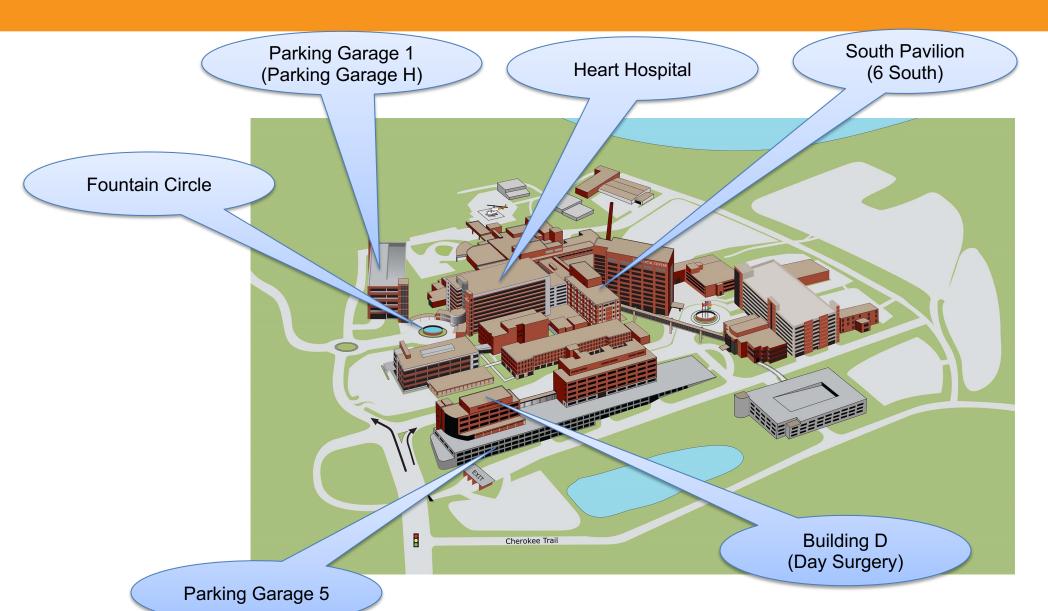
Apple Android





Finding Your Way







Pre-Anesthesia Testing



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.



Medications



- <u>Aspirin</u>: 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







PREPARE YOUR RETURN HOME

Develop a plan based on help needed, home environment, and assistance available on return 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
- <u>Prepare Living Space</u>: 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.
- <u>Telephone</u>: Keep portable or mobile phones within easy reach in case of emergency. Preprogram emergency contact numbers.
- <u>Safe Shoes</u>: a pair of closed-heel walking shoes with rubber, non-slip soles.



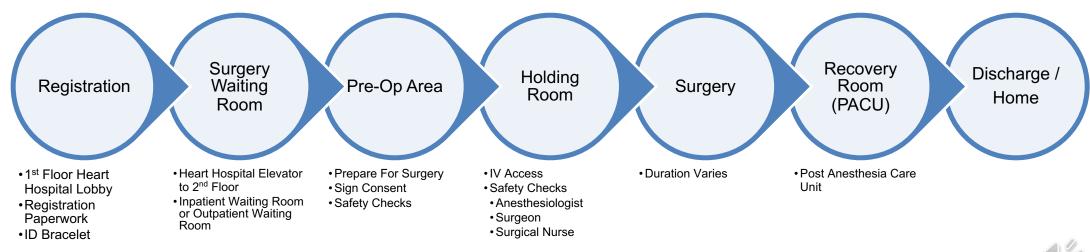
Day of Surgery – Main Operating Room (Inpatient)



WHAT TO EXPECT ON DAY OF SURGERY

Main OR: Outpatient

Parking: Parking Garage 1





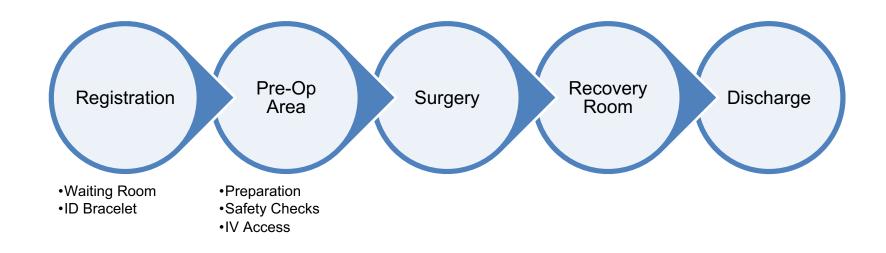
Day of Surgery – UT Day Surgery



WHAT TO EXPECT ON DAY OF SURGERY

UT Day Surgery: Building D, Suite 170 865-305-8585

Parking: Parking Garage 5 (under buildings C and D)





AFTER SURGERY

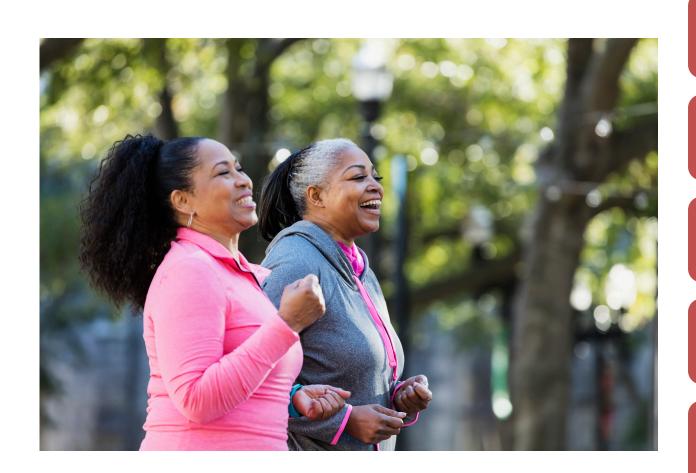
Promoting Full Recovery and Preventing Complications

- <u>Activity</u>: Avoid prolonged bed rest or inactivity. Typically, up and moving around the day of surgery. Progressively going longer distances. Gentle progression of activity.
- <u>Post-Anesthesia Nausea</u>: Please notify Anesthesiologist prior to surgery if you've experienced this with prior procedures
- <u>Constipation</u>: Common side effect of pain medications increase fluids, fiber – over-the-counter laxatives/stool softeners
- Surgery Site Care: Varies depending on surgery & surgeon preference. Clear written and verbal instructions for care upon discharge.



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

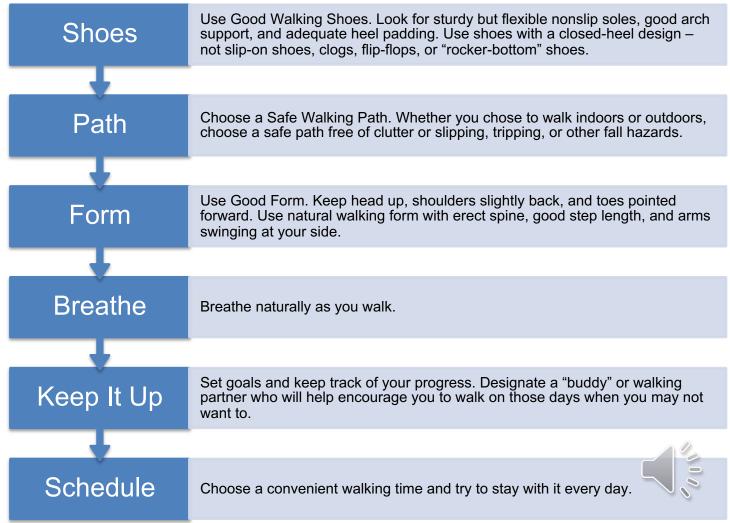
Walking is a healthy way to begin your solution

Walking Program









Walking Prescription



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 150minutes 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



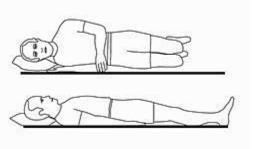


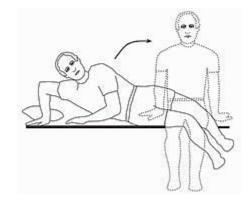


Transfers

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 Infections



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.



Pre Surgery Cleansing Procedure



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



Follow Up



- 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



PRESS GANEY.

PARTNERS IN IMPROVEMENT™ C. DOCTORS Please site your treasest may be seen up now. 2. Degree to which the doctor took the time to listen to you... The same absolute good from the bangated and 3. Doctor's concern to keep you informed about your treatment. 00000 Because no Question pronounce management exagenes. 4. Doctor's concern for your comfort while treating you 00000 K Disposance comments. Other Other a Production special or intercent size. Some manufacture step!..... to have to be. 5. Terremon services minute in colors my long of thems declared discountries. Other Other The conduction glob pro-cessor and the first first fallowing tills of Region I AND THE PARTY NAMED AND THE PARTY NAMED AND THE PARTY NAMED IN COLUMN 2 TO SECURE AND THE PARTY NAMED AND 0-0-0-0-0 Countries of the proper with activities and Nation, if you delicated professor if you Tuesday through the alternative count is assume most true are makened or to alternative, since

Comments (investigated a last experience)

AMERICAN SPINE REGISTRY OUTCOMES QUESTIONNAIRES

	BRAIN AND SPINE INSTITUTE	
	MODIFIED OSWESTRY LOW BACK PAIN QUESTIONNAIRE	
ame:	Date of Birth: Today's Date:	
nanage in ex condition to d	nnaire has been designed to give us information as to how your back pain has affected your ability to egydsy life. Please answer every question by placing a mark in the one box that best describes your sy. We realize your may feel that 2 of the statements may describe your condition, but please mark that most closely describes your current condition.	
0	Intensity The pain's mild and comes and goes. The pain's mild and comes and goes. The pain's mild and does not frange such. The pain's modes and and comes and goes. The pain's modester and comes and goes. The pain's note	
0	rail Care (e.g., washing, dressing) (Canalise care of (rigad) formally without causing increased pan. (can lake care of (rigad) formally, but il increases my pain. Its paint to take over of myest and on those over a cereful. Its paint to take over of myest and on those over a cereful. Inces help every day in most aspects of my life. (on one get diressed, wash with diffibility, and stay in med.)	
0	I can lift heavy weights without increased pain. I can lift heavy weights, but it causes increased pain. I can lift heavy weights, but it causes increased pain. Pain prevent me from liftling heavy weights of lift he does but it can manage if the weights are conversed positioned (e.g. on a lable). I can lift heavy me pain and the paint but can manage light to medium weights if help are conversably confidence to the paint but can manage light to medium weights if Lean lift not yet pright weights. I can lift not any syning paid all.	
000	ng Pain does not prevent me from waikling any distance. Pain operents me from waikling more than it mile. Pain operents me from waikling more than it mile. Pain operents me from waikling more than it mile. Pain operent me file on waikling more than it mile. Pain operett me file on waikling more than it mile. It mile on the make the me file of the think it mile. It mile of more than the me file me file on the to review to the tollet.	
000	Can sit in any chairas longas I like. I can ordy sit in my dworte char as long as I like. Pain prevets are from stilling for more than oreh hour. Pain prevets are from stilling for more than oreh hour. Pain prevets are from stilling for more than 10 minutes.	

Standin	
	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 1/4 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.
SocialL	lfe .
_	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 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.
Travelin	
	I can travel anywhere without increased pain.
	I can travel anywhere, but it increases my pain.
- 5	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 35 hour.
	My pain prevents all travel except for visits to the physician/therapist or hospital.
Employ	ment/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.
ā	Pain prevents me from performing any job or homemaking chores.
ing:	
tion) to 50	scored in rank order from 0 (zero) to 5 (flys). The total score can range from 0 (highest level of (lowest level of function). If a patient does not reason to every section, clinicians can calculate a sed on the items that are answered. If more than one answer is selected, score the item based on the function.
e:	Date: Raw Score: /50 = %

