



PATIENT INFORMATION

Cervical Spine Surgery



Please pack this booklet with your belongings that you will bring to hospital. You will need to refer to this booklet after surgery.

THE OTTAWA HOSPITAL

Disclaimer

This is general information developed by The Ottawa Hospital. It is not intended to replace the advice of a qualified health-care provider. Please consult your health-care provider who will be able to determine the appropriateness of the information for your specific situation.

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Introduction

You are being admitted for spinal surgery at The Ottawa Hospital. Your length of stay in the hospital will be up to 3 days after your day of surgery. If you are progressing well, you may be discharged after 2 days in hospital.

The Health Care Team

Neurosurgeon or Orthopedic Surgeon

Your Neurosurgeon or Orthopedic Surgeon and team of surgical residents will discuss all aspects of your care including, your surgery, recovery, and answer any questions you might have. Your neurosurgeon or orthopedic surgeon will oversee your care with the other health care providers.

Anesthesiologist

The anesthesiologist will discuss anesthetic and pain control needs for your surgery on your pre-admission appointment.

Registered Nurses

The Registered Nurses will care for you before and after surgery. They will provide emotional support, teaching, medications, and nursing care. You may also receive care by Patient Care Assistants. They will work with your nurse to assist with your care including baths, getting out of bed and going to the washroom etc.

Physiotherapist

The Physiotherapist (P.T.) may be consulted if needed. They can assist you with specific activities such as getting out of bed and recommend appropriate strengthening exercises.

Occupational Therapist

The Occupational Therapist (O.T.) may be consulted if needed. The O.T. can help you to become more independent with the activities of daily living and determine if you need special equipment or strategies that will help you when you go home.

Physician Assistant

The Physician Assistant (PA) will see you alongside your Orthopaedic Surgeon and team of surgical residents. They will be involved in discussing all aspects of your care and answering any questions that you may have.

Advanced Practice Nurse / Nurse Practitioner

The Nurse Practitioner (NP)—works with both inpatients and outpatients at The Ottawa Hospital and can diagnose, treat illnesses, prescribe medications and order diagnostic tests. The NP's will see you alongside your Neurosurgeon and will be involved in all aspects of your care.

All team members involved will assist you with discharge planning if necessary.

Please be sure to keep and read this booklet as team members will refer to these instructions throughout your hospital stay. **Please bring your booklet to the hospital.**



The Clinical Pathway

The health team has put together a clinical pathway to help plan your care. A clinical pathway outlines the day to day care during your hospital stay. This includes tests, treatments, activities and teaching. The outline of the clinical pathway is on the next 3 pages. It is important for you to review it so you can participate actively in your recovery. If needed, this plan of care may be adjusted based on your condition.

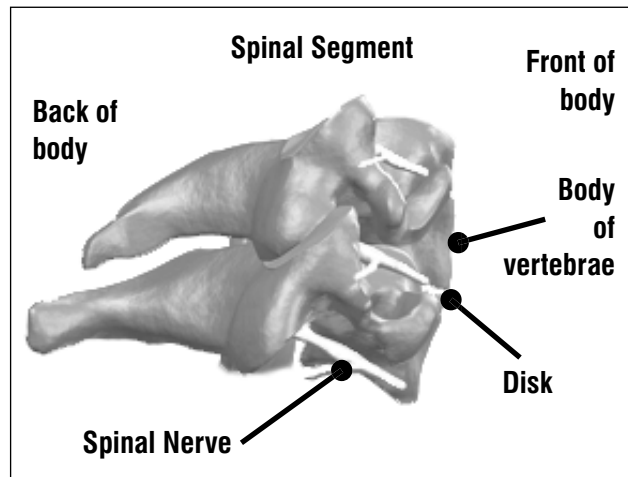
Clinical Pathway – Cervical Surgery			
	Pre-Admission	Day of Admission	Post-op on Day of Admission
Consults	<ul style="list-style-type: none"> Anesthesia if necessary 		
Tests	<ul style="list-style-type: none"> Blood tests 		
Medications		<ul style="list-style-type: none"> Antibiotics Take usual medications except for diabetic medication as instructed by your nurse or physician 	<ul style="list-style-type: none"> Pain medication Antibiotics Patient specific medication Intravenous therapy
Assessment/Treatments			<ul style="list-style-type: none"> Care of dressing, vital signs, oxygen, spinal assessments
Activity	<ul style="list-style-type: none"> Teaching about spinal turning 		<ul style="list-style-type: none"> Log roll Activity as tolerated Sit at the side of bed at least once
Nutrition		<ul style="list-style-type: none"> Follow the dietary instructions that were given to you on your pre-admission visit 	<ul style="list-style-type: none"> Full fluids to regular diet as tolerated
Elimination			<ul style="list-style-type: none"> Urinary catheterization if needed
Patient Teaching	<ul style="list-style-type: none"> Review clinical pathway instructions and patient booklet 	<ul style="list-style-type: none"> Review instructions for day of surgery 	<ul style="list-style-type: none"> Deep breathing and coughing Positioning Pain management Ankle exercises Collar care and application if applicable
Discharge Planning	<ul style="list-style-type: none"> Discuss length of stay and discharge plans 	<ul style="list-style-type: none"> Discuss length of stay and discharge plans 	

Clinical Pathway – Cervical Surgery		
	Post-op Day 1	Post-op Day 2
Consults	<ul style="list-style-type: none"> • Health team members as appropriate 	<ul style="list-style-type: none"> • Health team members as appropriate
Tests	<ul style="list-style-type: none"> • Possible blood tests 	
Medications	<ul style="list-style-type: none"> • Pain medication • Intravenous therapy • Antibiotics • Patient specific medications 	<ul style="list-style-type: none"> • Pain medication – pills • Patient specific medication
Assessment/ Treatments	<ul style="list-style-type: none"> • Dressing, vital signs, spinal assessments, oxygen saturation 	<ul style="list-style-type: none"> • Vital signs, spinal assessments • Dressing —remove if going home
Activity	<ul style="list-style-type: none"> • Log roll • Activity as tolerated • Chair for meals • Ankle exercises • If Discectomy surgery, limit sitting to 20 minute intervals 	<ul style="list-style-type: none"> • Log roll • Activity as tolerated • Ankle exercises • If Discectomy surgery, limit sitting to 20 minute intervals
Nutrition	<ul style="list-style-type: none"> • Full fluids to regular diet as tolerated 	<ul style="list-style-type: none"> • Regular diet
Elimination	<ul style="list-style-type: none"> • Urinary catheter if necessary; bowel management 	<ul style="list-style-type: none"> • To the bathroom
Patient Teaching	<ul style="list-style-type: none"> • Deep breathing and coughing • Ankle and leg exercise • Log roll and positioning • Collar care and application • Activity • Pain management 	<ul style="list-style-type: none"> • Deep breathing and coughing • Ankle and leg exercise • Log roll and positioning • Collar care and application • Activity • Pain management • Shower • Wound care
Discharge Planning	<ul style="list-style-type: none"> • Review discharge plans 	<ul style="list-style-type: none"> • Confirm discharge plans • Assess support needed

Clinical Pathway – Cervical Surgery	
	Post-op Day 3 — Day of Discharge
Consults	
Tests	
Medications	<ul style="list-style-type: none"> • Pain management • Patient specific medications
Assessment/ Treatments	<ul style="list-style-type: none"> • Collar, wound, home support if needed • Dressing—remove before discharge
Activity	<ul style="list-style-type: none"> • If Discectomy surgery, limit sitting to 20 minute intervals • May shower if dressing is removed and there is no drainage from incision
Nutrition	<ul style="list-style-type: none"> • Regular diet
Elimination	<ul style="list-style-type: none"> • To the Bathroom
Patient Teaching	<ul style="list-style-type: none"> • Review discharge instructions • Reinforce: <ul style="list-style-type: none"> – Activity – Pain management – Bowel management – Skin care – Collar care and application
Discharge Planning	<ul style="list-style-type: none"> • Confirm if staples will be removed in the clinic or by family doctor • Confirm follow-up appointment dates: <ul style="list-style-type: none"> – staple removal – surgeon • Confirm need for x-ray before the follow-up with the surgeon, obtain requisition if needed • Obtain prescription

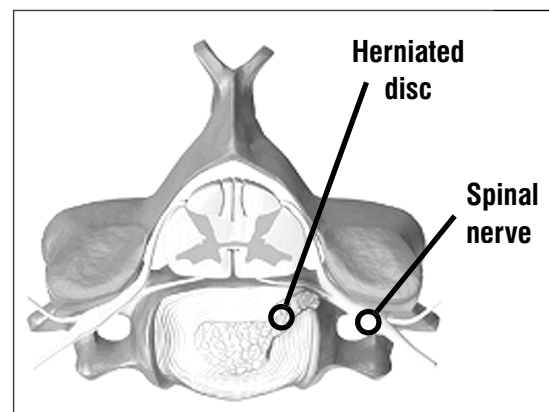
The Spine

The spine (backbone) is a series of bones called vertebrae, stacked one upon the other. Between the vertebrae are discs that cushion and help support the bones and allow some movement of the spine. The spinal cord runs through an opening in the center of the vertebrae. The spinal nerve roots connect the spinal cord to various parts of the body and exit above and below the vertebrae at each side. Discs and vertebrae can become damaged due to aging, injury or disease resulting in pressure on the nerves.



Cervical Discectomy Surgery

Cervical Discectomy Surgery is done when there is damage to the discs in your spine that causes pressure on the nerves in the neck that results in serious pain in the neck, shoulders and arms. There may also be numbness, tingling and/or weakness in the arms and hands.



Anterior Cervical Discectomy

An anterior cervical discectomy involves removing the damaged disc and materials that are causing pressure on the spinal nerve. You will have a small incision (3 to 4 cm) on the front of the neck above the collar bone.

Posterior Cervical Discectomy

This method is used when the herniated disc has fragmented into small pieces near the spinal nerve. The damaged disc is removed and you will have a small incision (3 to 4 cm) at the back of your neck.

Cervical Laminectomy

This is a procedure where the back of the spinal canal is removed by cutting the lamina (the back portion of the vertebral bone) to provide more space for the spinal cord and nerve roots. You will have an incision on the back of your neck.

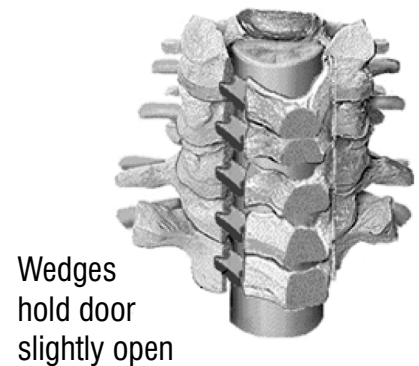
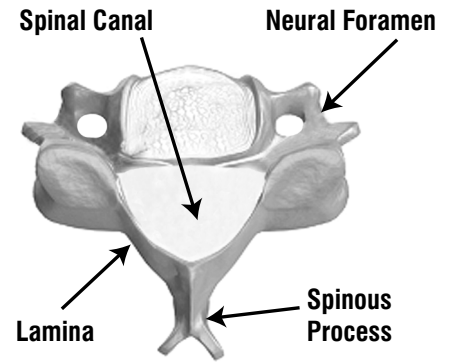
Cervical Laminoplasty

This is a procedure that helps relieve pressure on the spinal cord while maintaining the stabilizing effects of the spinal cord. It involves “hinging” one side of the back part of the spine and cutting the other side to form a “door”. Relieving pressure will help stop the progression of damage to the spinal cord and allow for as much recovery of function as possible.

In some cervical cases, a piece of bone is inserted to stabilize the spine. The bone graft may be obtained from your hip or it may be a donor bone that has been chemically treated. This is called fusion.

If more stability is required, the doctor may attach a metal plate or rods to the bony parts of the vertebra above and below the graft. The doctor will discuss with you the extent of your surgery.

Cervical discectomy surgery is performed under a general anaesthetic and may take about 2 hours. You will have an incision on your neck and hip if the bone graft was removed from there. Often the doctor will want you to wear a cervical collar immediately after the surgery and for up to 12 weeks.



Preparing for Surgery

Neurosurgery Clinic Visit (if appropriate)

Your neurosurgeon may want you to see the nurse in the neurosurgery clinic after the decision has been made for you to have the surgery. The nurse will provide you with information about your surgery and measure you for a collar. If you aren't seen by the nurse at that visit, then you will receive the information when you go to the Pre-Admission Unit (PAU).

On the Day of Surgery

Follow the instructions that were given to you on your pre-admission visit.

- Do not smoke before your surgery. Smoking cessation programs are available to assist you to stop smoking. Contact the University of Ottawa Heart Institute: Prevention and Rehabilitation Centre Heart Check Smoking Cessation Program at 613-761-4753 or www.ottawaheart.ca, or ask the PAU nurse for information.
- Bring in telephone numbers of spouse/relative who will be helping you, so they can be contacted if needed, include home, cell and work numbers.
- Bring in comfortable well fitting shoes (i.e., running shoes) or slippers with a non-slip sole and closed heel and toes.
- Refer to your clinical pathway so you and your family know what is to be expected on a daily basis.

After Surgery

As soon as your surgeon and your nurse feel you are ready, you will be transferred to the ward.

Assessments

You will be checked often by the nurse to ensure that you are comfortable and progressing well. The nurse will ask you about movement and sensation to your arms. The nurse will test the strength in your arm muscles and test your sensation with a sharp object to ensure your function is the same after surgery. Your heart rate, blood pressure, and dressings will also be checked frequently. The nurse will also monitor you for signs of swelling at the incision site. The signs may include difficulty swallowing, difficulty breathing or changes in your voice. If you experience any of these, please report it to your nurse immediately.

Intravenous

You will have an intravenous (I.V.) to replace fluids until you are able to eat and drink.

Oxygen

Oxygen is carried throughout the body by the bloodstream to the tissues. The body may require extra oxygen under certain conditions like lung disease, heart disease or surgery. Extra oxygen helps to restore normal oxygen levels in the blood and body tissues to reduce the workload of the heart and lungs. Extra oxygen is given through a mask placed over your nose and mouth or by small tubes placed in your nostrils. The amount of oxygen in your blood is measured painlessly by pulse oximetry. A small clip on your finger determines if you are getting the right amount of oxygen. The nurse will increase or decrease the amount of oxygen as needed. The oxygen will be discontinued when appropriate.

Moving and Positioning

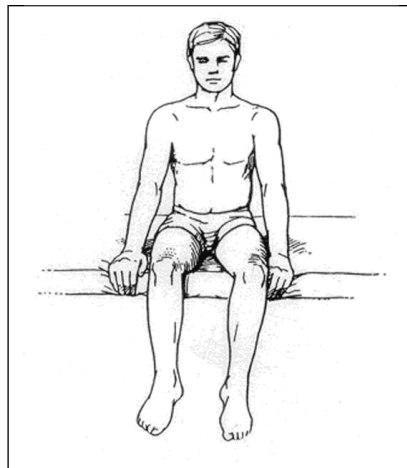
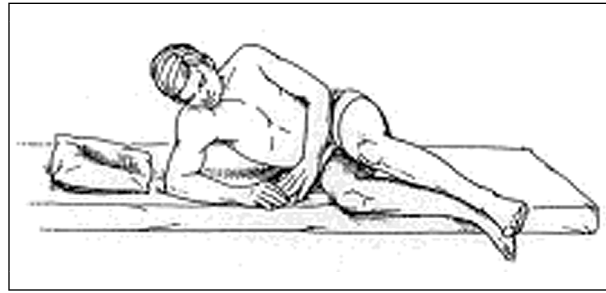
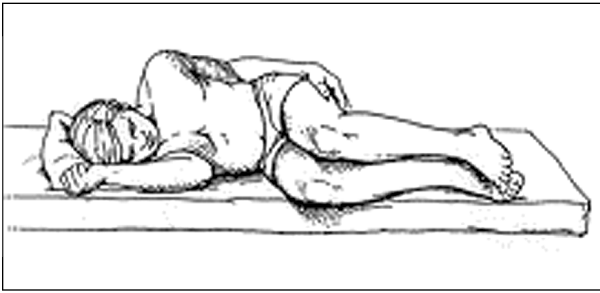
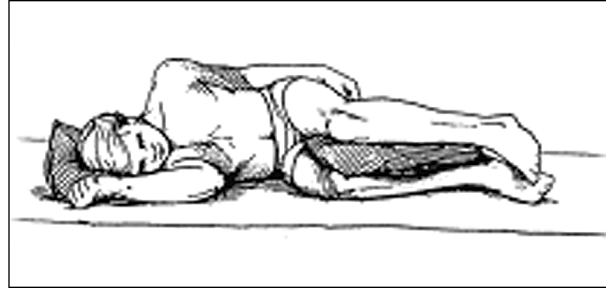
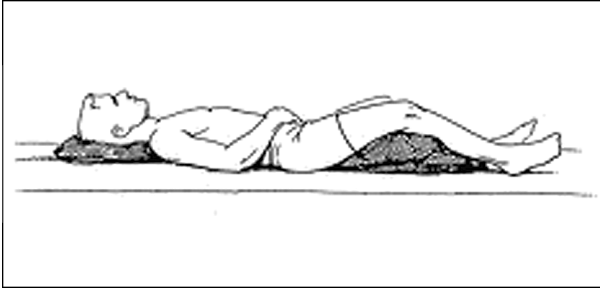
Positioning Yourself in Bed

Be sure to keep your back straight and have your shoulders aligned with your hip when turning in bed. Bend your knees and put a pillow in between your legs to keep your top leg aligned with your hip. Turn as a unit (log-roll), keeping your back straight. Do not twist or bend your back or neck.

Getting Out of Bed

You will be taught how to get out of bed in a way that avoids straining or twisting your neck. Remember to keep your collar on at all times if ordered. The correct way is described as follows:

- Roll onto your side. Bend your knees and lower your legs over the edge of the bed while using your arms to push yourself up into a sitting position.
- When sitting, keep your hands on the bed to support your back. Once in the sitting position, take a few breaths and ensure your balance is good before attempting to stand.
- Slide your bottom to the edge of the bed.
- Stand up keeping your back as straight as possible.
- You may find that getting up on one side is easier than the other. Nursing and/or physio staff will assist you in getting out of bed until you can be independent.
- When getting back into the bed, reverse the process.
- Continue to use this method of getting in and out of bed as it maintains good spine alignment.
- Refer to the diagram on the next page.



Pain Management

Your comfort is our concern. It is important that you have effective pain relief. Pain is personal. The amount of pain you feel may not be the same as others feel, even for those who have had the same surgery. Our goal is to help you be comfortable enough to participate in the healing process. Your pain should be controlled enough that you can rest comfortably and that the pain does not prevent you from deep breathing, coughing, turning, or getting out of bed.

Both drug and non-drug treatments can be successful in helping prevent and control pain. The most common pain control treatments for after surgery are described in the Pain Management after Surgery booklet. You, your doctors and your nurses will decide which ones are right for you to manage your pain. Please read the booklet before your surgery. Bring it to the hospital on the day of your surgery.

You will have a pump with medicine attached to your intravenous to help control your pain, if appropriate. The pump allows you to obtain medicine when you need it by pressing the button on the handset. The medication works very quickly. Press the button as soon as the pain starts, or if you know your pain will worsen when you start walking or doing breathing exercises, take the medicine before you start your activity. **It is important that you only take the medicine when you need it. Do not permit family or friends to push the handset for you.**

The doctors and nurses will ask you to rate how much pain you are having on a scale of 0 (no pain) to 10 (severe pain). Reporting your pain as a number helps the care providers know how well your medicine is working and whether to make changes. Tell the doctors and nurses if you are experiencing side effects from the pain medicine such as nausea or drowsiness.

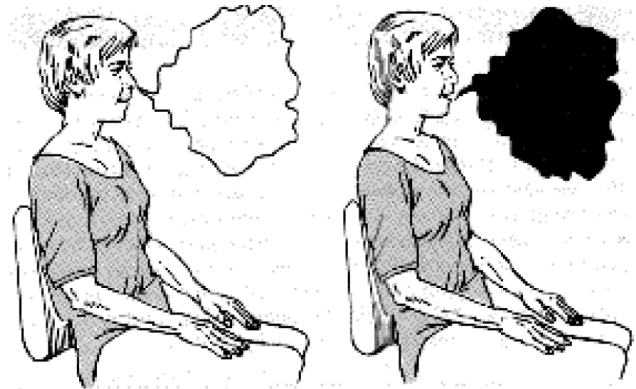
You will be encouraged to get up and move about with the pain pump, which is attached to a pole. The pump will operate on a battery when not plugged in. Once you are able to take food and fluids by mouth, you will receive your pain medication orally and the pain pump will be removed.

Deep Breathing and Coughing

After surgery, we tend to take smaller breaths. This can be due to pain, anaesthetic medications given during surgery, or due to you not being as active as before your surgery. Doing deep breathing and coughing exercises will help to keep your lungs healthy by getting rid of extra secretions.

Deep breathing exercises work best when you are sitting up in a chair or on the side of the bed.

- Take a deep breath in through your nose. Hold for 5 seconds.
- Breath out through your mouth.
- Repeat this exercise 10 times each hour while you are awake and until your activity level increases.



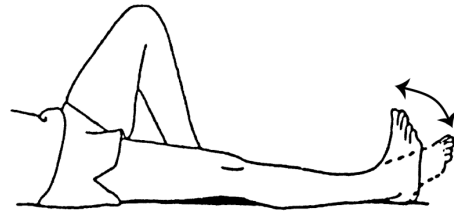
Coughing exercises help to loosen any secretion that may be in your lungs and should be done after your first 5 deep breaths. To produce an effective cough:

- Take a deep breath and voluntarily cough while exhaling.

Calf Pumping and Ankle Exercises

Calf-pumping exercises:

- Calf-pumping exercises will help prevent blood clots by increasing blood circulation in your leg.
- With your leg flat on the bed,
- Point your toes (as if you were pressing on a gas pedal) and point your toes towards your chin. Repeat 10 times an hour.



Ankle exercises:

- Ankle exercises help the blood circulate in your leg while you are less active after surgery.
- With your leg flat on the bed, move your ankle in a circle clockwise and counter-clockwise.
- Repeat 10 times each hour, while you are awake and until your activity level increases.



Preventing Blood Clots

After surgery and until you are up and moving on a regular basis, you are susceptible to having a blood clot form in your legs. The doctor may order you medication to reduce the risk. You will also be able to reduce the risk by performing your ankle exercises and by walking.

Preventing Constipation

After surgery due to immobility and some pain medications, it is easy to become constipated while in hospital and at home.

Try to follow these helpful hints to prevent this:

- Drink plenty of fluids—eight glasses per day is recommended. Limit coffee and tea intake and drink fruit juices or water.
- Include adequate fibre in your diet. Supplemental fibre may be found in natural bran, beans, broccoli and raisins.
- Eat a variety of foods, e.g. fruits, vegetables, meat, poultry, dairy products.
- Keep as active as is possible. Try to exercise every day. Initially your activity will be less after surgery. Gradually increase your activity level to help minimize constipation.
- Avoid overuse of laxatives. With a proper diet, including plenty of fluids, normal bowel function should resume.
- Pay attention to the “urge” to go to the bathroom. This helps to establish a regular bowel routine.

Cervical Collar

Your nurse or occupational therapist will teach you how to put the collar on by yourself or with a caregiver. It is important that you practice removing the collar, caring for your skin and re-applying the clean pads while in hospital. The nurse will teach you and ensure you are doing it correctly prior to discharge.

- The purpose of the collar is to prevent forward, backward and side movements of your neck while your spine heals. Your collar may be worn for up to 12 weeks. The length of time will be determined by your doctor.
- Your collar will be fitted for your size by the nurse in the neurosurgery clinic or postoperatively on the ward.
- The collar should fit snugly at the back of the head, on the shoulders and under the chin. If you experience any pain, pressure and/or difficulty swallowing or breathing, your collar should be re-adjusted. Speak to your nurse if you have any of these symptoms.
- The collar is made of a hard plastic with a soft lining or pads to make it as comfortable as possible. The pads must be changed and cleaned daily.

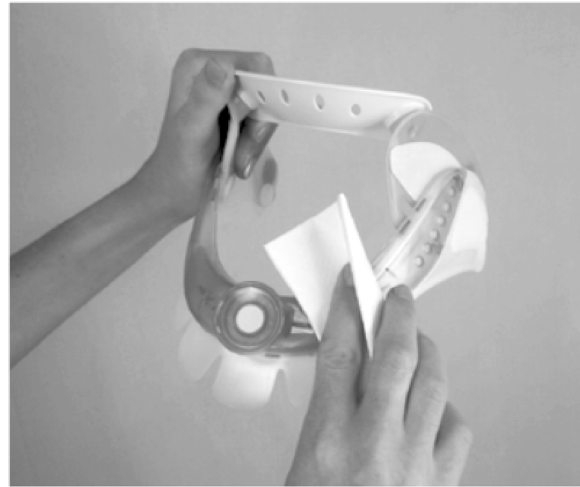
Removal of Collar and Skin Care

- Before taking off the collar, gather the supplies you will need: Soap, washcloth, towel and replacement pads.
- Note where the Velcro straps end on the front of your collar. This will help when you apply and tighten the collar to that spot later.
- Stand or sit in front of a sink with a mirror. Release the Velcro on one side and remove the collar. The nurse will indicate to you if you need to be in a lying position for collar removal. Keep your head and neck straight and still.
- Inspect your skin and incision for signs of irritation or redness every time you remove the collar. It is important that you change your collar pads at least once per day or when dirty or wet.
- Cleanse your skin with soap and water and pat dry. Do not apply any powder or creams to the skin as this may irritate and may lead to an infection.
- **If showering, leave the collar on during the shower.**

Re-applying the collar and collar care

- Remove the moist or dirty pads from the hard plastic collar.
- You may wash or wipe the hard plastic collar with warm, soapy water and rinse well.

- Attach the clean pads to the collar. Adjust the pads so the gray side grips to the Velco dots. The pads must cover all edges of the plastic. If not, move the pad to keep from touching the skin.



- To change the back pad, push the Velcro straps through the slits in the pad and then through the slots in the outer edge of the plastic.
- Place the front of the collar so your chin comes to the front edge of the chin piece.
- Place the back panel behind your neck. Be sure that the Support strap is at the top.
- Connect the Velcro on both sides and tighten. The collar should feel snug.
- You may also try to Velcro the front of the collar to the back of the collar on one side and then put on the collar and connect the other side of the collar. It is important to make sure the front piece is under your chin properly.
- Always ensure the collar is on correctly. Your chin should come to the front edge of the chin piece and you should not be able to move your head sideways when you have your collar on. When the collar is on correctly, you should feel support to your head and neck.
- To tighten the collar around your neck, squeeze that back panel with one hand. Loosen the strap from one side and pull until tight. Connect the strap to the Velcro patch.
- To tighten the collar around your chin, while holding the collar against your chest, pull out the dial to unlock. Turn the dial clockwise to raise chin piece. When the chin piece is supporting the chin, release the dial and it will self-lock.



Pad care

- After you have re-applied your collar with the clean pads, gently wash the removed pads with warm soapy water and rinse well. Do not use bleach. Gently squeeze out excess water. Allow to air dry (6 to 8 hours). **Do not put pads in the washer or dryer.**
- If you find that you are perspiring under the collar, you may need to change the pads more frequently.
- If the pads become very worn, a new supply may be obtained by calling a home health store such as Ontario Medical Supply.

Activity While in Hospital

Note: If you have drainage from your incision, you may need to stay in bed. Please follow any specific instructions provided to you by your Physician.

- On the day of surgery, while in bed you should turn from side to side (log-roll) frequently. You may sit on the side of the bed with assistance from the nurse/physiotherapist.
- On Day 1 you will be assisted out of bed by the physiotherapist/nurse into a chair, and walk in the hall.
- On Day 2, you will continue to build up strength and endurance by continuing to get up frequently, and walk in the hall.
- By Day 3, you will be ready to go home.

Activity: Guidelines

- **You are required to wear your collar at all times.**
- If you have had a Discectomy surgery, you should limit sitting to 20 minute intervals for 4 to 6 weeks after surgery or as directed by your Physician.
- Don't overdo it. You should gently increase your activity. Bursts of activity will only cause discomfort and muscle spasm and slow your progress.
- Stop any activity that causes increased discomfort or aggravates symptoms.
- Good posture is a key to good alignment of joints and a healthy neck.
- Avoid any sudden movement/rotation of the head.
- Avoid strenuous activities for at least 6 weeks. You should not do any lifting, pushing, or pulling of heavy objects (nothing over 10 lbs.).

- You should not do strengthening exercises or forceful stretching of the neck for 6 weeks after surgery as this puts stress at the site of the surgery. You may, however, do some gentle strengthening exercises for your arms. Talk to your surgeon or physiotherapist if you have any questions.

Here are some helpful tips for specific activities:

Sleeping

- **You must wear your collar in bed.**
- You should rest between activities, as you may find you tire more easily as a result of your surgery. It may take 1 to 2 months before your energy level returns to normal.
- Avoid positions of strain. Sleep only on your back or side. Do not sleep on your stomach because that position forces your head into a turned and extended position.
- When sleeping on your back, a pillow should support your head and the curve in your neck. Your head should be level with your body. Use only one pillow.
- When sleeping on your side, a pillow should just fill the space below your head and neck, so that your head does not tilt up or down. It may be helpful to hug a pillow in front of you to support the top arm.

Sitting

- Avoid holding your head forward (chin out in front) for a long time while doing activities such as reading, writing, or working at a computer. Sit tall in a supportive chair that has a firm back. When reading or writing, sit tall and rest back against a firm support.
- If you have had a discectomy, you should limit sitting up to 20 minute intervals initially until otherwise specified by your surgeon.

Stairs

- You may climb stairs as soon as you wish after surgery, but start slowly, using one hand railing if present. It is advisable to have someone present for the first few times.
- If your surgery included a bone graft from your pelvic bone, you may be more comfortable leading up the steps with your non-operative leg first. Going downstairs, lead with your operative leg. Work towards regular stair climbing (alternating your legs) as tolerated.

Showering

- If you have had a fusion, you should not take a bath or shower until your Physician says it is okay.
- Unless otherwise advised, when your dressing has been removed and there is no drainage from your incision, you may shower.

- If you require a collar, leave your collar on while you shower and then replace wet pads with dry pads.
- Pat your incision dry, avoid touching it too much and never rub the incision as this can push bacteria into the wound and cause an infection.
- Do not take a bath with the water over the incision until it is well healed. Getting out of the bathtub may also put added pressure on your incision.
- Be sure to put a rubber mat in the tub/shower stall to prevent a fall.
- You may want to consider installing a grab-bar as well as using a bath seat and a hand-held shower to increase safety during showering.

Positions to Avoid

- Tilting the head backwards puts stress on the joints in your neck. This includes tilting back slightly for long periods or tilting far back for short periods. Female patients should take this into consideration when visiting their hairdresser.
- Reaching high, especially with the head tilted or tipped back.
- If you have new pain in your neck, think of an activity you could have been doing in the recent past. Try decreasing the activity or changing your position. Correct your posture to minimize the stress to your neck. Your physiotherapist may advise you on ways to modify stressful positions and help you find ways you can function more easily.

Driving

- **You will not be able to drive until your collar is no longer required.**
- As a passenger, maintain a good upright sitting position in the car. Poor sitting posture is often a cause of increased neck pain.

Discharge Planning For Going Home

- Your estimated time in hospital is 3 days after the day you had your surgery. You will still need to convalesce at home for 6 weeks or longer. Unless there is a medical reason to remain in hospital, your discharge will be planned for the 3rd day after surgery.
- Consider what arrangements you might need when you go home. You may want to discuss this with your family and friends.
- You may require some help at home (help with collar, homemaking etc.). Please make the arrangements prior to coming into hospital.
- If you think you will have problems at home, or will need any equipment, discuss them with your nurse, the physiotherapist, the Occupational Therapist or the Neurosurgery Liaison Nurse.

- Arrange for someone to pick you up by 10 a.m. on the day of discharge. You will receive a follow-up appointment to see the doctor and a prescription for medication before leaving.
- On discharge, **be sure you understand about:**
 - Your medications including any new ones.
 - Your exercise program.
 - Your diet.
 - Any restrictions to your activity.
 - When to call the doctor.
 - The use and care of your collar.
 - Follow-up appointment
 - Date of appointment in clinic for suture removal if appropriate.

Discharge Instructions

Medications

- Be sure to clarify your medications with your nurse prior to going home. If you have further questions, you may speak to the unit pharmacist.
- If there have been changes to your regular medications while in hospital, please have your local pharmacy re-label your medications. It is important you always have a list of current medications. Include any herbal medications or vitamins that you are taking as well as your prescription medications.
- You will be sent home with a prescription for pain medications. You will find your need for pain medication will reduce over the next 2 weeks. You may want to increase the space of time between when you take your pain medication at first. For example if taking a pain medication every 4 hours, consider reducing the time to every 6 hours.
- It is important for you to gradually increase your activity during your convalescence. This means slowly increasing your sitting and walking time. Take pain medication, if needed prior to activity so your pain does not get out of control.

Return to Work

- Your return to work should be discussed with your physician prior to discharge from hospital or at your follow-up appointment.
- If possible, please have your family doctor complete any insurance claim forms you may require. If this is not feasible then the forms may be directed to the physician's office. There is an administrative fee for this.

Call the doctor promptly if you have any of the following

- Increased numbness or muscle weakness in your neck, arm or fingers.
- Increased pain, redness, swelling or drainage from your incision, or fever.

If you have any further questions regarding your surgery or your stay in the hospital, please do not hesitate to ask your nurse or doctor.

You are welcome to use the space below to write down any questions you may have so that they can be answered the next time you see a health care provider.

Your doctor's phone number

Before you are discharged you will be given a follow-up appointment with your surgeon. If you are unable to make your appointment please contact your surgeon.

Orthopaedic Surgeons

Dr. G. Johnson Office number: 613-761-5168
Dr. E. Wai Office number: 613-798-5555 ext. 19138
Dr. S. Kingwell Office number: 613-798-5555 ext. 13245

Neurosurgeon:

Neurosciences Clinic C2
2nd Floor – Civic Campus
The Ottawa Hospital
Tel.: 613-761-5353, option 0

Your surgeon's name: Dr. _____

Health Team members

Physiotherapist: _____

Occupational Therapist: _____

Nursing: _____

We hope this booklet has provided you with helpful information for your recovery following spinal surgery. This information comes from team members and patients like you. Your suggestions are greatly appreciated.

The Ottawa Hospital – Neurosurgery and Orthopaedic Surgery Programs

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The Ottawa Hospital

Patient Information Booklet
Cervical Spine Surgery

PATIENT SURVEY

Dear patient,

We would like to know what you think about this booklet.

Please:

- Complete the survey on the next pages, after you have been home from the hospital for a few days.
- Bring the completed survey with you when you come for your follow-up appointment with your surgeon.
- Give the survey to the office receptionist or nurse.

Your comments will help us to make the booklet better.

Thank you,

Cervical Spine Surgery clinical pathway team

Dear family member/support person,

If you are using this booklet because the patient is not able to use it—please complete the survey questions yourself.

The Ottawa Hospital

Patient Information Booklet – Cervical Spine Surgery

PATIENT SURVEY

1. Patient Information

Discharge Date	Year: _____ Month: _____
Age	<input type="checkbox"/> 18 – 69 years <input type="checkbox"/> 70 years or more
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male
Education	<input type="checkbox"/> No High School <input type="checkbox"/> Some High School <input type="checkbox"/> High School completed <input type="checkbox"/> College <input type="checkbox"/> University
Language	Able to read: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other, specify: _____ Able to speak: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other, specify: _____
Who is completing the survey?	<input type="checkbox"/> Patient <input type="checkbox"/> Family member/support person – Please tell us why the patient is not completing the survey. _____

2. Questions about the booklet – Please check ✓ your answer

Questions	Yes	No	Not Sure
1. Did you receive the booklet before surgery?			
2. Did someone explain the booklet when you received it?			
3. Did you read the booklet before surgery?			
4. While you were in hospital, did the nurse review the booklet with you?			
5. While you were in hospital, did the nurse review the clinical pathway (on pages 2, 3, & 4) with you?			
6. Did the booklet help you to understand your condition and your care in hospital?			
7. Did the booklet help you to prepare for discharge?			
8. Did the booklet give you enough information about what you need to do after discharge?			
9. Was the clinical pathway in the booklet helpful?			
10. Did your care include all (or most) of the care described on the clinical pathway?			

The Ottawa Hospital
Patient Information Booklet – Cervical Spine Surgery

PATIENT SURVEY

What did you like about the booklet?

How can we make the booklet better?

Thank you very much for taking the time to complete this survey.

Please cut the survey out of the booklet and bring it to your surgeon's office when you go back for your follow-up appointment.

[illegible]