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Preparing For Spine Surgery

Now that you, in consultation with your physician, have decided to have a Spinal Fusion, you probably have many questions.

This book, *Spine Surgery: Information for Patients and Families*, contains information that will familiarize you and your family with your upcoming surgical experience—information we anticipate will help you have a successful spinal fusion. This book has three main sections:

- Before Your Hospital Admission
- Your Hospital Stay
- Returning Home

It will be most helpful if you read this book before your surgery and attend the Preoperative Spine Education Program. Please remember to bring this book with you to the Preoperative Spine Education Program. Contact your physician to schedule. Share it with family members so they can understand and support you throughout this experience. If you have specific questions about your surgery after reading this book, please review them with your physician.

The decision to have surgery can cause feelings of fear and apprehension. This is normal. Talking about your concerns and fears with a support person can be helpful in working through these fears. Some fears stem from friends who share stories and possibly incorrect information. Getting the correct information can help ease your fears in preparing for surgery.
Your Schedule

Your surgeon’s office will call Meriter Hospital to schedule a date and time for your surgery. Meriter’s Patient Registration Department will also be notified, and in turn will send you a preadmission packet. The packet includes a preadmission form, which you should fill out and return, and Meriter Hospital’s Patient Handbook, which includes general information about many hospital areas and services.

Your surgery is scheduled on ____________ at ________________________ .

(Date) (Time)

Be sure to arrive at Meriter Hospital on ______________ at ____________ .

(Date) (Time)

Go to the Patient Registration Desk in the main lobby. Your surgeon, __________________________________ can be reached at __________________ to answer other questions you may have.

Before your surgery, you are scheduled for two or three appointments. These appointments will be discussed with you in your surgeon’s office. They include:

1. **Internist or Family Practitioner** — You will most likely need to schedule an appointment with your primary care physician. The appointment includes a physical examination, complete medical history, and other tests your physician may order. This appointment is on:

   __________________ at ____________ with ________________________________ .

   (Date) (Time) (Physician)

   __________________________________________________________________

   (Physician’s Address)

   (Physician’s Address)
2. Meriter Hospital Preoperative Spine Education Class —
   This program is held at Meriter Hospital, 202 S. Park Street, Madison in the Physical Therapy Area. It’s important that you attend the class; it is a critical part of your surgery planning and care after you return home. This class reviews your physical and occupational therapy instructions, nursing care, and discharge options. Your class appointment is scheduled for:

   ___________________ at ___________________ ,
   (date) (time)

Please read this book before your session meets. Doing so will help you feel more comfortable asking questions. If you need to reschedule your class appointment, please call 267-6173.

Other appointments: ____________________________________________

_________________________________________________________________

_________________________________________________________________
Before Your Hospital Admission

This section contains information to help you prepare for your hospitalization. It includes sections on spine anatomy, why spinal fusion surgery is often necessary and potential risks of the procedure. It also covers issues such as medication, smoking and blood transfusions.

Understanding Your Spine Anatomy and Function

- Your lumbar spine is composed of five vertebral bodies that provide structural support for your back. The vertebral bodies form a ring of bone, forming the spinal canal. The lamina is the back part of this ring.

- Discs help to hold vertebra together and facilitate motion in joints between vertebral bodies. These allow flexibility in your spine.

- Nerves branch off the spinal cord (through the foramen), and supply sensation and strength to the lower extremities.

- The facet joints control the amount and direction of movement.

Spinal Fusion Surgery

Most patients choose to proceed with spinal fusion when their pain or weakness interferes with their work and recreation. This usually occurs when daily pain is present and interferes with realistic activities. There are
many potential reasons why a surgeon might consider fusing the vertebrae. These reasons include: treating a fractured (broken) vertebra, correcting a deformity (spinal curves or slippages), eliminating pain from painful motion and treating instability or potential instability.

The goal of spinal fusion surgery is to relieve pressure on compressed nerves/dura and/or to stabilize the spine. During spinal fusion, your surgeon locks together, or fuses, some of the bones in your spine. This limits the movement of these bones, which may help lessen your pain.

Surgeons can perform spinal fusion from the front (anterior) side of the body and/or the back (posterior) side of the body. Your surgeon has already discussed with you the best option for you.

You can expect to experience pain after spine surgery. The amount of pain will depend upon your unique circumstances and the type of spinal fusion you have. You will receive appropriate medications to manage pain, both during and after your hospitalization. Eliminating all pain during your hospitalization may not be possible.

**Fusions—What Holds it Together?**

The ultimate goal of fusion is to obtain a solid union between two or more vertebrae. There are many surgical approaches and methods available to fuse the spine. Lumbar spine fusions typically involve using supplemental hardware (instrumentation) such as screws, rods and cages. Surgeons sometimes use instrumentation to correct a deformity, but it is usually used as an internal splint to hold vertebrae together while bone grafts heal. As the bone grows, it fuses the vertebrae together and eliminates the motion at that segment of the spine.

**Instrumentation**—most are made out of titanium

- **Screws/Rods**—The pedicle screw provides a means of gripping a spinal segment. The screws themselves do not fixate the spinal segment, but act as firm anchor points that can then be connected with a rod.

- **Interbody Devices**—Helps to achieve spinal fusion by inserting a spinal implant (e.g. cage) filled with bone or bone growth stimulating hormone and/or bone graft directly into the disc space.
Bone Graft—If you think of instrumentation as the bricks, the bone graft is the mortar that helps hold it together. As the bone continues to grow, the operated level has less and less movement until it is solid, or completely fused. Various graft options exist. Your surgeon will decide which one(s) are best suited for your procedure.

- **Autologous**—Your bone

  - **Iliac Crest**—Typically used for posterior (back) fusion, with the exception of percutaneous fusions. By tunneling under your skin, through the same incision, your surgeon is able to “scoop” bone from the back of your pelvis. This tends to be a source of “new pain” for patients for a few months.

  - **Locally**—As nerves are decompressed, the bone that is nibbled away is saved and laid down where bone is needed for the fusion.

*Allograft (Cadaver Bone)*—In essence, a mineral used as scaffolding that is needed for new bone to grow on. Typically used for the front (anterior) part of a front/back lumbar fusion, and as an interbody fusion.

*Synthetic*—Bone graft extenders that enhance bone growth; numerous options are available.

  - Bone Morphogenic Protein (BMP)—Biologic material that enhances bone growth.

*Bone Growth Stimulator*—A device worn or implanted that uses an electromagnetic field to promote bone growth. It may be used to enhance fusion in patients who are at higher risk for having difficulty in healing fusion.
Potential Risks of Spine Surgery

No surgery is without risk. It is important that you understand surgical risks in order to make informed decisions about your desire for surgery. Your surgeon will meet with you to explain the potential risks.

- General risks for spine surgery may include pneumonia, infection, X-ray exposure, blood clots and blood loss. You may minimize blood clots in the legs or lungs by early return to activity and routinely using special compression stockings and devices. Rarely, skin tears/breakdown may occur during surgery. We take care to avoid any pressure points. A tear in the dura or spinal lining may occur. In most cases this is repaired intra-operatively, although occasionally a few days of bedrest are required. Permanent nerve damage to the surrounding nerves or spinal cord/cauda equina has occurred rarely.

- Some risks are specifically related to the surgical approach (from the front or back), duration and individual health risks due to age, diabetes, etc. Your pre-operative history and physical examination will assess your health risks and how to optimally manage such chronic conditions.

- Anesthesia used during surgery places increased stress on your body. Serious complications such as heart attack, stroke, even death have been reported. Fortunately, such occurrences are extremely rare. A thorough medical evaluation before surgery minimizes these risks.

- We give you antibiotics before, during and after surgery to minimize your risk of infection, and perform surgery under sterile conditions. People who are diabetic, immuno-compromised (steroid use) and obese are at increased risk of infection. If an infection were to occur, it would require additional antibiotics and maybe surgery.

Blood Transfusions

During surgery, we may use a machine called cell savers to “recycle” your lost blood so that we can give it back to you. In many instances, cell savers reduce the need for blood transfusions. However, blood transfusion may be necessary after spinal surgery. Many patients are concerned about getting blood transfusions from unknown donors.
Blood banks’ present screening techniques greatly reduce the risk of contracting hepatitis, HIV or other blood-borne diseases. An alternative to getting bank blood is autologous blood transfusion, in which you donate your own blood preoperatively and have it stored until your operation. Autologous blood donations must be coordinated with the time of your surgery. Speak with your surgeon’s office about the likelihood of needing a transfusion and the possibility of autologous blood donations for surgery through coordination with the American Red Cross.

Medications

It is important that your surgeon and the physician performing your physical know about all medications that you take, including over-the-counter medications and herbal supplements. Many herbal supplements can affect anesthesia (see attachment). If you use herbal supplements be sure to discuss this with your physician.

Do not take aspirin, ibuprofen or other anti-inflammatory medication two weeks before surgery. They may decrease your body’s ability to form clots. If you take other blood thinning medications, such as Coumadin/Warfarin or Plavix, speak with your surgeon or regular physician as to when you need to stop taking these prior to surgery.

Smoking

Smoking produces mucus and makes it harder for lungs to work, increasing the chances of complications after surgery. Nicotine decreases wound and tissue healing, which increases your risk of infection. In addition to being harmful to your general health, nicotine inhibits new bone growth at your fusion, significantly increasing the risk of non-union (pseudoarthrosis) and ongoing low back pain. Your surgeon needs you to be nicotine free (cigarettes, cigars, nicotine patch and gum) before proceeding with spinal fusion. If you are concerned about the ability to quit and the effects of nicotine withdrawal, please speak to your surgeon or primary care physician.

Meriter Hospital is a smoke-free environment.
Preoperative Evaluation

All patients are required to have a history and physical exam before surgery. You may complete the exam up to four weeks before your surgery through your primary care provider or through a visit to Meriter’s Pre-op Clinic. During this visit, you will meet with a Meriter physician or primary care provider for a physical exam, complete necessary lab tests and obtain additional medical consultation as needed. It may be possible to attend your Spine Patient Education class when you are at Meriter for the day.

Spine Patient Education Class

We will invite you to attend a Spine Preoperative Education class prior to surgery. The class provides a surgical overview, reviews post-surgery limitations and exercises that will be useful, covers discharge planning assistance and goes over a list of equipment that may be helpful to have at home to assist in your spine surgery recovery. A Meriter nurse, social worker, discharge planning nurse and physical and occupational therapists teach this class. If you were not scheduled for this education class during your initial clinic visit please call 267-6173 to reserve your space or visit our web site at www.meriter.com/classes.

Preparation for your surgery

If you are having Posterior Spinal Fusion, you may eat and drink as usual until the midnight before your surgery. After midnight, do not eat or drink anything (including water, chewing gum or hard candy). This is called being “NPO.” Your physician may instruct you to take your usual medications with a sip of water in the morning before coming to the hospital. You should remove finger nail polish. Try to get a good night’s rest.

If you are having Anterior Spinal Fusion or combined Anterior/Posterior Spinal Fusion, you will need to take four Dulcolax tablets and 8-12 ounces of magnesium citrate around 3 p.m. the day before your surgery. You can purchase these over-the-counter medications at any pharmacy. After taking these medications you may only have clear liquids.
Back Brace

Your physician will let you know if you need to wear a back brace after surgery. There are different types of braces with different rules for applying them. The appropriate technique for applying and wearing your brace will be fully explained to you after surgery.

Sometimes your physician will choose the brace you will need before your surgery. If this is the case, you will benefit from putting it on and taking it off prior to surgery. If the brace is provided by an orthotist, he will instruct you how to wear it.

Scheduling Outpatient Physical Therapy Appointments

Ask your physician if you will be needing physical therapy after you leave the hospital and when you should start this. To assure an available appointment please schedule this appointment prior to your surgery or at least two weeks in advance.
Nursing Assessment Questions

A day or two before your surgery, a Meriter Hospital nurse will call to ask questions about your medical history in preparation for your hospitalization. It will be helpful for you to list the following information ahead of time so you can be prepared to answer these questions.

• Previous hospitalizations or surgeries (dates) and history of significant illnesses:

_________________________________________________________
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• Current medications, including non-prescription drugs or herbal supplement (name of medication, dose, and how often you take the medication):

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• Allergies:

_________________________________________________________
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Your Hospital Stay

Admission

You should arrive at Meriter Hospital two to three hours before your surgery. You will be told what time to arrive. Stop at our admission desk in the main lobby. Please bring the following items with you:

- This education book
- Supportive shoes
- Wheeled walker (will be provided if you do not have)
- Back brace if your physician has provided you with one
- Advance Medical Directives
- List of current medications, including vitamins and/or herbal supplements
- X-rays, if you have them.

We will direct you to the pre-operative unit. A nurse will welcome you to the unit and complete the admission process.

Your family may visit before you go to surgery. We suggest they come at least an hour before your estimated time of surgery. Family and friends may accompany you to the surgical entrance, and then wait in the surgery waiting area. The physician will contact your family in the waiting area after surgery. We may provide a pager to your family or friends so that the surgeon can easily locate them when the surgery is complete. After meeting with your physician, we will direct your family to the 3 East waiting room. We ask that any family members who are ill please remain at home for the well-being of themselves and others.

Anesthesia

An anesthesiologist (the physician who puts you to sleep during surgery) will discuss anesthesia options with you. The anesthesiologist will explain the type of anesthesia (medication) you will receive, the risks involved and can answer other questions you may have. If you have had a serious complication to general anesthetic, please inform your surgeon;
he/she may want the anesthesiologist to speak with you prior to the date of surgery.

**Consent**

We will ask you to read and sign a surgical consent form, if you have not already done so in your physician’s office. This gives your permission for the surgical procedure. Signing the form means you understand what to expect from the surgery and that your surgeon has answered all your questions.

**Before Surgery**

Before you go to surgery, we will ask you to:

- Go to the bathroom.
- Remove false teeth or other removable dental work.
- Put on a hospital gown and remove all undergarments.
- Remove fingernail polish and makeup.
- Leave all valuables (including jewelry and money) at home.

We may also have you:

- Wash your surgical area with an antibacterial soap. We will also ask you to mark this area with your surgeon’s initials. Nursing staff will provide you with a marking pen and may assist you if the area is hard to reach.
- Put on surgical stockings. Following surgery, there is a risk of blood clots forming in your legs. Putting on these stockings before surgery reduces that risk.

**Operating Room**

A staff member will take you to the operating room (OR) on a cart. The first stop is the “holding area.” We will take you into the surgical room when it is ready. An OR nurse will stay with you the entire time. The staff will help you move to an OR table. You will notice preparatory activity in the OR as the surgical team prepares for your procedure. The anesthesiologist will give you medication to put you to sleep.
Recovery Room

After surgery, we will take you to the recovery room. You will have more “things” on you than when you went to sleep, including a tube in your bladder, stickers on your chest to monitor your heart, a monitor on your finger to check your oxygen level and compression devices on your legs. You may feel drowsy, chilled and notice bright lights and noise. Warm blankets are available if you are chilled. A nurse will be with you to constantly check your condition. You usually remain in the recovery room approximately one to two hours following surgery. We will give you medications for nausea and pain as needed.

After you are awake, alert and stable, we will transport you in a bed from the recovery room to your room on the Spine Unit (3 East). Nursing staff will help position you in bed to keep you comfortable. This includes assisting you in turning from side to side. Your family can wait in the 3 East waiting room until contacted by your nurse.

Nursing Care

Specific nursing care procedures related to your surgery and hospitalization include the following:

Vital Signs and Assessments

We will check your vital signs (temperature, blood pressure, respiration, heart rate and oxygen level) frequently during surgery, in the recovery room and after surgery. This is routine and does not indicate anything is wrong. The nurse also will test the strength in your arms and legs and ask if you have any numbness or tingling. You may feel like you have a sore or scratchy throat. This is related to the tube that was inserted during surgery into your airway. This sensation is temporary.

IVs, Antibiotics, Blood

We will insert an IV (small tube) in a vein in your arm before surgery. This allows us to administer fluids and medications during surgery. The IV is usually in place until it is no longer needed. You may receive antibiotics, which help prevent infection. We will give you blood transfusions after surgery, if needed. Your physician will determine if this is necessary.
**Cough and Deep Breathe**

We will ask you to take deep breaths and cough after surgery. Coughing is important to remove mucus from your lungs. Mucus increases when you do not expand your lungs completely during surgery. Pneumonia or the collapse of part of your lung may occur if you do not cough and deep breathe vigorously.

To deep breathe, inhale slowly through your nose, expanding your abdomen and exhaling slowly through your mouth, pulling your abdomen in until you have expelled all of the air. After the third or fourth deep breath, cough two or three strong coughs from deep in your lungs.

Repeat the entire coughing exercise at least once every 15 minutes while you are awake for the first 24 hours. Nursing staff will remind you to cough and deep breathe. Continue your deep breathing and coughing exercise at least once an hour for 1-5 days after surgery, or however long your providers feel is appropriate.

**Nutrition**

After surgery, we will give you ice chips to suck on. Medication is available to help reduce any nausea you may experience. Your first meal following surgery will consist of liquids. You will advance to solid foods as you are able to tolerate. We can arrange special dietary requests if needed. Ask your nurse.

**Incision Care**

A dressing will cover your incision, and we will change it as needed. We may place a tube in your incision during surgery to drain extra fluid from your wound. Drainage tubes are connected to a variety of containers. A physician removes the tubes when indicated. Your incision may be closed by absorbable sutures, external sutures or staples. External sutures or staples are removed within one to three weeks of surgery at your first clinic appointment.

**Therapies**

The first day after your surgery, an occupational therapist and/or physical therapist will visit you. Each therapist will work with you during your hospital stay to help you regain your strength and mobility. For
example, they will instruct you how to do gentle strengthening and stretching exercises and teach you how to move safely as you begin to do things for yourself again like dressing and bathing. Special care is taken while giving these instructions to ensure that you follow the movement precautions your physician set. Studies show that beginning therapy as early as the first day after surgery is very helpful in your overall recovery.

Pain Control

Each individual’s pain experience is unique and can be affected by many things. Sometimes pain is a small nuisance, but at other times pain can affect your ability to sleep, eat and be active. Pain can also make you feel afraid or depressed.

Pain management is an important part of your care in the hospital. Relieving and controlling your pain can help you get well faster and enjoy greater comfort during your recovery.

It is important that you become actively involved with your doctors and nurses to plan your pain control. Become actively involved by:

1. Discussing with your doctor or nurse:
   • What is to be expected? Will there be much pain after surgery? Where will the pain occur?
   • Share previous experiences with pain control methods; what has worked well for you.
   • Express your concerns or fears about pain medicine.
   • Ask what side effects may occur when taking pain medications.
   • Tell your physician what medications you are taking for other health problems. This information is important because mixing some medicines can cause problems.

2. Take or ask for pain medicine when your pain first begins. It is easier to control pain if you do not allow it to become severe. Take pain medicine before performing activities that worsen your pain.
3. Clarify the schedule for taking pain medicine during and after your hospital stay. Is your pain medicine on a schedule or do you take it when needed?

4. If your pain is constant, take your medicine on a regular schedule (by the clock). Taking medicine regularly will keep your pain under control. Do not skip a dose or wait for the pain to get worse before taking your medicine. The exception to this would be if you have no pain or severe side effects.

5. Report all side effects to your doctors and nurses. We can treat some side effects, while others require a change in medicine.

After your return from the recovery room, we generally use a Patient Controlled Analgesic (PCA) machine for pain control. This machine allows you to give yourself a dose of IV pain medication by pushing a button. We will provide you information on how this machine works prior to surgery.

The PCA delivers IV pain medication directly into your bloodstream, which will help alleviate some of your pain within a few minutes. Your physician will order a safe dose and a minimum time between doses so you cannot give yourself more medication than your physician thinks is safe. Nurses will help you assess how effective this medication method is working by asking you to rate your level of pain using a scale of 0 to 10 (0 = no pain and 10 = worst pain you have had). It’s a good idea to use the PCA before any activity, for example turning or participating in therapy. Once your surgical pain has lessened, you can manage it by pain pills. Your nurse will help you decide when this is appropriate.

**Pain medication will not stop working.** Sometimes, when a person takes pain medication over a long period, the medication dose that controlled the pain in the past does not provide adequate relief. You may need larger or more frequent doses of the medicine to obtain the same effect. This is called tolerance.

Sometimes the need for a larger dose of the medicine means that pain is increasing. If pain increases, you can safely raise the dose of the medicine. There is no limit to the amount of a narcotic (opioid) that can safely be
prescribed as long as there is still unrelieved pain and no side effects. It is important that you understand that you may need to increase an opioid dose to relieve pain or overcome tolerance. It does not mean that a person is “addicted” to the medicine.

**Opioid side effects can be managed.** All drugs have potential side effects, but not everyone who takes medication experiences the side effects. Some of the more common side effects of narcotics (opioids) are drowsiness, constipation and nausea. You can usually manage side effects from opioids successfully. It is important to tell your doctor and nurses about any side effects you experience.

**It is rare to become addicted to medicine taken for pain.** Addiction means that a person is taking a medicine to satisfy emotional or psychological needs rather than for medical reasons. Addiction is often confused with “physical dependence.”

Physical dependence occurs after you have been using a narcotic for prolonged periods (more than two weeks). Physical dependence is a chemical change your body undergoes which causes withdrawal symptoms if you abruptly stop taking the medicine. This is a normal response and you can avoid it by gradually reducing the medicine over several days. Physical dependence is not addiction.

There are many methods you can use, in addition to medicine, to reduce pain. These methods can be effective for mild to moderate pain and to boost the pain relief effects of your medicine. You will need the help of health professionals to learn some of these techniques.

<table>
<thead>
<tr>
<th>Relaxation techniques</th>
<th>Hot or cold packs</th>
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<tbody>
<tr>
<td>Touch</td>
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<tr>
<td>Pressure or vibration</td>
<td>Hypnosis</td>
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<td>Music therapy</td>
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<td>Imagery</td>
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<tr>
<td>Transcutaneous electrical stimulation (TENS)</td>
<td>Exercise</td>
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<tr>
<td>Ultrasound</td>
<td>Acupuncture</td>
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<td>Acupressure</td>
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</table>

Once you have been admitted to the hospital view Meriter’s relaxation channel (channel 13) for additional techniques to reduce pain.
Lumbar Spine Surgery Precautions

You will hear a great deal about lumbar spine precautions during your hospital stay and after you are discharged from the hospital. You will need to follow these precautions for at least three months after surgery. After three months, discuss with your physician the need for further precautions.

What are these precautions and why are they so important?

Lumbar surgery precautions are actions you must take to reduce the risk of your fusion loosening or failing to become solid or your disk reherniating thus improving your outcome from surgery. After surgery, the area of your spine that your surgeon fused needs to heal and become strong. This healing process could take 6-9 months. Your physician will sometimes recommend use of a brace to help you follow these precautions. If your physician recommends the use of a TLSO brace (hard shell-like brace) you should use this brace strictly as directed by you physician.

There are three activities you need to avoid:

1. Do not bend your spine
   (Follow this precaution for approximately three months or until otherwise directed by your surgeon.)
   For example:
   - Use a reacher to grasp low objects.
   - Use a sock aide and long-handled shoehorn to put on and take off socks and shoes.
   - “Hip Hinge” (slight hip and knee bend) rather than waist bend (bending spine), as in a small squat or lunge to reach low objects.
2. **Avoid twisting**
   Always point your feet or hips toward what you are doing to avoid twisting your spine.

3. **Avoid lifting greater than 10 pounds** for at least six to 12 weeks, and then discuss with your physician the need to restrict lifting. For reference, a gallon of milk weighs approximately eight pounds. When lifting, place yourself close to the object you are lifting to decrease the load on your spine. Make sure you keep your spine straight, using your legs to do the work. A slight hip hinge and wide or staggered stance will allow you to use your legs and keep your back safe.

**Walker Instructions**

**IMPORTANT:** Make sure you maintain your precautions at all times.

**Gait Training**

You may need a wheeled walker after surgery to ease your back pain while walking. Your physical therapist will instruct you on the proper way to use a wheeled walker. A wheeled walker is safer to use than a standard walker because you do not need to lift it. Most standard walkers can have
wheels placed on them for an additional cost. We will provide you with a wheeled walker during your hospital stay, if it is indicated.

Adjustment

Your therapist will properly adjust your wheeled walker. If this is not possible, the following instructions will serve as a reference for you.

While standing up straight inside your walker, drop your arms at your sides. The handgrips of the walker should measure evenly with your wrist, so when you place your hands on the walker your elbows bend slightly.

Using a Walker

To Stand

Place both hands on the armrests or seat of the surface you are sitting on. Push yourself up with both hands and legs to stand up. Once you are standing, place both hands on the walker securely before you begin to walk. Never pull on your walker when rising from a chair.

To Sit

Back up until your legs touch the surface you are going to sit on. Reach back as you bend your knees and hips (hip hinge), one hand at a time, for the armrest or seat of the surface you are going to sit on. Sit down slowly, keeping weight on your hands

To Walk

Once standing, push the walker forward a comfortable distance, keeping all four legs of the walker in contact with the floor. Step forward cautiously one foot at a time. Take a natural stride at a normal pace if possible.
To climb stairs

Use a railing rather than the walker. Lead with stronger or less painful leg when going up stairs and lead with the weaker or more painful leg going down stairs. If there is no difference, then lead with either leg, taking one step at a time.

Body Mechanics

Good body mechanics are an important part of your recovery. Using good body mechanics means learning to move your body in ways that do not irritate your back. We describe on the next page, for instance, the steps for getting in and out of a chair. Other movements—such as lifting and getting up and down from the floor—will be taught later in your post-op exercise program, including Body Mechanics Class.

Correct Sitting Posture

1. Whenever possible, sit in a chair that has armrests, with your hips higher than your knees (or at least hips level with knees).
2. Move your hips all the way back in the chair seat, making certain that your hips are higher than your knees.
3. Place a lumbar roll or small pillow in the small of your back, just above your hips.
4. Lift your sternum while relaxing your shoulders and avoid rounding your shoulders.
5. Rest your feet firmly on the ground.
6. Use pillows on your lap to rest arms if armrests are not available.
7. Avoid recliners and soft, low couches, when possible.

**Getting In/Out of a Chair**

1. Sit in chair:
   - Hips above knees
   - Feet planted on floor
   - Buttock back into chair

2. Slide forward with buttock to edge of chair:
   - Feet should be behind your knees, pressing down into floor about shoulder width apart, your feet one in front of the other.

3. Place hands on arm of chair. If no armrests, place hands on thighs.
   - Hip Hinge—Bend forward slightly at your hips NOT AT YOUR SPINE.

4. Keep your back straight, with head and chest up while moving forward over your feet.


**Sitting Down**

To sit down, reverse these steps. Do not allow yourself to “drop” down into the chair, which can jar your back. Instead, hip hinge and lower yourself slowly into the chair.
Getting Into Bed

1. Sit as far back on the bed as you can with your legs hanging over the edge of the bed. You should be sitting about where your hips would be when you lie down.

2. Start to lean to the side, going down onto your elbow. You can use the other arm in front of the body for support. As your body tips to the side, your feet should raise up to the bed.

3. As the shoulder reaches the bed, the feet should come up on the bed.

4. With knees still bent, use your legs to assist you to roll over onto your back.

Getting Out of Bed

To get up, reverse the order.

1. Roll on your side facing the edge of the bed.

2. Bend the knees. Knees should reach the edge of the bed.

3. Start to push up with the upper hand until you can support yourself on the other elbow. As the shoulders lift off the bed, let the feet drop down from the bed.

4. Push up to a straight sitting position.
Lumbar Surgery Exercise Program

Now that your back surgery is completed, it’s time for you to start working to restore your body to a more normal level of movement and function. Since you have probably experienced a period of less movement and activity due to back pain and now surgery, you may have noticed you are weaker in some areas, tire more easily and cannot do some of the activities you would like to be able to do.

The following program will help you slowly start to regain strength, flexibility and endurance. Gentle stretching will help restore flexibility and prevent excessive scarring and adhesions. The walking program will help improve your strength and endurance.

Tips About Exercise

1. **Do not overdo.** Start slowly. An exercise should feel like a gentle stretch or a little effort. If an exercise is painful, ease up on it. Stop that particular exercise if you cannot find a comfortable level. You should feel like you have done some work, but not feel exhausted.

2. **Do not underdo.** Lying in bed all the time will not make you stronger. The body needs a gentle challenge to remind it how to respond normally to activity.

3. **Balance activity and rest.** Both are necessary to help the body heal.

4. **Gradually build up** your exercises and activities. Do not jump from five repetitions of an exercise to 10. Do five, then six, then seven. When walking, increase by only one to two minutes per day. Do the same with daily activities. Do not make your first trip to the grocery store a large shopping trip; just pick up a few items the first time. Break jobs into smaller tasks and rest in between.

5. **Extreme weather conditions** make it difficult for your body to tolerate outdoor exercise. Avoid high temperatures, high humidity in hot weather, or extreme cold.
6. **Immediately after a large meal**, wait one hour or so to do your exercise program.

7. **Do not smoke.** Your fusion may not heal if you smoke. Smoking decreases the body’s ability to move oxygen from the air to your body’s cells. Your cells need oxygen for healing.

8. **Enjoy** your exercise. Try to make your exercise sessions pleasant.

**Walking Program**

To heal properly, your body needs a good blood and oxygen supply, and healthy movement. Improving your level of cardiovascular function will help improve your heart’s ability to pump blood with oxygen throughout the body.

A simple walking program can help to achieve this goal. To start, walk three to five minutes at least two times a day. Then add one or two minutes to your walk each day. Within a few weeks, you should be able to walk 15-20 minutes. If you are using a walker, when the walker feels like it is in your way and your back does not feel sore from walking you will no longer need it.

Try to walk on level surfaces (avoid icy sidewalks). Make your walk as continuous as possible. You will probably notice that your pace increases gradually as you become stronger. Keep a record of your walks in the exercise log in the back of this booklet.

**Exercises**

The following exercises will help to gently stretch and strengthen your body after surgery. If you have difficulty with any of these exercises, please call a Post-Op Spine Program physical therapist at Meriter Physical Therapy Central at **287-2350**.
Exercise 1 – One Arm Stretch

Begin this exercise lying in bed and proceed to standing when you are able.

1. Raise your arm up over your head, lengthening your spine and leg on the same side.
2. Hold three to five seconds.
3. Relax… and slowly bring arm down.
4. Repeat with the opposite arm.
5. Do not hold your breath.
6. Do while standing, when able.

Repeat three to five times on both arms, twice a day.
Exercise 2 – Cervical Flexion

Begin this exercise lying in bed and proceed to standing when you are able.

1. Lie on your back or stand tall.
2. Bend your head forward until you feel a gentle stretch.
3. Hold three to five seconds.
4. Slowly return to starting position.
5. Do not hold your breath.

Repeat three to five times, twice a day.
* You may feel a gentle pull in your low back at first.

Exercise 3 – Ankle Pumps

1. Gently pump your ankle up and down, and make circles in both directions.
2. Relax.

Do 10 repetitions every 30 minutes while lying or sitting.
Exercise 4 – Quad Sets

This exercise strengthens the quadriceps muscle, which is located in the front of your thigh. The strength of this muscle is very important in walking and going up and down stairs.

1. While lying down or sitting up tall, straighten out your leg.
2. Tense the muscle on the top of the thigh by pushing down and straightening the knee. (If this is difficult, place a small towel roll under the knee to press against.)
4. Try to tense only the thigh muscle. Relax your buttock and back muscles.
5. Repeat 10 times.
6. Repeat with the other leg.
7. Perform twice a day.

You may feel more comfortable if you bend the opposite knee, as shown. Your spine should not move.

Exercise 5 – Short Arc Quads

1. While lying down, put a rolled-up pillow under your knee.
2. Lift one heel up and off the bed by straightening your knee.
3. Hold five seconds and repeat 10 times.
4. Repeat with the other leg.
5. Perform twice a day.

If this is too difficult, try again in a day or two.
Exercise 6 – Transverse Abdominal Pelvic Stabilization

1. Lie on your back with your knees bent.
2. Begin by tightening your lower abdominal muscles (these are the muscles between your navel and your pubic bone).
3. Draw your abdominals up and in, which will flatten your abdomen and feel like a corset tightening around you.
4. Keep your spine in a neutral position.
   DO NOT FLATTEN YOUR BACK AGAINST THE BED.
5. Breathe normally during the exercise.
6. Hold 10 seconds.
7. Repeat 10 times.
8. Also do while sitting and standing.
9. Perform twice a day.

Exercise 7 – Hamstring Stretch

This exercise is important if you had leg pain, tingling or numbness before surgery. If you have not had leg pain, then you may skip it. If this exercise causes pain, check with your physician or therapist before continuing to do it.

1. Lie on your back and grasp knee with hands or use a strap or towel behind your knee to lift your leg. Do not bend your hip >90°.
2. Keep opposite knee straight.
3. While supporting the lifted leg, straighten the knee as best as you can. Reach toward the ceiling until you feel a comfortable pull on the back of your leg. (If using arms, keep your elbows straight.) DO NOT put the strap on the foot. DO NOT bend at your hip more than 90° (a right angle); 60°-70° is safer.
4. Hold 10 seconds.
5. Repeat three to five times.
6. Repeat with other leg.
7. Perform twice a day.
Sleep or Resting Positioning
If your are having difficulty getting comfortable lying down one or more of the following positions may be helpful.

On Your Side

Body Position: Bring your hips and knees into a slight bent position (don’t curl up into the fetal position), and place a pillow between your legs from your groin to your feet. This prevents you from dropping one knee forward and twisting your spine as you sleep.

If your pelvis is considerably wider than your waist, you may want to fill in the space between your pelvis and ribs with a folded towel or soft foam. This keeps your spine from bending to one side.

Pillow: The size of your pillow should be adequate to support your head so that your neck is aligned with the rest of your spine and you do not tilt your head to one side.

On Your Back

Body Position:
Reduce the curve in your low back if needed by propping pillows under your upper thighs so that your knees are bent. This should relax your back.

Pillow: Use a pillow that keeps your neck in alignment with the rest of your spine. Be sure your head is not bent forward or tilted back. If you cannot achieve this position with your pillow, try a smaller or larger one. Use the pillow or a rolled-up towel or foam to fill in the gap where your
neck curves in. Ideally, do not pull the pillow under your shoulders. If you can pull the pillow up and into your neck, your shoulders can relax back instead of being pushed forward.

**Semi-Stomach**

**Body Position:** To learn this position, begin on your stomach with your arms down along your sides. Turn a quarter of the way to the right or left, leaving your back or bottom arm at your side and your bottom leg straight. To keep your spine supported, bend your top leg and arm, and put a pillow under your thigh, lower leg and torso. A body pillow is optimal. You should not twist your spine. Instead, your whole body is turned. Your bottom arm should not have weight on it as the pillows support your body weight.

**Pillow:** Use a very thin pillow or no pillow under your head.
**Discharge**

You are likely to be discharged within five days of your surgery, depending on how you progress. Meriter’s patient care coordinator and social worker can help you plan for your discharge. Your discharge plan depends on your home and family situation.

**Discharge Questions**

Throughout your hospital stay, certain questions may cross your mind. Following are questions most frequently asked by Meriter Hospital spine surgery patients. We include general answers here, but keep in mind that your physician’s preference may vary. Clarify questions you have with your spine physician. You also will receive typed discharge instructions the day you leave. Your nurse will review those instructions with you. It will include any follow-up appointments, a list of all your medications and instructions that are specific to your surgery. Within one week after you are discharged from Meriter Hospital you will receive a phone call from a nurse on 3 East. The purpose of this phone call is to see how you are doing and answer any questions you may have.

**Q: When can I shower or take a tub bath?**

**A:** You may shower the first day after your drain is removed or on the second day after surgery, using a sponge stick and shower seat as needed to avoid bending and twisting. Remove your dressing prior to your shower. Apply your dressing daily until no drainage is left on the old dressing (about three days). Use sterile gauze and tape to cover the incision. Once there is no drainage on your dressing leave the incision open to air. If present across your incision, do not remove the small tapes called steri-strips; these fall off in about 2 weeks.

Do not take a tub bath, swim or use a hot tub for three weeks.

**Q: How long do I need to use walker or a cane?**

**A:** It depends. Most patients will use a walker for a few days up to six weeks. Use your walker or cane until you are comfortable without it or as directed by your physician and/or therapist.
Q: How long do I wear my elastic support stockings?
A: Wear them at least one month, longer if swelling continues after one month. You may take them off at night.

Q: When can I drive a car?
A: Do not drive a car until you see your physician for your first office visit. At that time, discuss with your physician when you may start driving again. It is not advisable to drive while taking narcotic pain medication if it impairs your mental judgment and reaction time.

Q: How long do I need to use an elevated toilet seat?
A: You will need to continue using this at home for at least three months.

Q: How long do my staples stay in?
A: If we do not remove the staples prior to your discharge from the hospital, they will be taken out at your first clinic appointment, approximately one to two weeks after discharge. If your staples remain in after discharge, you may want to cover them with a light gauze dressing for comfort.

Q: Do I need to take antibiotics before dentist appointments?
A: Yes, if you had metal placed. Bacteria can enter your bloodstream and “seed” your hardware, possibly leading to a deep infection and your fusion not healing. We recommend that you take antibiotics prior to dental cleanings and other “dirty” procedures such as oral surgery, dental extractions, flexible sigmoidoscopies, colonoscopies and other minor surgeries. Please contact the office for a prescription.

Q: When can I lift more than 10 pounds?
A: Your physician will evaluate your progress and determine the need for further lifting restrictions at your follow up clinic visits.

Q: When can I bend my spine?
A: Your physician will determine when you can bend your spine based upon your progress. The fusion will no longer permit you to bend at the fused levels. Depending on the number of levels fused, your physician may allow you to gradually increase your bending anywhere from six weeks to three-plus months.
Q: **When may I return to work?**
A: It varies, depending on the type of work or volunteer activity you do. Discuss when it would be appropriate to return to work with your physician.

Q: **How long do I need to wear my corset or brace?**
A: Wear your corset or brace while sitting, standing or walking and for distances beyond the bathroom. If you’ve been told to wear it for comfort only, then wear it as desired. You will receive more specific information at your follow-up appointment.

Q: **When may I resume sexual activity?**
A: You may resume sexual activity when it’s comfortable, keeping your movement restrictions in mind.

**Notify your physician if you notice any of the following:**
1. Increased pain that you cannot control with pain medication.
2. A temperature greater than 101.5° F
3. Increased swelling, redness or tenderness in your calf.
4. Increasing drainage or bleeding from your incision.
5. New numbness or tingling in your lower extremities, or new weakness.

**Patient Comments**
This section came out of discussions with patients who recently had back surgery. It lists their suggestions to make the early recovery phase a little more tolerable—especially those first three months. We hope it makes your recovery a little easier.

- Rent movies, especially humorous ones. Avoid sad or violent movies.
- Read. Now is the time to read what you didn’t have time to read before.
- Call friends. If you know people who have had this surgery, call them. Former patients usually have helpful suggestions.
- Invite friends over, the ones you feel comfortable with if you just lie on the couch and spend time talking.
- Write letters.
• Order out meals. Since you cannot get in the car and go out for dinner, order out and have a “special” dinner.
• Have flowers in the house. You don’t need expensive flowers to brighten your days; inexpensive fresh flowers are available year-round at many grocery stores.
• Pamper yourself with a few little things that make you happy.
• Do a special project. Choose one that you can do in segments to allow rest when you get tired.
Returning Home

Home Preparation

A key to a successful surgical outcome is careful planning for your return home. In fact, you need to plan for your hospital discharge even before you have surgery. Advance planning makes returning home less stressful for you and your family.

Before surgery, it is important that you consider what type of help you will need when you leave the hospital. After spinal fusion, your ability to move around easily will be restricted for the first several months.

You will need to continue following your movement precautions, such as limited bending, lifting or twisting. Carrying an item will be difficult, since you will have lifting restrictions and may be using a walker. At first, you may find you are more tired than before your surgery. It may be helpful to have a family member or friend stay with you for about a week after your surgery. Here are things to plan for before you enter the hospital.

Tasks With Which You May Need Help

- Errands: Post office, bank, pharmacy, grocery shopping, etc. You could stock non-perishable items in advance.
- Housekeeping Activities: Laundry, household cleaning (especially floors and rugs), routine clean up (dishes).
- Meals: Preparing meals may be difficult, so consider delivery services, freezing meals in advance, or asking for help from family and friends.
- Transportation: Going home from the hospital, to and from medical appointments.
- Child care: Use extra caution so as not to slip on children’s toys. You may need to avoid lifting your child. Sit down and let the child crawl into your lap.
- Pet care: You may need to arrange for someone to care for your pet.

Environment

- Consider where you will be recovering. Will there be more than one level? How many stairs are there? Are railings in place? Where are bedrooms in relation to bathrooms, the kitchen and living room/den?
• Furniture such as chairs, beds and tables should be easily accessible and uncluttered.
• Firm seats with armrests and high backs are preferred for easy mobility.
• Firm supportive beds are easiest to get in and out of. Waterbeds, high beds or low beds can pose problems.
• Remove throw rugs.
• Arrange your kitchen so that the items you use most frequently are at waist height or within easy reach.
• Arrange your refrigerator and cupboards, including cooking and eating utensils, so that you have easy access to them.
• Portable phones are helpful. They can be carried in walker bags or in pockets.
• If you have a pet, be aware that it is not accustomed to your walker and could cause you to trip.
• Avoid low chairs and furniture.
• Use night lights.

**Homemaking**
• Consider what types of activities you will be doing after surgery.
• Many people find it helpful to wear an apron with pockets, or use a waist pouch or walker bag.
• Rolling carts are also handy to carry items such as laundry baskets, kitchen utensils and pots and pans.
• A high stool can be useful for working at the sink, counter or tool bench.
• Carry hot liquids in Thermos-like containers with covers.
• Slide objects along the counter top rather than carrying them.
• Use a “reacher” device to reach objects on the floor. (Do not bend down to pick up items.)

**Resources**
• Where will you go when you leave Meriter Hospital? Home to a friend or relative, or to a skilled convalescent center?
• Who is available to help you. Family, friends, neighbors or hired help?
• What can each support person do?
• When and how long will they be available to help you?

**Helpful Hints**

• Keep lights on in essential rooms at night.
• Place a pillow or pillows under your buttocks when sitting in low chairs or riding in a car. Have your family bring them to the hospital for discharge.
• Avoid walking on uneven surfaces such as lawns, sidewalks and driveways.
• Avoid snow, ice, wet floors and mud. They can cause you to slip and fall.
• Conversation can distract you while you are walking and using assistive devices.
• Move slowly, avoid trying to rush through any activity.
• Avoid vehicles that may be difficult to get in and out of. Consider if you will be able to step up or bend down to get into the vehicle.

**Daily Activities After Returning Home**

During your Preoperative Spine Education class, you will have an opportunity to see equipment that can help you take care of many personal needs after surgery. Use this time to ask questions about how equipment works. If you have access to this equipment, make sure it is available and in working order when you get home.

The following activities are helpful to plan in advance for your arrival home after surgery.

**Toilet Transfers**

• After surgery, you will need a higher seat than normal to use your toilet.
• Choices include fixed-height toilet seats or a commode, which is an adjustable-height raised toilet seat that fits over the whole toilet, or can be placed bedside. It may be used up to three months after your
surgery, depending on your physician’s recommendations. **Commodes are only covered by insurance when bath and bed are on separate floors or the patient is confined to their room.**

- A toilet aid is available for assistance with wiping.

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**Bathing**

- In general, it is not safe to stand in a tub or shower stall until you are able to walk without an assistive device.
- Use special bathtub equipment that allows you to safely get into the shower area. These include stools, seats and benches. If you have access to this type of equipment, be sure that it has rubber-tipped legs and that you can adjust the height. **DO NOT USE LAWN CHAIRS OR PLASTIC CHAIRS NOT MADE FOR TUBS.**
- Hand-held shower hoses are helpful. They give you control over the shower spray and help you avoid scalding. An on/off button on the head is helpful.
- Rubber bath mats or adhesive non-slip strips are helpful to avoid falls.
- Long-handled sponges and reachers can help with washing your feet while you are following spinal precautions.
• Use body wash or soap on a string to avoid dropping the soap. Reachers do not work well for picking up soap.
• For additional safety, permanent or removable grab bars are available. Never hold on to soap dishes and towel racks. These are not designed to hold your weight and may give way, causing a fall.

**Shower Transfers**
• You may need a shower chair if you have a decreased tolerance for standing. Have someone place the shower chair in the shower. Sit on the chair as you would any other chair, following your bending precautions.

**Tub Transfers**
• There are several different ways to step into the bath tub. Your occupational therapist will instruct you in the safest way. Grab bars are helpful. If you do not have them, plan on having someone help you. Once in the tub, you may stand to shower or you may want a tub seat if your standing tolerance is limited.
The following suggestions will help you maintain your independence and safety after surgery to ensure proper healing. An occupational therapist will demonstrate these procedures during your hospital stay and be available to assist you in determining your needs, both before and after surgery.

**Dressing**
- Plan to wear loose, comfortable clothing.
- You will need help from another person, or use adaptive equipment to help you get on your underwear, pants, socks and shoes for the duration of the healing time. Consider whether you will be able to use the adaptive equipment to dress independently, or whether you will need another person’s assistance. You may need this assistance for up to six months.
- An occupational therapist will demonstrate adaptive dressing equipment such as dressing sticks, sock aides, elastic shoelaces, long-handled shoehorns and reachers during your Spinal Preoperative Education class. You will also receive instructions during this class on how and where to obtain adaptive equipment.

**Slacks and Underwear**
1. Sit on the side of the bed or in an armchair.
2. Using the reacher, catch the waist of the underwear or slacks with the gripper end. Lower the pants to the floor and slip slacks on one leg at a time.
3. Pull the underwear, then the slacks up over your knees. Stand, with the walker in front of you, and pull the slacks up.
4. When undressing, take the slacks and underwear off reversing steps 2 and 3 above.

**Socks and Stockings**
1. Slide the sock or stocking onto the stocking aid. Make sure the heel is at the back and the toe is tight against the end. The top of the sock should not come over the top of the plastic piece.
2. Holding onto the cords, drop the stocking aid out in front of the foot. Slip your foot into the sock and pull it on (see drawing).
3. To take socks or stockings off, use the reacher to hook the back of the heel and push the sock off your foot.
4. If your physician recommends that you continue to wear elastic support stockings, you will need someone to help you put them on and take them off.
Shoes
1. Wear slip-on shoes or use elastic shoelaces so you won’t have to bend over to put the shoes on and tie the laces.
2. Use a long handled shoehorn to put on or take off your shoes.

Car Transfers
*Transfers to and from the front seat:*
1. Have someone push the car seat back as far as possible.
2. Put a cushion or pillow on the seat to raise the sitting surface.
3. Back up to the car with your walker until both legs are against the seat of the car.
4. Place one hand on the dashboard and one hand on the back of the seat as you lower yourself onto the edge of the seat. Bend your head down before sitting.
5. Alternately support each leg as you move each one slowly into the car without bending your spine. Please refer to B-8 for getting in and out of chair.
6. Reverse this procedure to exit the car.
Financial Matters

Hospital Coverage

You should arrange to pay your hospital bill before you are admitted. A deposit is required if you have no insurance, unless you qualify for medical assistance or uncompensated care.

You will receive one hospital bill that will encompass charges for all hospital services you receive at Meriter during your inpatient stay for spinal fusion surgery. That bill consists of:

- Daily room charge (includes room, meals, housekeeping, laundry, administrative and maintenance costs).
- Professional nursing care charges (billed in addition to the room rate).
- Any additional services your physicians order (oxygen, laboratory tests, Intensive Care or Special Care Unit nursing, medications, anesthetics, operating room, electrocardiograms, respiratory or physical therapy, etc.).

If you return to Meriter in the future to receive additional inpatient or outpatient services related to your spinal surgery—for example, physical therapy—you will receive a separate bill for those services.

Hospital insurance plans do not always provide full coverage of your hospital bill. Your hospitalization coverage is a contract between you and your insurance company. While we will cooperate fully in expediting your claim, you are ultimately responsible for your account.

Most people are interested in what costs they will be responsible for after being discharged from the hospital. We encourage you to check your insurance policy prior to your hospital stay so you are informed about insurance coverage. Things to ask your insurance carrier include:

- Is surgical assistance and care provided by midlevel providers (Physician Assistant/Nurse Practitioner) covered?
- Which parts of your hospital stay are covered? Which parts are not?
- What deductibles or co-payments are you responsible for?
- Are you responsible for paying for home equipment, home care and skilled nursing care facilities?
Most insurance companies cover “medically necessary” equipment and care. Each insurance policy varies in what is covered and how much. Some policies require a copayment, which is an amount the patient is responsible for. You can ask them to define this for you. Community services not generally covered by insurance include: mobile meals, grocery delivery, Lifeline, wheelchair van transportation, chore services and attendant care.

If, after checking with your insurance company, you still have questions about what your policy covers, we encourage you to discuss the matter with a Meriter financial coordinator. Meriter’s Customer Relations Center (see attached phone list) will connect you with your financial coordinator.

Professional Fees
Your hospital bill will not include your attending physician’s or surgeon’s fees. You will receive separate bills for these fees, and radiologist and anesthesiologist fees.

Equipment for Home Use
We may recommend certain equipment for you. Be aware that currently, if insurance covers the item, payment under most insurance plans occurs after surgery is completed, not before. Coverage varies with insurance policies. If covered, the item needs to be “medically necessary,” not a “convenience” item.

- “Medically necessary” includes walking devices and *sometimes commodes* specific to people who have spine surgery.
- The following are considered “convenience items” which are most often not covered: toilet risers, bathing equipment, safety rails, reachers, sock aides, bath sponges, etc. These items may be necessary during your recovery. There are home modification companies that install, for a fee, safety features such as rails and grab bars in your home.

Meriter Hospital’s Patient Care Coordinator can call to obtain needed items through Meriter Home Health or a provider of your choice. Be aware
that some insurance companies have contractual agreements with preferred providers. Items may also be borrowed from friends, family, or local loan closets such as VFWs, Lions Clubs and county nursing offices.

**Items Patient Care Coordinator can get for patients after admission**

- 3-in-1 commode
- Tub transfer bench
- Shower chair
- Wheeled walker

**Home Care Services**

Most insurance companies cover services considered “skilled” and “intermittent” that a physician orders for a homebound patient. Insurance companies often do not cover “custodial,” “extended” or other services that can be provided as an “outpatient.”

- “Skilled” services must be provided by a professional person (i.e., registered nurse, physical therapist or occupational therapist).
  However, Medicare allows home health aide assistance when skilled care is being provided. Most insurance companies pay for skilled care only. “Unskilled” or “custodial” includes bathing assistance, personal care, dressing chores, food preparation or other errands or tasks. These services can be coordinated and obtained, but are personally paid for by the client. Meriter Home Health provides skilled and custodial services for patients needing care in their homes.
- “Intermittent” care involves a short visit—usually an hour or less and generally not on a daily basis. If longer care is needed, it then becomes “extended” care. Providers often request four-hour blocks of time. This then becomes private pay for the client. Your Patient Care Coordinator will help you make these arrangements.
How to Choose a Home Health Care Provider

Before selecting a home health care agency, it’s a good idea to ask a few questions about the agency. Following are questions, and answers to those questions, as they pertain to Meriter Home Health.

Q: How long has this provider been serving the community?
A: Meriter Home Health was founded in 1985 and is affiliated with Meriter Hospital, a cornerstone of the south-central Wisconsin health care community for more than 105 years.

Q: Does the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accredit the provider?
A: The Joint Commission on Accreditation of Healthcare Organizations is responsible for ensuring quality in health-care organizations. Participation in this rigorous evaluation and survey is voluntarily. Meriter Home Health, in 1989, was among the first home health organizations in this region to earn JCAHO accreditation.

Q: Is the provider approved for participation in the Medicare and/or Medicaid programs?
A: Home health care is among the many benefits offered by Medicare and Medicaid. You can find an approved provider by asking your physician, hospital discharge planner or community referral source, or by asking the home health provider directly. Meriter Home Health is a participating Medicare and Medicaid provider.

Q: What is the provider’s reputation in the community?
A: Ask your physician, hospital discharge planner, or other health-care professional for a list of home health providers in your community. Family and friends who have used home care services can also provide recommendations that guide you in making your decision. Meriter Home Health has an excellent reputation throughout south-central Wisconsin, and consistently receives high marks for service and quality care from its customers.
Q: Is the provider a comprehensive home care provider, capable of meeting all your home care needs?
A: Choosing a comprehensive provider assures you and your family convenience and continuity of care. Meriter Home Health offers an array of home care services, including skilled nursing care, therapy services, infusion therapy, respiratory care, home medical equipment and supplies.

Q: What services are available for emergencies?
A: You should choose a provider that guarantees availability of care and services after hours and on weekends. Meriter Home Health has professional and technical staff available around the clock to meet all your needs.

Q: Does the home care provider educate and collaborate with family members and other caregivers in the provision of care?
A: The foundation of any successful home care plan is built on a partnership of home care provider, client and caregivers. Meriter Home Health works closely with clients and caregivers to develop a care and service plan that meets the specific needs of each client and family. Meriter Home Health is committed to providing caregiver education and support to our patients.

Q: Will the home care provider be in regular contact with my physician?
A: Many home care services require physician approval and ongoing monitoring. Meriter Home Health collaborates with your physician to assure that you receive the right services to meet your medical needs. We provide progress reports and written communication to your physician throughout your care and treatment.

Q: Does the provider offer assistance and consultation regarding your insurance coverage and eligibility for services?
A: It is important that you share all insurance information that you have with your home care provider. The provider should notify you of the charges associated with your products and care at the time of delivery.
Your home care provider will outline your insurance coverage information and eligibility for benefits based on information it has been able to gather from your payer. Remember that Medicare only pays for home health services that meet their quality standards. Additionally, many insurance companies and HMOs have established preferred provider contracts that may direct your ability to purchase services from some providers. As a preferred provider for many insurance plans and HMOs in our region, Meriter Home Health’s customer service staff is prepared to help you determine insurance coverage and eligibility for services.

Q: Who can the patient or caregiver call with questions or concerns?
A: Meriter Home Health strives to meet your home care needs and expectations 100% of the time. A staff member is available to answer your calls, toll free. See our phone number, which is located in the phone listing at the back of this book.

Skilled Nursing Care Facilities
An alternative to returning home after surgery is going to a skilled care nursing home—such as the Meriter Health Center or a provider of your choice—for a short stay for therapy and rehabilitation services. Nursing facilities that provide full rehabilitation services are called “skilled nursing facilities” or “rehabilitation centers.” If you feel this option needs to be pursued, you can:

- Call Meriter’s Patient and Family Services before your surgery to discuss how to plan for this.
- Ask to see a social worker during your hospital stay. Meriter social workers can discuss choices of facilities, how they are financed and arrange for a tour (generally done by family) if desired.

People usually have questions about the cost of a skilled nursing facility. If you have Medicare, there is generally coverage if services you require are “skilled” (services provided by professionals such as registered nurses, physical therapists or occupational therapists) versus “custodial” (services provided by nursing assistants to meet day-to-day needs such as
bathing, food preparation, dressing, etc.). If your care is “skilled,” the Medicare benefit package for skilled nursing facility is:

- **Days 1-20**: 100% covered as long as your care remains “skilled” and you are making progress in therapy and treatment.
- **Days 21-100**: As of 2005, Medicare will pay all except for $114 per day. The patient or supplemental insurance policy must pay the $114 (see the Note that follows). The dollar amount at which Medicare begins coverage for days 21-100 increases slightly each year.

**Note:** Medicare supplemental policies generally read that if Medicare views your care as “skilled,” and is therefore covering its portion, then the supplement can pick up the $114/day Medicare does not cover. (That total has generally been 20% of the daily charge.) Private insurance and HMOs generally have a provision similar to Medicare’s for covering skilled care. Ask your social worker to help you check for specifics; the social worker can also answer questions you have about what constitutes skilled or custodial care.

**Rehabilitation facility**

Based on recommendations from your surgeon, physical and/or occupational therapist, you may qualify for a stay on Meriter Hospital’s Physical Rehabilitation unit. Patients who benefit most from this program are those who are not strong enough to return directly home after surgery but who are able to tolerate a therapy schedule of three hours per day. It is also necessary that you have a supportive family member or friend who can assist you after discharge. We would ask that this family member/friend participate in the education sessions on the rehabilitation unit prior to your discharge.
# Exercise Log

<table>
<thead>
<tr>
<th>Date</th>
<th>Minutes Walked</th>
<th>Exercise</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
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</table>
### Spine Surgery List

This is a list of equipment that you may need for showering, toileting and dressing after your surgery. Please purchase the items you need before your surgery. You will find it easier to use your equipment if you practice before surgery.

You can purchase this equipment at Homestretch Pharmacy and Medical Equipment (608) 287-2424. Homestretch is located on the first floor of the UW Health Physicians Plus building at 1 South Park Street, on the southeast corner of Park and Regent Streets. You may also purchase this equipment at other local stores, some of which are listed in the Yellow Pages under “Hospital Equipment and Supplies.” You may want to call the store before visiting to make sure it has the equipment you are looking for.

#### Items to be purchased before admission

- [ ] Reacher:*  
  - [ ] long  
  - [ ] regular  
- [ ] Raised toilet seat/shower chair  
- [ ] Box of sterile 4x4 gauze/sponge/pad  
- [ ] 1 or 2 inch tape

#### Items that may be helpful (may be purchased)

- [ ] Shoehorn:*  
  - [ ] 24-inch metal  
  - [ ] 16-inch plastic  
- [ ] Sock aid:*  
  - [ ] terry cloth  
  - [ ] English/flexible plastic  
- [ ] Elastic shoe laces*  
- [ ] Hand-held shower  
- [ ] Long handled sponge*  
- [ ] Toilet aid tongs*  
- [ ] Lumbar roll/lumbar cushion  
- [ ] Dressing stick  
- [ ] Grab bars

* = items available at the Meriter Gift Shop located in Meriter Hospital

Meriter Hospital Lobby  
202 South Park Street,  
Madison WI  
Phone (608) 267-6028  
Open: Monday – Friday ...................... 8:30 a.m. to 7 p.m.  
  Saturday .................................. 11 a.m. to 3 p.m.  
  Sunday ..................................... Noon to 3 p.m.  
(Weekend and evening hours may be subject to seasonal changes).
## DISCHARGE OPTIONS

<table>
<thead>
<tr>
<th>Home Support</th>
<th>Skilled NURSING FACILITIES</th>
<th>THREE NORTH REHAB. UNIT</th>
<th>HOME with HOME THERAPY</th>
<th>HOME with OUTPATIENT THERAPY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Requires 24 hour supportive care.</strong></td>
<td><strong>Sub-acute or Swing bed unit in another hospital</strong></td>
<td><strong>Home support to participate in learning cares as needed.</strong></td>
<td><strong>Need family/friend to stay 1st week at home.</strong></td>
<td><strong>Need someone to stay 1st week at home.</strong></td>
</tr>
<tr>
<td><strong>Support person not able to do cares needed.</strong></td>
<td><strong>Home support to participate in learning cares as needed.</strong></td>
<td><strong>Family/friend to do chores (meals, cleaning, laundry, errands) for several weeks after that.</strong></td>
<td><strong>Family/friend to do chores (meals, cleaning, laundry, errands) for several weeks after that.</strong></td>
<td><strong>May need someone to drive patient to outpatient site.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Abilities</th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Needs assistance with walking, transfers, and/or exercises.</strong></td>
<td><strong>Needs multiple therapies (P.T., O.T., and/or Speech).</strong></td>
<td><strong>Must be able to walk with a device (walker or crutches) and transfer to bed, toilet, or chair with little or no assistance.</strong></td>
<td><strong>Must be able to walk and transfer independently or with minimum assistance.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>May need longer rehab at a slower pace.</strong></td>
<td><strong>Can tolerate and would benefit from 3 hrs of therapy/day.</strong></td>
<td><strong>Family/friend able to assist with exercises.</strong></td>
<td><strong>Able to get in and out of house and vehicle safely.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Does not meet criteria for 3N rehab.</strong></td>
<td><strong>Likely to return home after short stay.</strong></td>
<td><strong>Therapy available 2-5 times a week.</strong></td>
<td><strong>Strong enough to tolerate extra activity to travel to appointments.</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Insurance Coverage</th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Medicare covers up to 20 days at 100% if meets skilled care criteria.</strong></td>
<td><strong>Medicare covers 100% if meets criteria.</strong></td>
<td><strong>Medicare and HMOs cover home P.T., O.T., R.N., and aide 100% (this is intermittent care 2-3 x per week).</strong></td>
<td><strong>Medicare covers 80% and secondary insurance covers 20%.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>With secondary insurance, would cover up to 100 days, if criteria met.</strong></td>
<td><strong>HMOs covers 100% if meets criteria.</strong></td>
<td><strong>Private insurances may be covered 100% or have a co-pay depending on policy. P.T. O.T. and R.N. are covered but aide services are usually not covered.</strong></td>
<td><strong>HMOs usually cover at 100% with a certain number of visits maximum. Locations of outpatient facility can be restricted.</strong></td>
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</tr>
<tr>
<td><strong>HMO usually covers 100% (may be restrictions on choices).</strong></td>
<td><strong>Private insurances usually require pre-authorization.</strong></td>
<td><strong>Private insurances may be covered 100% or have a co-pay depending on policy. P.T. O.T. and R.N. are covered but aide services are usually not covered.</strong></td>
<td><strong>Private insurances usually have co-pay. Some cover 100%. Most likely need pre-authorization.</strong></td>
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<tr>
<td><strong>Private insurance varies with policy.</strong></td>
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</table>
# DISCHARGE OPTIONS

<table>
<thead>
<tr>
<th>Skilled NURSING FACILITIES</th>
<th>THREE NORTH REHAB. UNIT at Meriter Hospital</th>
<th>HOME with HOME THERAPY</th>
<th>HOME with OUTPATIENT THERAPY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-acute or Swing bed unit in another hospital</td>
<td>Daily Rehab physician visit.</td>
<td>In own surroundings with family.</td>
<td>Home with family.</td>
</tr>
<tr>
<td></td>
<td>Therapy provided 7 days per week.</td>
<td>Therapy adjusted to individual’s home environment.</td>
<td>Get out of house for change of scenery.</td>
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<tr>
<td></td>
<td>More intense therapy can lead to more rapid recovery.</td>
<td>No travel necessary</td>
<td>Variety of equipment available.</td>
</tr>
<tr>
<td></td>
<td>24 hour staff available.</td>
<td>Home safety evaluation completed.</td>
<td>P.T. available 2 – 5x per week.</td>
</tr>
<tr>
<td></td>
<td>With other patients receiving rehab.</td>
<td>Home Safety Equipment setup.</td>
<td>Aquatic Therapy may be available as order by MD.</td>
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<tr>
<td></td>
<td>No need to transfer to a different facility.</td>
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<tr>
<td></td>
<td>Simulate home activities (car transfers, kitchen activity, self cares).</td>
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<tr>
<td></td>
<td>Advantages</td>
<td></td>
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<tr>
<td></td>
<td>Disadvantages</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Location of Meriter Facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meriter Health Center 334 W. Doty St Madison, WI 53703 608-283-2100 Specialists in Senior Rehab and Aquatic Therapy.</td>
<td>Meriter Hospital 202 S. Park Street 3 North Madison Wisconsin 53715 608-267-6203</td>
<td>Meriter Home Health 2180 W. Beltline Hwy. PO Box 259993. Madison, WI 53725 Meriter Home Care Agency 608-327-3717 provides intermittent skilled services to patients in their homes. Meriter Home Health 608-327-3700 provides equipment, supplies &amp; oxygen to patients in their homes.</td>
<td>PT Central, 1 S. Park St. 287-2350  PT East, 1765 Thierer Road, 241-4440  PT West, 5752 Tokay Blvd., 231-3555  PT Middleton, 2521 Allen Blvd., 831-2070 (Includes aquatic therapy)  Meriter Retirement- Outpatient Therapy 333 W. Main St., 283-2150 (Includes aquatic therapy).</td>
</tr>
</tbody>
</table>

- **Advantages**
  - Therapy available 2x per day Mon-Fri and 1x/day on Sat.
  - Aquatic therapy may be available. (Meriter Health Center)
  - 24hr staff available.
  - With other people receiving similar therapy.

- **Disadvantages**
  - May not have a designated rehab unit, so may be in with non-rehab patients.
  - Some people cannot tolerate this level of therapy because of weakness, fatigue, other health problems, or willingness to participate.

- **Location of Meriter Facilities**
  - Meriter Health Center 334 W. Doty St Madison, WI 53703 608-283-2100
  - Specialists in Senior Rehab and Aquatic Therapy.
<table>
<thead>
<tr>
<th>Herbal Supplement</th>
<th>Common Uses</th>
<th>Potential Problems</th>
<th>Potential Interactions with</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dong Quai</strong> <em>(Angelica)</em></td>
<td>To treat menopausal symptoms, PMS, dysmenorrhea</td>
<td>Enhances bleeding; Hypersensitivity to sunlight</td>
<td>Anticoagulants</td>
</tr>
<tr>
<td><strong>Echinacea</strong></td>
<td>To treat colds, flu, and mild infections, especially upper respiratory infections</td>
<td>Hepatotoxicity; Intestinal upset</td>
<td>Other hepatotoxic drugs; Anabolic steroids; Methotrexate</td>
</tr>
<tr>
<td><strong>Ephedra</strong> <em>(Ma Huang, Ephedrine, Pseudoephedrine)</em></td>
<td>To treat asthma, cough, and to induce weight loss</td>
<td>Seizures; <strong>Adverse cardiovascular events</strong></td>
<td>Cardiac glycosides; General anesthesia; MAO inhibitors; Decongestants, stimulants</td>
</tr>
<tr>
<td><strong>Garlic</strong></td>
<td>To decrease cholesterol and blood clot formation</td>
<td>Enhances bleeding</td>
<td>Anticoagulants</td>
</tr>
<tr>
<td><strong>Ginger</strong></td>
<td>To relieve nausea</td>
<td>Enhances bleeding; CNS depression; Hypotension; Cardiac Arrhythmia; Hypoglycemia</td>
<td>Anticoagulants; Enhances the effects of barbiturates; Antihypertensives; Cardiac drugs; Hypoglycemic drugs</td>
</tr>
<tr>
<td><strong>Ginkgo Biloba</strong></td>
<td>To improve circulation, especially to brain; For memory loss, dizziness, and headache</td>
<td>Enhances bleeding; Cramps, muscle spasms</td>
<td>Anticoagulants</td>
</tr>
<tr>
<td><strong>Ginseng</strong></td>
<td>To increase energy and reduce stress</td>
<td>Enhances bleeding; Tachycardia and hypertension; Mania</td>
<td>Anticoagulants; Stimulants; Antihypertensives; Antidepressants/Pheneizine; Digoxin; Potentiates the effects of corticosteroids and estrogens</td>
</tr>
<tr>
<td><strong>Goldenseal</strong></td>
<td>Used as a mild antibiotic to treat sore throats and upper respiratory infections</td>
<td>Increases fluid retention; Hypertension; Nausea; Nervousness</td>
<td>Diuretics; Antihypertensives</td>
</tr>
<tr>
<td><strong>Kava Kava</strong></td>
<td>To treat anxiety, nervousness, and insomnia</td>
<td>Upset stomach; Allergic skin reaction, yellow discoloration of skin</td>
<td>Potentiates the effects of antidepressants, barbiturates, and benzodiazepines; Skeletal muscle relaxants; Anesthetics</td>
</tr>
<tr>
<td><strong>Licorice</strong></td>
<td>To treat hepatitis and peptic ulcers</td>
<td>Hypertension; Hypokalemia; Edema</td>
<td>Antihypertensives; Potentiates the effects of corticosteroids</td>
</tr>
<tr>
<td><strong>SAM-e</strong> <em>(S-adenosyl-L-methionine)</em></td>
<td>To treat depression or osteoarthritis</td>
<td>Mimics serotonin; Nausea, upset stomach</td>
<td>Drugs that can increase or mimic serotonin, such as antidepressants</td>
</tr>
<tr>
<td><strong>St. John’s Wort</strong></td>
<td>To treat mild depression, anxiety, seasonal affective disorder</td>
<td>Enhances bleeding</td>
<td>Anticoagulants; Antidepressants; Decreases the effectiveness of cyclosporine, antiviral drugs; Digoxin; Dextrometorphan; Prolongs the effects of general anesthetics; MAO inhibitors</td>
</tr>
<tr>
<td><strong>Valerian</strong></td>
<td>To treat insomnia, anxiety</td>
<td>Sedation; Digestion problems</td>
<td>Potentiates the effects of barbiturates</td>
</tr>
</tbody>
</table>
Telephone Numbers

Emergency Medical System (Dane County) ................................. 911
American Red Cross .............................................................. (608) 233-9300
Meriter Home Health ............................................................. (608) 327-3700

Meriter Hospital

A.M. Admit Unit-4 East ..................................................... (608) 267-6323
Customer Relations (Billing Office) ............................... (608) 258-3222
Emergency Room ................................................................. (608) 267-6206
General Information .............................................................. (608) 267-6000
Preoperative Education Program
  Appointment Changes ................................................... (608) 267-6173
Neurosciences Unit-3East .................................................. (608) 267-6427
Patient and Family Services ........................................... (608) 267-6027
Physical Therapy/Occupational Therapy ...................... (608) 267-6173

Outpatient Physical Therapy numbers

Park St. ................................................................. (608) 287-2350
Theirer Rd. ................................................................. (608) 241-4440
Tokay Blvd. ................................................................. (608) 231-3555
Allen Blvd. ................................................................. (608) 831-2070

Spine Surgeons (UW Health Physicians)

Kris Chan, M.D. ......................................................... (608) 255-4223
Praveen Deshmukh, M.D. ........................................... (608) 255-4223
Craig A. Dopf, M.D. .................................................... (608) 287-2700
John Sandin III, M.D. .................................................... (608) 255-4223