



## **Welcome!**

Thank you for choosing the OAM Surgery Center at MidTowne's Outpatient Spine Program.

The goal of our outpatient spine program is to help you avoid an unnecessary hospital stay while you recover safely and comfortably at home. Understanding what you can expect and having plans for pain control after surgery will set you up for success. Your recovery will not be painless, but we will do our best to help manage your pain to a tolerable level. Following your surgeon's instructions and activity level recommendations (including lifting restrictions and use of a brace, if applicable) will help you heal after surgery. Our infection prevention recommendations will also help you stay healthy.

You will receive a questionnaire before surgery (or on the day of surgery before your procedure starts) and again approximately 90 days, one year, and two years after your surgery. These important questionnaires help your surgeon track the progress you have made in your recovery, see how your health has improved since your surgery, and will also help identify any symptoms you are still struggling with. When you are contacted to complete one of these questionnaires, please take the time to do so.

We are looking forward to caring for you.

-The Physicians and Staff at the OAM Surgery Center at MidTowne

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## **Pre-surgical Checklist**

- Read through this packet in its entirety and follow all instructions.
- Medical Clearance
  - If requested, call your Primary Care Physician to schedule a pre-operative medical clearance appointment. The appointment should be within 30 days of surgery.
  - Obtain labs or tests requested by your physician at least 2 weeks prior to surgery
  - Get your MRSA culture/Staph aureus swab completed no later than 1 week prior to surgery if you are having a fusion
- Watch the video attached in your email. This is your spine class, and is a requirement for surgery.
- You must fill your health history out on HST. This is separate from what you filled out at your surgeon's office.
  - You will be texted a secure link that you can use to access HST. An email can be sent instead if you request.
  - Once completed, OAM Surgery Center will call you to go over any final information.
- Obtain any required Durable Medical Equipment (DME) by following your surgeon's recommendations and instructions.
  - OAM has a DME department at their Leffingwell location (1111 Leffingwell NE, Grand Rapids, MI). No appointment is necessary.
- Quit smoking at least 6 weeks prior to surgery to help decrease your risk for infection and improve your body's ability to heal.
- Any questions you have regarding FMLA, physical therapy, or surgical clearance should be directed to your surgeon's office at 616-459-7101. Also see "Important OAM Phone Numbers" on page 12.

### **IMPORTANT:**

- If your spine symptoms improve or resolve prior to surgery, call your surgeon's office as soon as possible prior to your day of surgery.
- If you develop a fever, cold, rash, or draining wound prior to your surgery, or if you visit the ER, urgent care, or are hospitalized, call your surgeon's office to alert them to your change in health.
- Update your surgeon with any changes in your medical conditions or symptoms before the day of your surgery. For your safety, it is possible that your surgery may need to be postponed.
- Any dental problems, especially abscessed teeth, must be treated and resolved prior to surgery.

## Potential Complications

**Risks after spine surgery are similar to risks after other major surgeries. Although not every complication is avoidable, you can help prevent many of them by following your care team's instructions and recommendations.**

- **Infection**

- **Prior to Surgery**

- Treat any known infections (dental infections, skin infections, etc.) and let your surgeon's office know of them prior to the date of your surgery
- Take a shower the night before surgery (use clean washcloth and clean towel) and use chlorhexidine solution or wipes as instructed. Also:
  - Put clean sheets on your bed    • Do not allow pets in your bed
  - You and anyone else sleeping in your bed should wear clean pajamas
- The morning of surgery, take another shower (clean washcloth and towel) and use chlorhexidine solution or wipes as instructed

- **After Surgery**

- Do not allow pets in your bed until your incision is completely healed
- Wash your hands often and ask everyone coming into your home to do the same
- Wait the recommended time to see your dentist; follow your surgeon's recommendations
  - If implants were placed during your surgery, wait 90 days to see your dentist
  - If no implants were placed during your surgery, wait 6 weeks to see your dentist
  - You may be asked to take a prophylactic antibiotic prior to that appointment
- Follow your surgeon's recommendations about caring for your incision
- Continue to eat a healthy diet and get plenty of rest. Do your best to avoid exposure to illness.

- **Blood clots**

- Use compression stockings (TEDs) if instructed, following your surgeon's recommendations.
- Get up and walk every hour that you are awake.
- Limit long car rides
- **IF INSTRUCTED** to take aspirin or another blood thinner, follow your physician's instructions for administration.

- **Pneumonia**

- Cough and deep breathe - for the first few days after surgery, take several slow, deep breaths every hour to help expand your lungs and cough to clear any potential congestion.
- You may be sent home with an incentive spirometer, use it according to the instructions you receive.

- **Stroke and heart attack** are potential risks with all major surgeries and anesthesia.

- This is part of why we want to make sure your medical conditions are well managed before your surgery.

- **Hematoma**

- ACDF:
  - Call 911 immediately with any breathing difficulties
  - Contact the office immediately if you experience any difficulty swallowing
- Laminectomy: contact the office immediately with any changes in bowel or bladder function or weakness that is new or worsening after surgery.

\*\*\*Please discuss all questions and concerns with your surgeon or your anesthesiologist\*\*\*

## Preparing For Surgery

### At Home

To help ensure a smooth transition from the Surgery Center to your home on the day of surgery, please review and consider the following:

- Prepare some meals ahead of time
- Pick up and temporarily store away any throw rugs (and anything else you might trip over after surgery)
- Place night lights in bathrooms and dark areas you may walk through at night
- Have temporary non-skid surfaces (strips) placed in tub/shower
- Have footwear available with non-slip soles
- Be cautious around slippery surfaces such as wet floors and icy outside conditions.
- You will not be able to drive a motor vehicle until your surgeon clears you to do so AND you are no longer taking narcotic pain medication.
  - You may need to have someone drive you to your post-operative appointment

### One week prior to surgery

- Stop all non-steroidal anti-inflammatory medications (such as ibuprofen (Motrin), naproxen (Aleve), Voltaren (diclofenac), Celebrex (celecoxib), and aspirin used for pain relief), as well as vitamins and supplements.
- Stop phentermine
- Stop any injectable medications you take for weight loss or diabetes that you take once per week
  - Ozempic, Wegovy, Mounjaro, Trulicity, Bydureon, BCise
- If you have permission from the doctor who prescribed them, stop any anti-coagulants (such as Coumadin or Eliquis) and aspirin. If you are unable to stop taking these medications, notify your surgeon immediately.
- Continue pre-surgical exercises if instructed
- Make sure you have all the medications you need
  - Extra strength Tylenol
  - Stool softener and/or laxative (Senna S is recommended)

### One day prior to surgery

- Shower as instructed (either with soap or using chlorhexidine solution or wipes) the night before surgery, making sure to follow all instructions.
- Do not use any lotions or moisturizers on your neck or back
- Take your medications as instructed by the Pre-Admission Testing RNs. Please contact the Surgery Center (616) 552-5100 if you have any questions about which medications to take or not take.
- **When to stop eating and drinking:**

- Stop eating and drinking at midnight the night before surgery except for the following:
  - You may have clear liquids (water, soda, coffee with no creamer) until six (6) hours before your arrival time for surgery
  - Unless you have insulin-dependent diabetes, you will be asked to drink a carbohydrate rich drink two (2) hours prior to your arrival time. This drink may be Ensure Pre-Surgery Clear (preferred) or 20 ounces of non-red Gatorade.
    - This has been shown to help reduce hunger, thirst, and anxiety, and improve blood sugar control after surgery. Improving blood sugar control decreases your risk for infection and improves wound healing, among other benefits.
    - You will not be asked to do this if you are diabetic and take insulin due to the risk of increased blood sugar

## **Hibiclens Shower Instructions for Patients Undergoing Fusions**

### **Why do I have to shower with special soap?**

- Showering with Hibiclens, also known as chlorhexidine or CHG, can help prevent infection

### **When should I shower?**

- Wash with Hibiclens soap the night before AND the morning of surgery

### **Important reminders**

- Do not apply any lotion or other skincare products after showering with Hibiclens
- If you find you are allergic to Hibiclens, stop using it and use antibacterial soap instead

### **How to shower with Hibiclens soap or wipes:**

1. Rinse body with warm water
2. Wash hair with shampoo then rinse with water
3. Turn off water and apply Hibiclens soap to a wet wash cloth
4. Firmly massage all areas of your body except for your face/head and your genital (private) area.
  - a. Clean between your fingers and toes
  - b. Pay attention to your surgery site and surrounding areas
  - c. Clean your buttocks last
5. Repeat step 4
6. Turn on water. Lightly rinse your body.
7. Dry off with a clean towel.
8. Wear clean clothes and use clean bed linens.

## Day of Surgery

### At Home

- To help prevent infection:
  - Shower using the chlorhexidine solution or wipes the night before and morning of surgery, making sure to follow all instructions
  - Use clean towels, clean bed linens, and clean pajamas the night before surgery, and wear clean clothes the day of surgery
- When to stop eating and drinking:
  - Stop eating and drinking at midnight the night before surgery except for the following:
    - You may have clear liquids (water, soda, coffee with no creamer) until six (6) hours before your arrival time for surgery
    - Unless you have insulin-dependent diabetes, you will be asked to drink a carbohydrate rich drink two (2) hours prior to your arrival time. This drink may be Ensure Pre-Surgery Clear (preferred) or 20 ounces of non-red Gatorade.
- Choose comfortable, loose clothing to wear to the Surgery Center, and bring a change of loose, comfortable clothes
- Avoid the use of lotions, perfume, make-up, and nail polish
- Take medications as instructed by your pre-admission testing RN.
  - If your surgeon ordered a medication for you to take at home prior to surgery, follow their instructions.
- Leave valuables, jewelry, and contact lenses at home.

### At the Surgery Center

- Bring the following to the Surgery Center:
  - Insurance card
  - Photo ID
  - Glasses, hearing aids, and dentures if you use them
  - Durable medical equipment
    - If you have gotten a brace, bring it into the Surgery Center.
- Your chosen responsible adult must be with you at the Surgery Center for your entire stay.
- Your surgeon and anesthesiologist will come speak with you prior to your surgery and will answer any questions you may have. You might not speak with your surgeon again until your post-op appointment.
- Spine surgeries often take between 1-3 hours. You will then need some time to recover from anesthesia before your visitor can be with you. The amount of time needed is different for everyone, but our nurses will take great care of you.
- Evidence-based multimodal pain control
  - You can expect some pain after surgery, but we will help you manage your pain to a tolerable level
  - We will use different types of medications throughout your stay to help achieve this.



- Pre-op: non-opioid oral medications shown to help decrease pain and the need for narcotics after surgery
- Intra-op: local anesthesia to help numb the area you are having surgery on
- Post-op: IV and/or oral pain medications if needed
- After discharge
  - The goal of pain management is for you to be able to do activities of daily living like eat, sleep, breathe deeply, and walk.
  - Once you get home, we recommend using ice, short walks, relaxation, meditation, reading, and music to help with pain control in addition to your pain medications
  - Work on spacing out doses and then weaning off of your opioid pain medications as your pain starts to decrease.
    - You can take over-the-counter pain medications instead of opioids.
      - Do not take Tylenol with Norco or Percocet, as they already contain Tylenol
      - Follow your surgeon's instructions regarding NSAIDs (ibuprofen, naproxen, etc.)

## Post-Op and Recovery

### At the Surgery Center:

- Prior to discharge you should be able to tolerate food and drink. If you are experiencing nausea or vomiting it should be controlled prior to discharge.
- Prior to leaving the Surgery Center, we will need to confirm the following:
  - Your pain is controlled
    - Please note that some pain is normal. Our goal is to make sure that it is tolerable for you.
  - Your blood pressure, heart rate, and respirations are all within normal limits
  - You are able to walk safely
    - You can expect to walk to the restroom and back to your patient bay within 2-3 hours of surgery
    - Early ambulation has many benefits:
      - Improves muscle tone and strength
      - Improves blood flow and oxygen level
      - Promotes wound healing
      - Helps prevent blood clots, urinary retention, readmissions, and other potential complications
  - You and your visitor have no further questions about your discharge instructions after we have gone over them, and you feel confident about going home

### At Home:

- Someone from OAM will call you the business day after surgery to answer any questions and discuss any concerns you may have.
- Follow the discharge instructions and activity restrictions provided by your surgeon.
- If you had a fusion, DO NOT take any NSAIDs (ibuprofen (Motrin), naproxen (Aleve), etc.) except for those prescribed by your surgeon.
- Walk (even a short distance) every hour you are awake, starting when you get home from surgery.

### General Guidelines for Post-Op Medication Use

- *The pain medications you have been given are used to reduce your pain and must not be taken more often than prescribed.*
- Take pain medications with food to help avoid stomach upset
- Request for pain medication refills must be made during normal office hours (Mon-Fri, 8am-5pm).
  - Allow 24-48 hours for all refills; request your refill before you run out of medication
  - Pain medications will NOT be ordered or refilled by any on-call doctor during closed office hours
- Do not drive while taking pain medications and until approved by your surgeon
- Do not drink alcohol while taking pain medications
- Follow your surgeon's instructions for when to resume your normal medications after surgery.

## **Handwashing**

- Always wash your hands before and after touching your dressing and/or incision
  - You may use hand sanitizer if your hands do not look dirty.
    - After applying hand sanitizer, scrub hands together until dry
  - Wash with soap and water when hands are visibly dirty, or if that is your preference
    - Make sure to wash your hands for at least 20 seconds to get them sufficiently clean

## **Incision Care**

### **DO:**

- Remove your dressing as instructed by your surgeon on your discharge instructions.
  - If your dressing falls off before your surgeon recommends taking it off, wash your hands and apply a new, clean dressing of gauze and medical tape. Notify your surgeon's office.
  - If your dressing becomes saturated, wash your hands and add gauze on top of your dressing. Secure it with medical tape. Call your surgeon's office for further instructions.
  - If you need to change your dressing because your surgeon asked you to, wash your hands and remove the old dressing. Wash them again and apply a new, clean dressing as advised.
- Call your surgeon's office if you have any concerns about infection

### **Do NOT:**

- Get your incision wet until instructed on your discharge instructions.
- Soak your incision (like in a bath, pool, or hot tub) until your surgeon says it is ok to do so.
- Use any ointments or creams over your incision, including antibacterial ointments like Neosporin
- Let your pets get near your incision, or let them lick your incision.
- Let your pets sleep in your bed until your incision is fully healed.

## **Mobility Tips**

- **Getting into bed**
  - Sit on bed
  - Lay down on your side as you pick your feet up and lay down.
  - Sleep with a pillow between your knees if on side or under your knees if on back
- **Getting out of bed**
  - Roll to your side
  - Swing legs off bed and push yourself up
- **Sitting down on a chair:**
  - Make sure your legs are touching your chair
  - Reach back for the arm rests
  - Sit Down
  - Keeping feet shoulder width apart helps with balance and control
- **Standing up from a chair**
  - Bring feet back slightly and shoulder width apart
  - Use arms on chairs to help push yourself up
- **Stairs**
  - Use these tips if you have weakness, numbness, or pain in one of your legs
  - Go up stairs with your “good” leg first
  - Go down stairs with your “bad” leg first.
  - Remember, “Up with the good, down with the bad.”
- **Getting into a car**
  - Sit down
  - Swing legs in as a unit, keeping your back straight.
- **Getting out of a car**
  - Turn to the side to bring legs out first
  - Stand up, keeping your back straight

## **Activity Restrictions**

- Avoid the following for 6 weeks:
  - Bending
  - Lifting more than 10 pounds
  - Twisting
  - Pushing and pulling
  - Prolonged sitting – standing or lying is preferred

## **Exercise**

- Exercise helps with:
  - Regaining mobility of the spine
  - Rebuilding strength and endurance
  - Improving physical and mental health
  - It can also help decrease your level of disability, especially for people with a degenerative spine condition
- Exercise tips
  - Walking is the best exercise you can do during your recovery
  - Choose flat surfaces to walk on
  - Work up to walking an hour a day
  - Start with short frequent walks
  - Start with the amount of walking you are comfortable with and add 10 minutes per week until you meet the goal of 60 minutes per day
  - Remember to start slowly if you have not been physically active in a while; 10 minutes a day is a great start.

## **Surgical Drain Care at Home**

**If you are sent home with a surgical drain, please read and follow these instructions.**

### **Education**

- Surgical drains help remove extra fluid that would otherwise build up in a surgical site after surgery
- Your drain uses suction to pull drainage away. It is important to flatten your drain periodically to keep the suction steady.
- Empty your drain at least twice a day (morning and evening) and record how much you emptied.
- Drainage is usually bright red and a little thicker than water right after surgery. It turns yellow or pink and thins as time goes by.
- Your surgeon's office will contact you to schedule drain removal.
  - Drains are usually removed 1-3 days after surgery.

### **How to empty your drain**

1. Get a measuring cup that you can empty the drainage into
2. Wash your hands
3. Gently squeeze the line connecting your body to the drain and move your fingers down to the drain. This is called stripping the tube and will clear any drainage, clots, or tissue from the tube.
  - a. Do not pull on the tube
  - b. You may need to strip the tube several times per day to keep it clear
4. Open the bulb cap/drain plug. Do not touch the inside of it.
5. Empty drainage into measuring cup.
6. Compress the drain by squeezing it firmly and re-cap it while it is compressed.
7. Note how much drainage is in the measuring cup before flushing the drainage down the toilet
8. Wash your hands
9. Record the amount of drainage and what it looked like (color, thickness)

### **Contact your surgeon's office if:**

- You notice more redness, swelling, or pain around your drain
- The amount of drainage begins increasing instead of decreasing, or there is a sudden stop in drainage
- You notice pus or a bad smell coming from your drain area
- You have a fever
- Your drainage becomes cloudy or essentially clear
- Your tube falls out
- Your active drain does not stay compressed after you empty it

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

**An OAM provider is available 24 hours per day 7 days per week: (616) 459-7101**

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**Normal symptoms after surgery:**

- Pain controlled with medication
- Increased swelling with activity
- Stiffness without activity

**You should:**

- Continue current dosage and wean from narcotics
  - Elevate, rest, and ice your surgical extremity
  - Continue moving around as your surgeon allows
- 

**Call your surgeon's office if you experience the following:**

- Persistent nausea or vomiting
  - Pain related to your surgery not controlled with medications
  - Concerns with your incision (drainage, redness, heat around the incision)
  - Temperature greater than 100.5 degrees
  - Uncontrolled swelling
  - Calf pain
  - A fall or injury to your surgical extremity
  - New or unexplained bruising
  - A dressing saturated with blood (apply pressure, ice, elevate, and call)
  - Surgical extremity becomes white, blue, or cold
  - Unable to urinate after surgery
- 

**Call your primary care provider (PCP) or go to Urgent Care if you experience the following:**

- Colds, cough, flu, sore throat
  - Symptoms of a urinary tract infection: frequency, pain/burning with urination
  - Constipation
  - Rash or skin condition
  - Headache
  - Vertigo (without head injury or signs of stroke)
- 

**Go to the Emergency Room if you experience the following:**

- Chest pain
- Shortness of breath
- Signs of a heart attack or stroke
- Extreme confusion
- Loss of consciousness
- Mental health emergency
- Severe pain after surgery **IF** you are unable to get a hold of your surgeon's office
- Loss of bowel or bladder control after spine surgery

## Important OAM Phone Numbers

### Registered Nurse/Medical Assistant (616) 459-7101

- **Spine Triage RN x2036** (during normal business hours)
  - Any non-urgent medical questions regarding your surgery
  - Surgery scheduling
  - Medication requests and refills
  - Lab results
  - Off work slips
  - Handicap parking permit
  - Physical Therapy questions and prescription

### Scheduling Secretary (616) 459-7101

- **Drs. Russo and Brown x1824**
- **Drs. Kozlow, Easton, and Stubbart x1835**
  - Office appointments
    - Schedule, reschedule, cancel, or confirm appointments

### Document Services (616) 459-7101 x1880

- Disability forms and FMLA form completion
- Copies of medical records

### Precertification or Authorization:

- Cost estimates *prior* to surgery
  - OAM: (616) 459-4296
  - Surgery Center: (616) 552-5029
  - Anesthesia: (616) 364-4200
- Precertification or authorization confirmation for your surgery
  - (616) 459-4296

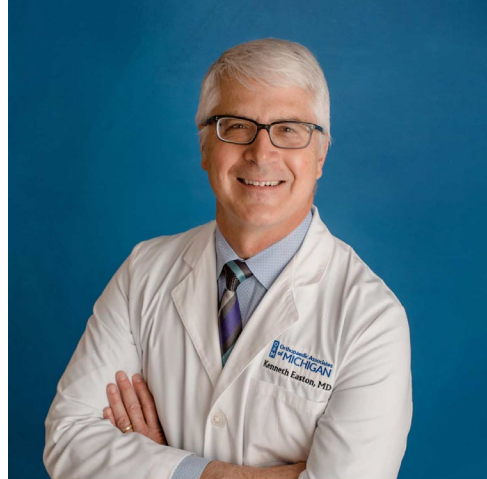
### Billing Department

- **OAM (616) 459-4296**
- **Surgery Center at (616)552-5000**
  - Payment options
  - Insurance problems or concerns
  - Billing questions *after* surgery
  - Copies of your bill





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