

# After My Spinal Surgery

## Information for patients, families and caregivers

The Spine Team has prepared this document containing information to help prepare you for recovery after your spinal surgery.



## **Welcome to the Spinal Program, Krembil Brain Institute**

Welcome to the Spinal Cord Clinic, which is part of the Krembil Brain Institute at UHN. We are very passionate about the care of our patients. Through research, we continuously search for ways to advance, treat and cure spinal cord injuries and spinal disorders.

Our Spine Team has prepared this booklet with tailored information to help you and your family prepare for going home after your surgery.

This is part of our commitment to providing excellent patient care. Please read this information once you know you are having spinal surgery.

Ask your family or others supporting you to also read this information and please bring it with you to the hospital. You will need it as you go through the surgical journey.

Thank you.

Spine Team,  
Krembil Brain Institute

## Table of contents

This section of the “My Surgery” provides you with information about going home after your spinal surgery.

Leaving the Hospital.....	page 4
Physiotherapy.....	page 5
Follow-up Appointment .....	page 6
When to call your Surgeon’s Office, Nurse Practitioner or Advanced Practice Nurse .....	page 6
When to Call Your Family Doctor .....	page 7
Incision Care .....	page 8
Managing Pain.....	page 9
Safe Storage and Disposal of Your Pain Medication.....	page 11
Managing Your Bowels.....	page 12
Equipment.....	page 14
Activity During Recovery.....	page 14
Keep Skin Healthy and Prevent Pressure Injuries.....	page 16
Respiratory Care .....	page 17
Recovery Time .....	page 18

## Leaving the Hospital

You may be going home or to another place of residence after your surgery. You may be staying with friends or family so you can get the care you need. In some cases, temporary changes may have to be made to where you are living so that you can stay on a main floor and not have to climb stairs.

### Managing at home

#### **Personal care (bathing, dressing and other self-care tasks)**

You may be eligible for help at home from a Personal Support Worker through Home and Community Care Support Services (formerly LHIN). Home and Community Care Support Services is a government service funded through OHIP.

A coordinator at Toronto Western Hospital can assess you. This happens before your discharge from the hospital. Services are limited and if you don't qualify or want more services than what Home and Community Care Support Services can provide, you may choose to pay for services. A Social Worker can give you a list of private health care agencies.

#### **Homemaking**

Home and Community Care Support Services does not help with homemaking activities such as laundry, cooking, cleaning, grocery shopping or pet care. Our Social Worker can give you more information about paid services such as Meals on Wheels and grocery delivery services.

## Physiotherapy

Most people do not need physiotherapy when they first go home. Instead, take short walks several times throughout the day or as you can tolerate. Walking will help you recover and help you feel better and stronger.

When you return to see your surgeon at your follow-up appointment in 6 to 12 weeks, they **may** give you a physiotherapy referral depending on your needs and recovery at that time. You can go to a physiotherapy centre near you.

Sometimes we make referrals for an OHIP-covered physiotherapist to see you in your home after surgery for a short period of time. We do this to make sure you're recovering well and your home is set up as safely as possible.

If you need more physiotherapy when you are discharged from the hospital, your surgeon or physiotherapist may refer you to an out-patient program covered by OHIP. The waiting list is usually 4 to 8 weeks.

If there is no out-patient program available to you, or if you want more therapy, your physiotherapist can give you information about private physiotherapy services which are not covered by OHIP. If you have medical insurance, check to see if your plan will cover physiotherapy.

## Follow-up Appointment

**You will have a follow-up appointment with your surgeon about 6 to 12 weeks after surgery.**

The appointment is arranged before you are discharged from hospital and is included in your discharge information package. If you don't get an appointment date when you are discharged, please call the clinic to arrange one. The clinic contact number will be given to you.

### **How do I prepare for my follow-up appointment?**

You may need an x-ray on the day of your follow-up appointment. Please arrive at the x-ray department **1 hour before your appointment** with your surgeon. For directions to the x-ray department, please ask at the Information Desk in the hospital atrium.

Please bring your Ontario health card (OHIP) with you to all of your hospital visits.

## When to call your Surgeon's Office, Nurse Practitioner or Advanced Practice Nurse

### **Please call if you:**

- have questions or concerns about your surgery
- notice any signs of infection in the incision such as:
  - fever (higher than 37.5 °C or 98.6 °F)
  - increased redness, swelling, leaking or pain from the incision
- have a lot more pain after surgery
- have new muscle weakness
- have sudden severe headache when standing or sitting and only relieved when lying down





## **Please go directly to your nearest Emergency Department if you:**

- have difficulty passing urine (pee) or emptying your bladder that you didn't have before
- have new urinary or fecal incontinence (can't hold your pee or poo)
- had neck surgery, and
  - have increased trouble swallowing
  - hoarseness of your voice that is getting worse
  - increased swelling
  - pain in the front of your neck

**Call the number of the surgeon's office, nurse practitioner or advanced practice nurse that you were given before discharge.**

**For urgent issues after hours, call the neurosurgeon or spine surgeon on call at 416 340 3155.**

## **When to Call Your Family Doctor**



### **Call your family doctor:**

- to make an appointment for a checkup within 1 week of leaving the hospital
- to talk about any other health issues
- to remove stitches or staples 10 to 14 days after your surgery, if needed
- to renew or change your pain medication prescription
- if you notice swelling or pain in your lower leg

# Incision Care

## Dressing

- Keep your incision covered with the dressing for the length of time your surgeon, nurse practitioner or advanced practice nurse told you. After that, leave it uncovered as long as there is no leaking.
- A small amount of red, brown or pink fluid (pus) on the dressing is normal (for example, the size of a coin). If you notice more fluid or the dressing is soaked, call your nurse practitioner, advanced practice nurse or surgeon's office.
  - If this happens over a weekend or holiday, please have your family doctor or Urgent Care Clinic check the incision.
- Do not scratch your incision area.
- Do not use lotion, powder or oil on the incision for 4 weeks. After 4 weeks, you can use vitamin E around the sides of the incision as long as it is dry and healed.

## Staples and sutures

- If you have any sutures or staples, they will be removed 10 to 14 days after your surgery date by your family doctor. Your nurse will tell you the date before you go home. When you leave the hospital, we will give you a staple remover or suture removal kit to bring to your family doctor.

## Showering and bathing

- Do NOT shower until 4 days after your surgery.
- Do NOT shower if there is a large amount of leaking from the incision.
- You can shampoo your hair while you are in the shower.
- After you shower, gently pat the incision dry with a clean towel.
- Do NOT rub the incision dry.
- Do NOT take a bath, swim or use a hot tub for at least 2 weeks. Your wound should be completely healed.



If your doctor advised you to wear a neck collar after surgery, check with your surgical team about wearing it in the shower. Often people use a separate hard collar from the hospital or separate foam inserts for their own collar when showering.

Please make sure you also get the patient education brochure “How to Use Your Vista Cervical Collar” for more information.

## Managing Pain

### How do I cope with pain while recovering at home?

It is normal to have pain and discomfort after surgery. It may take a few weeks to months for the pain to improve. Your surgical team may prescribe medication to help control the pain. Narcotics are not the only medication to help your pain. You may go home with medications such as muscle relaxant or nerve pain medication if your surgical team prescribes them for you while in the hospital.

The right medication for you will depend on the type of pain you are having. Knowing and describing what type of pain you are having can help us treat you effectively.

The 2 most common types of pain after spine surgery are:

- **Incisional pain** (pain from the skin or muscle): This pain may feel like aching, throbbing, tenderness, cramping, swelling, pressure or stiffness.
  - acetaminophen (Tylenol), narcotic medication, or muscle relaxant medication may be prescribed for you
- **Nerve pain:** This pain may feel like burning, shooting, shocking, tingling (pins and needles), numbness or stabbing
  - medications such as Gabapentin, Lyrica or Nortriptyline may be prescribed

## **Ways to control without medication include:**

- Distraction (music, TV, talking to people, reading, meditation)
- Staying active (walking, light exercise)
- Guided imagery (imagination, focus on a fond memory, think of your favorite place)

## **Managing narcotic medications at home**

Your surgical team may prescribe a short duration (2 weeks) of narcotic pain and/or non-narcotic medications. Please see your family doctor to talk about your pain management within 2 weeks of leaving from the hospital.

**Your surgical team will not prescribe a refill.**

## **Side effects of pain medication**

- Constipation (trouble moving or emptying your bowels)
- Nausea or vomiting (upset stomach or throwing up)
- Drowsiness
- Dizziness
- Itchiness
- Dry mouth
- Headache

## **Tips**

- Prevent constipation (see bowel management section)
- Take your pain medication before activity
- Be active and move your body often during the day. Schedule some time to rest throughout the day.
- Wean off your pain medications slowly. It's important not to stop all at once.

## Safe Storage and Disposal of Your Pain Medication

Pain medicine that is not stored or disposed of safely could be stolen or taken by mistake.

### Safe storage

- Store pain medicine in a locked drawer or cabinet.
- Do not share your pain medicine. Pain medicine prescribed to you can be dangerous to others.

### Safe disposal

It is dangerous to keep unused or expired pain medicine that you no longer need.

- Take unused or expired pain medicine to a pharmacy for safe disposal.
- Do not flush medicine down the toilet.
- Do not throw medicine in the garbage.

For more information about narcotic medication please see our “Taking Opioid Pain Medicine Safely” brochure:

- [https://www.uhn.ca/PatientsFamilies/Health\\_Information/Health\\_Topics/Documents/Weaning\\_Off\\_Your\\_Pain\\_Medicine.pdf](https://www.uhn.ca/PatientsFamilies/Health_Information/Health_Topics/Documents/Weaning_Off_Your_Pain_Medicine.pdf)

Or see our educational YouTube videos:

- My Surgery Guide: Pain Management – Part 1  
<https://www.youtube.com/watch?v=zgPRFuYZEyc&index=4&t=208s&list=PLWYuRSjQI5zFwyDTqeRB8glm2ktbufcE>
- My Surgery Guide: Pain Management – Part 2  
[https://www.youtube.com/watch?v=6\\_nTLqTnJnQ&list=PLWYuRSjQI5zFwyDTqeRB8glm2ktbufcE&index=5&t=0sE](https://www.youtube.com/watch?v=6_nTLqTnJnQ&list=PLWYuRSjQI5zFwyDTqeRB8glm2ktbufcE&index=5&t=0sE)

## Managing Your Bowels

### What is a bowel routine?

A bowel routine is a schedule for taking medicines regularly to prevent or relieve constipation (trouble moving or emptying your bowels). These types of medicines are also called stool softeners or laxatives.

### Why do I need a bowel routine?

Having a bowel routine will help keep your movements regular. Being constipated can be uncomfortable and make you feel unwell. If you don't treat your constipation, it can lead to serious medical problems. Constipation can be a side effect of narcotic medications (also called opioids like hydromorphone, oxycodone, morphine, Tylenol #3 or percocet).

### Things that can make constipation worse include

- Not drinking enough fluids or water
- Not moving your body enough

### Preventing constipation is easier than treating it. Ways to prevent it include:

- Drink 8 cups of liquid each day, unless your health care team advises you not to. Your body needs liquid to help keep the stool soft.
- Do some light exercise, such as walking 15 to 20 minutes once or twice a day. You should aim to increase the distance you can go.
- Take a laxative if needed. The goal is to have a bowel movement every 2 to 3 days, or as close to your normal pattern as possible.

### What medicines do I need for my bowel routine?

We may recommend medicines that you can get over-the-counter in any pharmacy. You don't need a prescription. A few drug plans will cover the cost, so check your drug plan or ask your pharmacist for help.

- **Senokot** is a laxative that helps move stool through your bowel. It usually starts to work in 6 to 12 hours
- **Polyethylene Glycol 3350 (PEG)**, also called Lax-a-Day, PEG flakes, or RestoraLAX is a powdered laxative that you mix into a cup of water and drink

## When do I start my bowel routine?

Start your bowel routine on the same day you are starting your pain medicine (such as hydromorphone or morphine).



### Remember:

- ✓ If you don't treat your constipation, it can lead to serious medical problems. Talk to your doctor, nurse or pharmacist if you have concerns about your medicines, bowel movements or any side effects.
- ✓ Normal or regular bowel movements means what was normal for you before your surgery. If it's normal for you to have a bowel movement every day, you should still have a bowel movement at least every 2 to 3 days while taking pain medicines.
- ✓ If you don't have a bowel movement within 4 days, talk with your health care team.
- ✓ Senokot may affect how other drugs work. Take it 1 hour before or 2 hours after other medicines, if possible. Ask your pharmacist about possible drug interactions.

For more information about bowel routine, please see our pamphlet "Bowel Routine for Preventing Constipation: For patients taking pain medicines".

- [https://www.uhn.ca/PatientsFamilies/Health\\_Information/Health\\_Topics/Documents/Bowel\\_Routine\\_for\\_Preventing\\_Constipation.pdf](https://www.uhn.ca/PatientsFamilies/Health_Information/Health_Topics/Documents/Bowel_Routine_for_Preventing_Constipation.pdf)

## Equipment

Some people find equipment helpful during the early part of their recovery at home. However, this equipment is optional and not covered by OHIP.

Talk to your physiotherapist or occupational therapist before discharge to learn more about renting equipment for home.

Examples include:

- walker
- raised toilet seat
- shower bench

## Activity During Recovery

### How much activity is safe?

Unless your surgical team has told you to wear a brace or collar or has told you to avoid certain movements, the general rule is “Let pain be your guide.”

You should not do anything that causes you a lot of pain. It’s normal to have some pain. There are no rules about not moving your body such as bending, twisting or lifting.

### Generally:

- Avoid lifting more than 4.5 kilograms (10 pounds)
- Avoid sitting for long periods of time without getting up every 30 to 60 minutes to walk around
- Avoid vigorous housework or yard work
- Stop playing sports until you have talked to your surgical team
- Continue to walk, climb stairs, and your usual activities until you see your surgeon at your follow-up appointment in 6 to 12 weeks

## **Driving**

**You will not be able to drive right after your surgery.**

Check with your surgeon, nurse practitioner or advanced practice nurse before you go home from the hospital for more information about when you can drive again.

**Do not drive if you are on narcotics, in a lot of pain, fatigued or if you have problems with your vision.**

**Do not drive while wearing a brace or collar. You are not insured to drive a car while wearing a neck collar.**

## **Return to work**

Talk to your surgeon, nurse practitioner or advanced practice nurse and employer about when you can go back to work. A gradual return to work may be best.

## **Eating and drinking after surgery**

You may not feel hungry after your surgery. A large meal may upset your stomach. Try eating small frequent meals until you can tolerate your usual meals.

- If you have an upset stomach or vomiting, you can take anti-nausea medication such as Gravol, which you can buy from your pharmacy without a prescription. Take it as directed and keep drinking fluids until the nausea passes. Gradually start eating solid food again. If this problem continues, see your family doctor.
- If you have had neck surgery, you may also have a sore throat or some discomfort for several weeks when swallowing. Try to eat different kinds of food that are easy to swallow. For example, you can start with soft food such as yogurt, Jell-o, ice cream, mashed potato, pudding, clear soup and minced food. Drink regular liquids as tolerated.

# Keep Skin Healthy and Prevent Pressure Injuries

A pressure injury is damage to the skin, the tissues underneath the skin, or both.

## Check your skin regularly

- Check all areas of skin especially pressure points, such as your heels, elbows, hips and tailbone.
- You may need a mirror or someone to help you.
- Visit your family doctor if you notice any signs of a pressure injury like pain, change in colour or blisters. Damaged skin needs care very early so it does not become a larger, open wound.

## Reposition and move as often as you can

- Change positions at least every 2 hours in bed. Shift your weight every 15 minutes when sitting.
- Walk and move about as much as you can. Do gentle arm and leg exercises when you are in bed or sitting in a chair.
- Do not drag your bottom when getting out of bed or transferring to your chair.

## Keep your skin clean and dry

- Wash your skin with mild soap and water, using a soft cloth. Do not rub your skin. Rinse and pat dry.
- Apply a barrier cream to protect skin from moisture if you are incontinent. Speak with your pharmacist to choose a product that is right for you.

## Eat well and drink enough fluids

- Eat a balanced diet full of protein, fruits, vegetables and whole grains. If you are worried about your nutrition, see your family doctor who may order supplements to meet your needs. A well balanced diet helps incision to heal and can help prevent pressure injuries.

For more information, please see our pamphlet “How to Keep Your Skin Healthy and Prevent Pressure Injuries”:

- [https://www.uhn.ca/PatientsFamilies/Health\\_Information/Health\\_Topics/Documents/Pressure\\_Ulcer\\_Prevention.pdf](https://www.uhn.ca/PatientsFamilies/Health_Information/Health_Topics/Documents/Pressure_Ulcer_Prevention.pdf)



## Respiratory Care

Follow these exercises to keep your lungs inflated and prevent secretion build up. Continue to practice up to two weeks after surgery.

### Deep breathing exercises

- Relax your shoulders.
- Put your hand on your stomach.
- Breathe in while pushing out your stomach.
- Feel your chest expanding.
- Hold your breath for 3 seconds.
- Breathe out slowly.

**Repeat 10 times every 1 hour while you are awake.**

For more information, please see UHN's educational YouTube videos:

- My Surgery Guide: Deep Breathing & Coughing Exercises  
<https://www.youtube.com/watch?v=PbQvfkP3Imc&list=PLWYuRSjQI5zF-wyDTqeRB8glm2ktbufcEl&index=3&t=0s>

## Recovery Time

Recovery depends on your surgery and how well you could move before your surgery.

- ✓ Keep positive, eat well, rest and exercise.
- ✓ Focus on small improvements each day and keep your long-term goals in mind.

It may take you weeks to months to feel your usual energy so you can do your everyday activities again.

Expect that a full recovery from surgery may take 3 to 12 months. If your surgery involved a fusion, it can take 1 to 2 years for the bones to heal completely. Nerves can regenerate for up to 2 years after your surgery.

**Important:** This document does not include a full list of brands or products. The University Health Network does not recommend one brand over another and is not responsible for any products listed. Please contact each company directly to find out more about their products.



### Have feedback about this document?

Please fill out our survey. Use this link: [surveymonkey.com/r/uhn-pe](https://surveymonkey.com/r/uhn-pe)

Visit [www.uhnpatienteducation.ca](http://www.uhnpatienteducation.ca) for more health information. Contact [pfep@uhn.ca](mailto:pfep@uhn.ca) to request this brochure in a different format, such as large print or electronic formats.

© 2022 University Health Network. All rights reserved. Use this material for your information only. It does not replace advice from your doctor or other health care professional. Do not use this information for diagnosis or treatment. Ask your health care provider for advice about a specific medical condition. You may print 1 copy of this brochure for non-commercial and personal use only.