

OHSU SPINE CENTER

Spine Surgery Guide

For patients having discectomy, laminectomy or fusion surgery

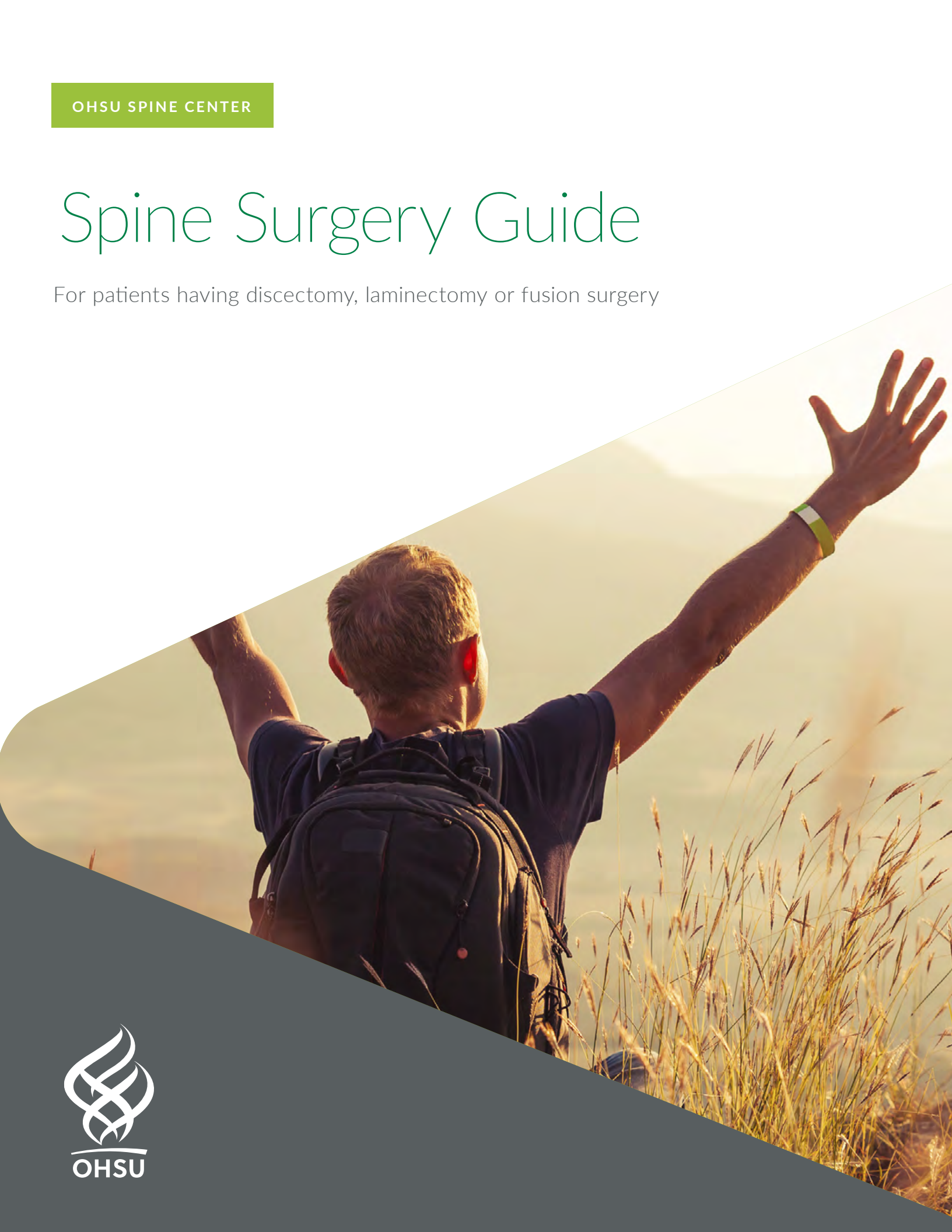


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Important phone numbers

OHSU Spine Center 503-418-9888
Rehabilitation Services..... 503-494-3151
Perioperative Medicine Clinic 503-494-1100
OHSU operator 503-494-8311

Admitting 503-418-1901
Primary care physician _____
Physical therapist _____



Thank you
for choosing
OHSU for your
spine surgery.

OHSU is an academic health center. That means every member of your health care team is dedicated to providing you with care built on innovation, education and clinical expertise. Our doctors focus first and foremost on your treatment, but they are researchers and teachers as well. They apply their knowledge to your health and pass it on to their students, who will be the next specialized care providers, researchers and teachers.

A team of providers and your surgeon will work to determine your diagnosis. If surgery is deemed to be the best treatment, the managed care team will submit a request for surgery for insurance coverage. This process can take up to six weeks. Once the surgery is authorized, the surgery scheduler will contact you to make arrangements for your surgery. If your insurance coverage changes during this process, you MUST contact us as soon as possible.

Our team looks forward to providing you with spine surgery services and we want your stay with us to be as comfortable as possible. We hope this guide is helpful for you and your loved ones as you plan for surgery, post-surgery rehabilitation and recovery.

Please take a few moments to read this guide so you will have a better idea of what you can expect before, during and after your surgery. And let your care team know if you have any questions or concerns.

General information

Your surgery

Each surgery is different depending on the type of surgery and your condition. Generally, spine surgeries last 1½ to 3 hours. In some cases, surgery will take longer. For a spinal fusion surgery, metal plates, screws or wire will hold your spine in place while it heals. For more information about your specific surgery, please visit our website at www.ohsu.edu/spine or talk to a member of your care team during your pre-surgery appointment.

We do not prescribe pain medications prior to surgery. Postoperative medications will be prescribed for up to six weeks following surgery for pain only related to surgery. Your primary care provider should help you develop a pain management plan prior to and beyond six weeks after surgery.

Recovery

Everyone's experience with spine surgery is different. Your surgery and recovery will depend on things like your age, overall health and the state of your spine. Your surgeon and rehabilitation team will develop a plan for your specific needs.

This guide is not meant to replace your doctor's or rehabilitation team's instructions. It is intended to introduce you to spine surgery and to address any common concerns you might have.

If you have any questions or concerns about your surgery, please be sure to talk to your doctor or anyone on your health care team.





Who is on my health care team?

There will be an integrated group of providers on your OHSU health care team. Before your surgery, you will meet with your spine surgeon. On the day of your surgery, you will meet your spine surgeon, anesthesiologist and a member of the operating room nursing team. After surgery, you will receive care from a nurse manager, a physical therapist and your spine surgeon. Here are the members of your health care team:

Surgeons

Spine surgeons are doctors who have been specially trained to fix complex spine issues. They have years of additional surgical training to perform spinal operations.

Resident physicians

Resident physicians are part of OHSU's spine surgery training program. They are doctors with several years of experience who work closely with your spine surgeon. Your surgeon controls all protocols, decisions and the entire surgical procedure.

Spine Fellows

Fellows have completed a fundamental residency program and are seeking additional training and exposure to spine conditions and surgeries. They work alongside the surgeon and residents to develop your care plan.

Physician assistant (P.A.)

P.A.s work with physicians and your entire health care team. They evaluate patients in clinic pre-operatively and post-operatively, order and interpret diagnostic tests, assist with pre-operative needs before surgery, prescribe medications and therapy, and managing all hospital needs post-operatively.

Nurses

Nurses provide care in a variety of settings. They will prepare you for surgery, assist in your recovery from anesthesia and care for you on the floor after your surgery. Nurses partner closely with doctors, physician assistants, nurse practitioners, therapists and others to help you recover after your surgery.

Anesthesiologists

Anesthesiologists are doctors who are specially trained to provide anesthesia (the medicine to make you “sleep” during your surgery). They will go over your medical history with you and decide what type of anesthesia to use. During your surgery, your anesthesiologist will monitor you, and afterward determine when you can be safely transferred out of the operating room.

Physical therapists

Physical therapists are health professionals you will work closely with after your surgery. They will help you regain strength and muscle movement after your surgery.

Nurse case managers

Nurse case managers are registered nurses who work with your entire health care team to help when you leave the hospital after you are discharged. They can also answer questions about insurance coverage for services and equipment you may need after surgery.

Patient-Reported Outcomes

Planning care and tracking progress for Spine Center patients with back or neck problems

What are patient-reported outcomes?

- “Patient-reported outcomes” simply means information from patients about their health.
- Patient-reported outcomes are collected on a standard questionnaire that goes directly into your chart.

Why does the Spine Center use patient-reported outcomes?

- Your answers help your provider determine the best treatment options for you and track your progress over time.
- Many insurers require completed patient-reported outcomes to authorize treatment.

What is on the patient-reported outcomes questionnaire?

- The questionnaire is about your back or neck pain and how it affects your daily life and well-being.
- It has 30 short questions and takes about 15 minutes to answer.

How often do I need to complete one?

- You will be asked to complete a Spine Center patient-reported outcomes questionnaire if:
 - This is your first visit.
 - Your last visit was more than 3 months ago.
 - You have a pre-surgery appointment and your last questionnaire completed was more than 6 weeks ago.
 - It is 3, 6, 12 or 24 months after surgery, as shown below.



Should I complete my questionnaire before my appointment?

- Absolutely! Completing it electronically before your visit makes your check-in process faster.
- You simply complete it in your secure MyChart account, at home before your visit.

Your experience here is important to us! We want to make sure we provide you with the best care possible for your back and neck problems.

My health care team

Surgeon: _____

Physician(s): _____

Spine fellows: _____

Physician assistant(s): _____

Nurse(s): _____

Anesthesiologist: _____

Nurse case manager(s): _____



Appointments before your surgery

You will have two appointments to prepare for your surgery. These appointments are:

- **A pre-surgery appointment** with a member of your care team. This appointment is to discuss your surgery and answer any questions you might have.
- **A Perioperative Medicine Clinic testing appointment.** This appointment is to evaluate your fitness for surgery and anesthesia. *If you miss this appointment, your surgery will need to be rescheduled.*

These appointments require 2 to 3 hours total to complete. Please be sure to allow enough time for them in your day.

To prepare for these appointments:

- ☐ Complete the Medication form on page 21.
- ☐ Bring this guide (including your completed forms) with you to both appointments.
- ☐ Complete the Perioperative Medicine Clinic patient screening questionnaire.
- ☐ Complete pre-surgical patient reported outcomes questionnaire in MyChart.

Pre-surgery appointment

Your pre-surgery appointment is very important to the success of your surgery.

What to expect during this appointment:

- We will ask you about your past and present medical history.
- You will have a physical exam.
- You will meet the members of your health care team who will work closely with your spine surgeon.

This appointment is also a good time for you to ask questions you may have about your surgery, hospital stay and recovery. You may want to ask how long you will be in the hospital and what you can do to improve your recovery. It may be helpful to write down your questions and bring them with you to your appointment.

Please remember: Bring any medicine you are taking with you to your pre-surgery appointment.

My pre-surgery questions and meeting notes:

Perioperative Medicine Clinic appointment (PMC)

We will schedule an appointment for you with the PMC clinic 14 to 30 days before your surgery. Based on your medical health and current medical condition, this appointment may be completed by phone or in person and usually takes about 30 to 60 minutes. Your surgeon will determine the type of appointment necessary before you can proceed with surgery. For your convenience, our team will make every attempt to schedule this appointment on the same day as your pre-surgery appointment. ***If you miss this Perioperative Medicine Clinic appointment, your surgery will need to be rescheduled.***

What to expect during this perioperative appointment:

You will either be seen by a nurse practitioner (N.P.) or physician, who will, together with you:

- Review your medications, health history and current medical conditions.
- Discuss potential risks based on your medical health and make recommendations on how to physically prepare before your surgery (for example, if you will need to change your diet).
- Make recommendations on any medications that you take regularly.
- Instruct you on infection prevention techniques.
- Determine, based on your medical health and type of surgery, if you will need final blood work or any tests such as X-rays, an EKG or other diagnostics.
- Assist with or make any necessary arrangements for you prior to your surgery.

My PMC questions and meeting notes:

Preparing at home for your surgery

Planning for your first few days at home can make coming home easier and more comfortable. The home safety tips on page 24 provide helpful suggestions to get around once you're home.

Things to do before your surgery



- ☐ Arrange to have someone bring you to the hospital the day of your surgery.



- ☐ Ask a friend or family member to be available to bring you home from the hospital.



- ☐ Collect the items you would like to bring to the hospital for your stay. (Remember not to overpack, since you will only be with us for a short time.)



The day before your surgery

A representative from OHSU will call you to confirm the time you should arrive at the hospital the day of your surgery. You will receive that call between noon and 4 p.m.

What to bring with you to the hospital:



☐ Insurance billing information



☐ Comfortable or loose clothing for the trip home



☐ Money for any insurance co-pay or deductible your insurance plan requires



☐ A copy of your Advance Directive, or durable power of attorney (if you have one)



☐ Personal toiletries, if desired



☐ Your home CPAP machine (if you use one)

The night before your surgery



- ☐ Do not eat or drink after midnight the night before your surgery, unless your surgeon gives you other instructions. This is important to avoid problems during your surgery.

The day of your surgery



- ☐ Shower or bathe with chlorhexidine cloths before you come to the hospital. You will be given the cloths at your pre-surgery appointment with instructions on how to use them.



- ☐ **Men:** Shave or trim your beard or mustache, as you normally would do in the morning.



- ☐ **Men/women:** Do not shave the area near your operative site within two days of your planned surgery.



- ☐ **Do not wear makeup, lotions, perfume, powder or nail polish** to the hospital. Nail polish can block the sensor that we will attach to your finger to measure your blood oxygen.



- ☐ Brush your teeth, but **do not swallow any liquid.**



- ☐ Remove any body jewelry and contact lenses.

Transportation and parking

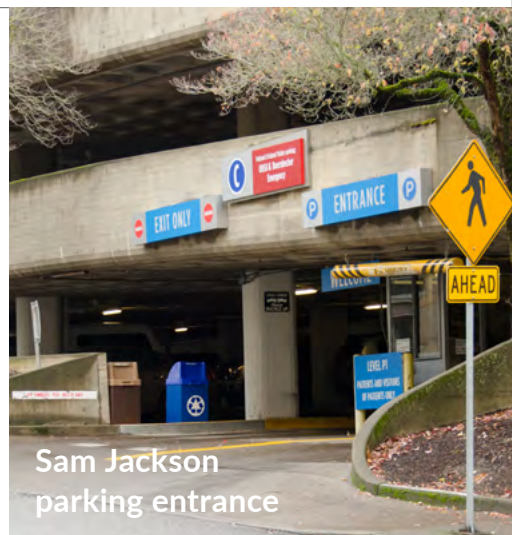
- Plan to have someone drive you to the hospital or take a cab or public transportation. You should not drive yourself to the hospital.
- Your driver may park free of charge in the following parking areas:
 - **Long-term parking in Sam Jackson Parking Garage:** The entrance to this garage is on S.W. Sam Jackson Park Road across the street from OHSU Hospital (see map on page 31).
 - **Kohler Pavilion Parking Garage:** As you approach the top of Marquam Hill, turn left off S.W. Sam Jackson Park Road onto S.W. Campus Drive. Turn right at the first driveway. The entrance to the Kohler Pavilion Garage will be on your right. Valet parking is available Monday through Friday, from 7 a.m. to 6 p.m. (see map on page 31).
- TriMet stops in front of OHSU Hospital. Please visit www.trimet.org for more information.
- **Local cabs** provide service to Marquam Hill. Tell your driver to bring you to the main entrance of OHSU Hospital.

What to leave at home

- ☐ Valuables, such as jewelry, watch and clothing items
- ☐ Electronic devices, such as laptops, tablets, e-readers and games
- ☐ Tobacco products
- ☐ Medications
- ☐ Contact lenses — they cannot be worn during surgery

Checking in at the hospital

- Arrive at OHSU Hospital at the time your doctor's office told you.



Sam Jackson
parking entrance



Kohler Pavilion
parking entrance



OHSU Hospital

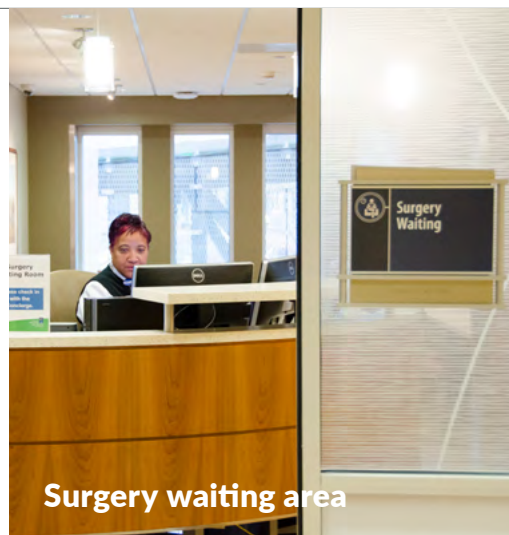
- Check in with Admitting, which is located immediately to the left as you enter the lobby of OHSU Hospital (9th floor). If you need more information, please call Admitting: 503-418-1901.

Preparations for your surgery

- After you have checked in, a member of the admitting surgical staff will escort you to the 6th floor. This is the preoperative waiting area. Only one family member may accompany you to the 6th floor.
- A nurse will take your blood pressure, temperature, heart rate, height and weight.
- You will change into a hospital gown. We will store your personal clothing.
- We will start an IV in your arm, which is how you will receive medicine during your surgery.
- You will meet your anesthesiologist, who will review your medical history and discuss the anesthesia that will be used for surgery. The options may include general anesthesia, spinal nerve block/epidural or regional anesthesia such as nerve blocks.
- Once everything is clear for surgery, the surgical nurse will show your family members and/or friends where to wait and you will be taken into surgery.

Information for your family and friends

- During your surgery, family members and friends can wait in the main surgery waiting room.
- There are several coffee bars and cafes at OHSU. The cafe on the third floor of OHSU Hospital is open 24/7.
- An ATM and public restrooms are located in the main area of the hospital.
- The hospital volunteer in the surgery waiting area can provide directions to various services.
- After your surgery, a member of your surgery team will talk with your family members about the surgery and tell them the approximate time we will move you from the recovery room to your hospital room.



Surgery waiting area



OHSU volunteer



Sam's Cafe

After your surgery

Monitoring your progress

After your surgery, the nursing and surgery teams will closely monitor you.

They will:

- Check your breathing, heart rate, blood pressure and pain level.
- Help you change positions every two hours until you are able to move on your own.
- Ask you to take deep breaths regularly using a special device to help keep your lungs clear.

Nursing staff will develop a rehabilitation plan with you to get you moving, beginning on the day of surgery.

Commonly used medical terms

Here are some medical terms you might hear after your surgery:

Dermabond: Dermabond is a brand of topical skin adhesive that holds wounds or suture edges together. The sterile, liquid skin adhesive will be used by your spine surgeon to bring the top layers of the skin together without sutures or staples. It will gradually dissolve and crust off of the skin over the span of two weeks as your incision heals together.



DVT prophylaxis: DVT prophylaxis stands for deep vein thrombosis, a condition in which a blood clot (thrombus) forms in a vein. Preventing a DVT in surgical patients helps prevent blood clots that, on occasion, can break off and travel to the lungs, forming a life-threatening pulmonary embolism. Following your surgery, the following measures could be instituted to protect you from developing a DVT: You will be fitted with an inflatable compression device that is worn around your legs and compression stockings that apply pressure to your lower legs.

TLSO: A TLSO is a thoracolumbar sacral orthosis back brace that your surgeon could prescribe to keep your back straight and limit motion in the spine after surgery.

Corset: A corset brace is an elastic device that limits motion in the spine after a lumbar fusion. It may provide some external support while you heal.



Aspen Vista collar: A cervical collar is a brace that is worn to support your neck and restrict movement after surgery. It is made of various plastic and foam materials to offload the strain on healing muscles.

NSAIDs: Non-steroidal anti-inflammatories are medications such as ibuprofen and other brands that block the production of prostaglandins, chemicals made by the body to help the healing of broken bones. When these chemicals are blocked, bone healing can be delayed. These are generally avoided when a fusion is performed.



NPO: NPO stands for the Latin term “nil per os,” that means nothing by mouth. You will get detailed instructions from your anesthesiologist and surgeon about the number of hours you should not eat or drink before surgery. Limiting food and liquids before surgery helps eliminate the chance that you could inhale and move stomach contents into your lungs.

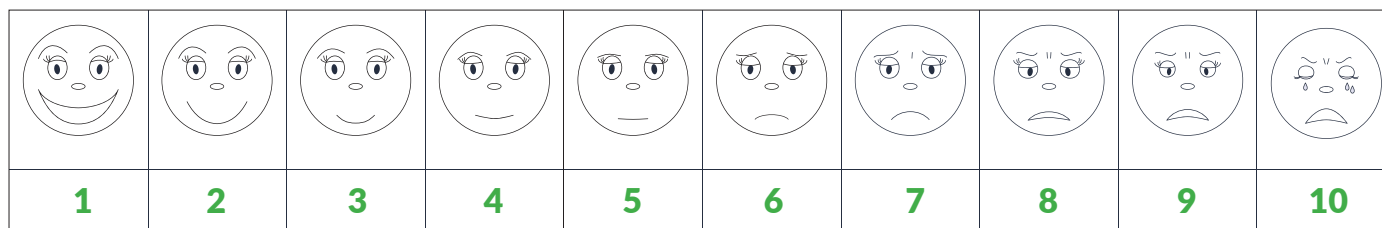
During your hospital stay

Caring for your incision

Your care team will regularly check the bandage or dressing covering your incision and will change it when needed. You may have a drain in your incision to help remove fluid and blood from the site and reduce the chance of developing an infection. Normally, we remove the drain 24 to 48 hours after your surgery.

Controlling your pain

After surgery, your nurse will ask you to rate your pain at regular intervals on a scale of 0 to 10 (0 is no pain and 10 is the worst pain you can imagine). Usually oral or intravenous pain medications will relieve pain for patients who have had spine procedures. Some patients who have had more complex or extensive spinal surgery may have a special pain medication pump. If you have this type of pump, you will be able to administer pain medication when you need it in doses prescribed by your physician.



Eating and drinking

Eating and drinking might be difficult at first. We will maintain hydration through your IV until your stomach can properly digest food and liquids. Your normal appetite should return one to four days after surgery.

Moving speeds recovery

Getting out of bed as soon as possible will speed your recovery. On your first day in the hospital, your nurse and physical therapist team may help you get out of bed so you can begin taking care of yourself. Sometimes spine patients wear a brace or corset to provide extra support while healing. Your team will show you how to put it on and take it off. Please always wear the brace when you are out of bed, even if you are only getting up for a short time.

Avoiding blood clots

Lying down for long periods can increase your risk of developing a blood clot. Getting out of bed and walking helps reduce this risk. Your nurse also might give you special elastic socks to wear. In addition, your doctor might have you wear special plastic sleeves on your legs, which will automatically squeeze your legs to help circulate your blood.



When it is time to go home

As soon as we know when you will leave the hospital, your nurse will ask you to tell the family member or friend who has agreed to drive you home, so they can arrive at the hospital on time. When it is time for you to leave, your driver can park temporarily in front of the entrance to OHSU Hospital.

One of our staff members will help you into a wheelchair and escort you to the entrance of OHSU Hospital.

Tips for a safe trip home

- Be careful getting into and out of the car.
- Sit in a comfortable position. You may want to recline your seat until you are in a comfortable position.
- Wear your seat belt.
- Bring pillows and blankets to pad your position.
- If you are going to be in the car for several hours, plan to stop every couple of hours to stretch.

Recovery at home

Moving around

The single most important thing you can do to regain your strength is to walk. Walking every day will help you recover the strength and physical condition you had before surgery. Do not worry if you tire more easily — that's normal. Try to increase your daily walking distance a little more each day before you come in for your first follow-up appointment.

Information about showering and wound care will be printed on your discharge paperwork but you can also contact our clinic staff if you have questions. Please remember to leave the incision alone and protect it from reopening.

When to **call the doctor**

- | | |
|--|--|
| ! Fever over 101° F, chills or night sweats | ! Shortness of breath |
| ! Drainage from the incision | ! Swelling of your calves |
| ! New weakness or lack of sensation in your arms or legs | ! Bowel or bladder incontinence |
| ! Redness or heat around the incision | ! Postural headache (one that is worse when you are sitting or standing upright and better when you are lying down flat) |
| ! Increasing pain | ! Blurry vision |

Your doctor will give you a written prescription for pain medicine when you are ready to go home from the hospital. You will have instructions to gradually reduce the amount of pain medication you take. We will provide pain medication up to six weeks postoperatively, depending on the procedure.

Please allow two business days for any medication refill.

Physical therapy

Your surgeon might prescribe physical activity supervised by a physical therapist. The therapy will depend on the type of spine surgery you had. It is important to work with your physical therapist to ensure you are doing the back exercises correctly.

Follow-up appointments

You will have regular checkups with your doctor after your spine surgery. During these appointments we will check to be certain you are making good progress with your recovery.

Notes _____

Important phone numbers

OHSU Spine Center503-418-9888

Rehabilitation Services503-494-3151

Perioperative Medicine Clinic503-494-1100

OHSU operator503-494-8311

Admitting503-418-1901

Your primary care physician _____

Physical therapist _____

Medication form

Please complete this medication form with all medication names, dosages and frequency. Include prescription and herbal medications. Bring your Surgery Guide with your completed form and your medication bottles to your pre-surgery appointment.

Medication name

Dosage _____

How often _____

Reason for medication _____

Medication name

Dosage _____

How often _____

Reason for medication _____

Medication name

Dosage _____

How often _____

Reason for medication _____

Medication name

Dosage _____

How often _____

Reason for medication _____

Medication name

Dosage _____

How often _____

Reason for medication _____

Medication name

Dosage _____

How often _____

Reason for medication _____

How to stay healthy after surgery

A well-balanced diet is especially important after you have surgery. Adequate protein and hydration are important to healing. You should drink eight to 10 glasses of water daily. Monitoring blood sugars and controlling them with medications after surgery may be challenging for patients with diabetes. Talk to your doctor if you are on a special diet.

Protein: Protein is important for tissue and wound healing. One serving of protein is three ounces, which is the size of a deck of cards. Good sources of protein include:

- Meat (beef, chicken, turkey, pork)
- Fish
- Eggs (the whites of the eggs contain most of the protein)
- Dairy products (cheese, milk, yogurt)
- Vegetarian sources (legumes, nuts, tofu)



Carbohydrates: Carbohydrates are your body's preferred source of energy. There are two forms of carbohydrates: simple (honey, sugar, juice) and complex (bread, fruits, grains, vegetables). Whole grains are best for you: For example, choose whole wheat bread over white.



Fat: Although it's best to consume fats in moderation, your body does need a certain amount of fat to function. Essential fatty acids store energy and protect your body's organs. There are two types of fats: saturated and unsaturated. Unsaturated fats tend to be liquid at room temperature and are healthier.





Avoid alcohol until you are no longer taking your pain medication.



Avoid smoking: Tobacco/nicotine use of any kind increases the risk of major problems after surgery, such as infections or blood clots.

Pain medication and decreased activity level can lead to constipation. To avoid this, eat a high-fiber diet and increase your fluid intake. Foods with high fiber include whole grains, fruits, beans and vegetables. You should have a bowel movement within three days of surgery.



You will be sent home with a prescription for stool softeners. If you have tried these and are still unable to have a bowel movement, call your doctor.

Home safety

You may need to make some changes to your home as you recover.



Remove tripping hazards:

- Remove clutter and tripping hazards where you will be walking.
- Tape down loose carpet edges that stick up.
- Remove throw rugs until you recover and are more stable.
- If you have pets that tend to be underfoot, maybe have a neighbor or friend babysit your pet(s) until you recover and are more stable on your feet.



Create a clear pathway among the bedroom, kitchen, bathroom and living room:

- Place your chair, remote control, radio, telephone, medications, tissues, wastebasket and water pitcher/glass in the place where you will spend most of your time while you recover.
- Arrange your kitchen so that you won't have to bend below the waist, reach or lift.

Furniture:

- Arrange furniture so you will have space to move around easily.
- Put a chair with armrests in each room you intend to use after surgery.
- Avoid chairs that are lower than 24 inches; trying to stand up after sitting in a low chair is difficult.
- Store away any furniture with wheels. All furniture must be secure so it will not roll away from you (including your bed). You may want to move your bedroom to the main floor so you do not have to use the stairs until you are ready.



In the bathroom:

- Install a handrail to help you on and off the toilet.
- Use a shower or bath chair with non-slip pads. Also, many people find it easier to sit on a shower bench and use a handheld showerhead.
- If your toilet seat is less than 20 inches high, or if you have trouble rising from your seat, you may need a raised toilet seat after surgery.



Pre-anesthesia questionnaire

When you come in for your pre-anesthesia appointment, your doctor will ask you these questions. Please take the time to review them before you come in.

Please answer the following questions:

Do you have a history of or currently have:

Yes No Don't Know

1. Lung disease or previous abnormal chest X-ray?			
2. Breathing problems, such as asthma, emphysema or sleep apnea?			
3. Recent pneumonia, cold or flu?			
4. Heart problems, such as abnormal heartbeats, abnormal EKG, chest pain or pressure, rheumatic fever, murmur or the presence of a pacemaker?			
5. High blood pressure? If yes, has it ever been treated?			
6. Stomach ulcer, hiatal hernia, esophageal reflux or heartburn?			
7. Liver disease, including jaundice or hepatitis?			
8. Kidney disease?			
9. Diabetes requiring pills or insulin? If yes, for how long? _____ years.			
10. Thyroid problems?			
11. Easily bleeding or bruising, or blood diseases of any kind?			
12. Fainting spells, convulsions/seizures or stroke?			
13. Paralysis or weakness in any part of your body?			
14. Anxiety, claustrophobia or psychological problems?			
15. Arthritis or other difficulty with any joints?			
16. Problems with your jaw or neck?			
17. Any other medical problems not mentioned above? If yes, please comment:			

Please provide a medical history:**Yes No Don't Know**

18. List all operations you have had, including approximate year and type of anesthesia: _____ _____ _____ _____			
19. Have you ever had any problems with anesthesia?			
20. Has anyone in your family (blood relatives) ever had a problem with anesthesia?			
21. Have you ever smoked? If yes, how many packs per day? _____ For how many years? _____ Quit date: _____			
22. Do you drink alcohol? If yes, how many glasses a day? _____ How often? _____			
23. Do you currently use or have you used non-prescribed drugs (marijuana, cocaine, etc.)?			
24. Have you ever had a blood transfusion?			
25. Do you have any allergies or allergic reactions to drugs, adhesive tape, etc.? Please list: _____ _____ _____			
26. Are you currently taking any medication, including herbal medications, cortisone, blood thinners, aspirin, etc.? Please list all medications on the Medication form on page 21 of this surgery guide.			
27. Is it possible you could be pregnant? Date of last menstrual period: _____			

Activity chart following discectomy or laminectomy surgery

Activities are guidelines only and may be modified for individual variations.

	7-10 DAYS	3 WEEKS	6 WEEKS	3 MONTHS	6 MONTHS	1 YEAR
Shower	Yes					
Lifting 10-15 pounds	Yes					
Walking outdoors	Yes					
Cooking, dusting, light chores	No	Varies	Yes			
Climbing stairs	Yes					
Car rides (short) 15-20 minutes	Yes					
Short outings (e.g., church, visits)	No	Yes				
Stationary biking	No	Varies	Yes			
Driving a car	No	Yes				
Air travel (short distance)	Varies	Yes				
School	No	Varies	Yes			
Light upper extremity exercises	No	Yes				
Air travel (long distance, frequently)	No	Varies	Yes			
Swimming, no diving	No	No	Yes			
Dancing (slow)	No	No	Yes			
Light jogging	No	No	Varies	Yes		
Vacuuming, laundry, floors	No	No	Varies	Yes		
Aerobic dance exercise (low impact)	No	No	Varies	Yes		
Non-contact sports (tennis, bowling)	No	No	Varies	Yes		
Lifting 15-50 pounds	No	No	Yes			
Road biking	No	No	Varies	Yes		
Cross-country skiing	No	No	No	Yes		
Gardening, house repairs	No	No	No	Yes		
Downhill skiing (experienced)	No	No	Varies	Yes		
Downhill skiing (novice)	No	No	No	No	No	Yes
Horseback riding, riding a snowmobile, waterskiing	No	No	No	Varies	Yes	

The charts shown on these two pages describe activities patients may do after the various types of back surgery performed at the OHSU Spine Center. Please use the appropriate chart as a guide to determine what you may and may not do as you recover.

Activity chart following fusion surgery

Activities are guidelines only and may be modified for individual variations.

	7-10 DAYS	3 WEEKS	6 WEEKS	3 MONTHS	6 MONTHS	1 YEAR
Shower	Yes					
Lifting 10–15 pounds	Yes					
Walking outdoors	Yes					
Climbing stairs	Yes					
Light upper extremity exercises	No	No	Yes			
Car rides (short) 15–20 minutes	Yes					
Cooking, dusting, light chores	No	Varies	Yes			
Short outings (e.g., church, visits)	No	Yes				
School	No	No	No	Varies	Yes	
Air travel (short distance)	No	No	Varies	Varies	Yes	
Stationary biking	No	No	Varies	Varies	Yes	
Driving a car	No	Varies	Yes			
Swimming, no diving	No	No	Varies	Yes		
Dancing (slow)	No	No	Varies	Yes		
Vacuuming, laundry, floors	No	No	No	No	Yes	
Lifting 15–50 pounds	No	No	No	Varies	Yes	
Light jogging	No	No	No	Varies	Varies	Yes
Aerobic dance exercise (low impact)	No	No	No	Varies	Varies	Yes
Non-contact sports (tennis, bowling)	No	No	No	Varies	Varies	Yes
Air travel (long distance, frequently)	No	No	No	Varies	Varies	Yes
Road biking	No	No	No	Varies	Yes	
Cross-country skiing	No	No	No	Varies	Yes	
Downhill skiing (experienced)	No	No	No	No	Varies	Yes
Downhill skiing (novice)	No	No	No	No	No	Yes
Gardening, house repairs	No	No	No	Varies	Yes	
Horseback riding, riding a snowmobile, waterskiing	No	No	No	No	Varies	Yes

Adapted from: “Laminectomy and Fusion: A Patient Handbook,” The Spine Center, UCSD Medical Center.

Notes:

Important phone numbers

OHSU Spine Center 503-418-9888

Rehabilitation Services 503-494-3151

Perioperative Medicine Clinic 503-494-1100

OHSU operator 503-494-8311

Admitting 503-418-1901

Your primary care physician _____

Physical therapist _____



OHSU Hospital

Located at Marquam Hill
3181 SW Sam Jackson Park Rd.
Portland, Oregon 97239

OHSU Spine Center

Located at South Waterfront
Center for Health & Healing, 12th floor
3303 S.W. Bond Ave.
Portland, OR 97239
503-418-9888

www.ohsu.edu/spine

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