



Spine Surgery Patient Guide

Welcome

The spine teams at Holy Cross Hospital and Holy Cross Germantown Hospital are dedicated to ensuring that you have the best possible results. Our team-based process includes specially trained orthopedic surgeons, neurosurgeons, pain management physicians, anesthesiologists, physician assistants, nurses, physical and occupational therapists, dietitians, social workers and case managers ready to serve you.

We believe that you play an essential role in your success. Our goal is to involve you in every aspect of your care and recovery to assure a positive experience. Please take some time to review this booklet so you will know:

- **How to prepare for surgery**
- **What to expect during your stay with us**
- **How to prepare for your recovery**

Our spine program utilizes evidence-based practices to minimize patients' pain and increase their ability to function through personalized care, patient education and a team of experts dedicated to your success.

Our goal is to make your transition back to home as smooth as possible. For your continued health education, this booklet and additional information is available at HolyCrossHealth.org.

A Positive Approach

Preparing positively for surgery is a key step in your recovery. The surgery may improve your back pain and/or leg pain to allow you to be more active. It is important to know what to expect and what you will need to do during your recovery. Our goal is to help you become as independent as you are able to be. Our staff is ready to assist you in any way we can.

Your stay in the hospital will be short, and your recovery will continue after you are discharged. It is important for you to make a commitment to follow your doctor's instructions to get the most benefit from spine surgery. Please talk with your doctor or the staff if you have questions or concerns.

About Our Spine Care

Spine care at Holy Cross Hospital and Holy Cross Germantown Hospital offers trusted, expert diagnosis and treatment for patients with problems related to the spine, from chronic spine pain and disorders such as scoliosis and spinal stenosis, to patients with serious spinal damage, such as injury to the lumbar or cervical spinal cord.

Our programs feature the latest technology to pinpoint problems with significant expertise in minimally invasive surgical procedures for back and neck injury and illness. Our team of specialists is dedicated to helping patients throughout diagnosis, treatment and recovery, striving to find the best treatment for each patient.

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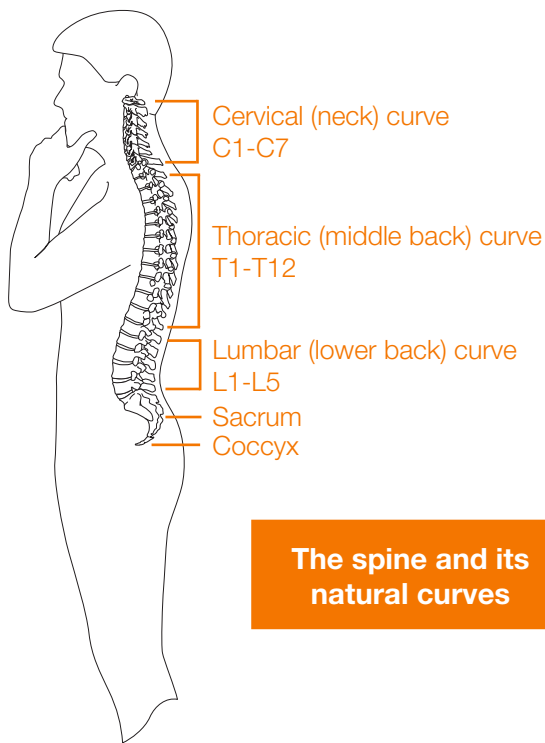
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Spine and Back Surgery

Your spine is made of bones called vertebrae. In between these bones are discs, soft cushions that act as “shock absorbers” for the spine. The spine supports your upper body and protects your spinal cord, which is the nerve center of the body.

A healthy spine forms an S-shape from the neck to the lower back:

- The cervical spine (or neck) has seven vertebrae — C1–C7.
- The thoracic spine (or chest) has 12 vertebrae — T1–T12.
- The lumbar spine (or lower back) has five vertebrae — L1–L5.



The lumbar spine is the hardest-working part of your spine because it carries the most weight and moves the most.

The discs between the vertebrae can wear down over time due to injury or aging. Without these “shock absorbers,” pressure on the nerves of the spine can cause pain in the lower back and/or leg. Bone spurs may form and

narrow the space through which the nerves pass. This may also lead to nerve irritation and pain.

Your doctor has recommended that you have back surgery to relieve the pressure on your spinal nerves. Surgery is needed when rest, medication, physical therapy and/or exercise have not relieved your pain or improved your ability to carry out daily functions.

Common Spine and Disc Problems

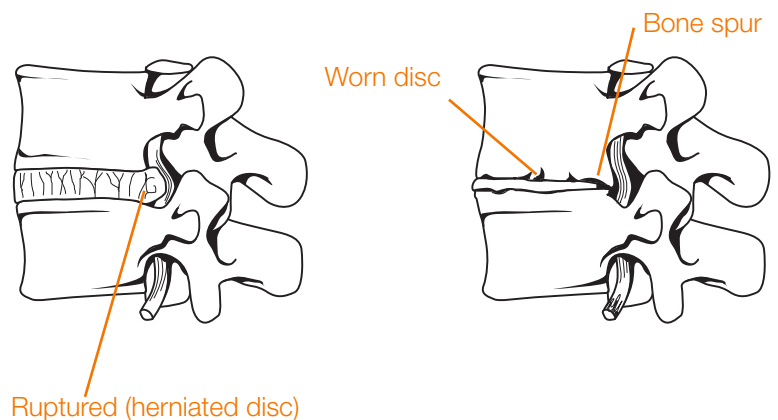
Degenerative Disc Disease

Degenerative disc disease is a condition in which the discs in your spine have been damaged or worn down due to aging or wear and tear.

Each disc has a spongy center surrounded by tough outer rings. When a disc weakens, the outer rings may not be able to contain the material in the center of the disc. When this material bulges against, or squeezes through, a weak spot or tear in the outer rings, it creates pressure against the nerve, causing pain in your back and/or legs.

Bulging and Ruptured Discs

With a bulging disc, bone surfaces begin to rub against each other. This causes inflammation and pain. Bone spurs (calcium deposits) can also form, causing pain. When a disc is ruptured (herniated), the spongy center squeezes through the tough outer rings, putting pressure on the nerves. Bulging and ruptured discs can cause severe pain.



Arthritis

Arthritic bone surfaces begin to rub against each other. When this occurs, inflammation and bone spurs can form, causing pain. As bone spurs continue to grow, increased narrowing of the area through which nerves pass causes even more pain.

Spinal Instability

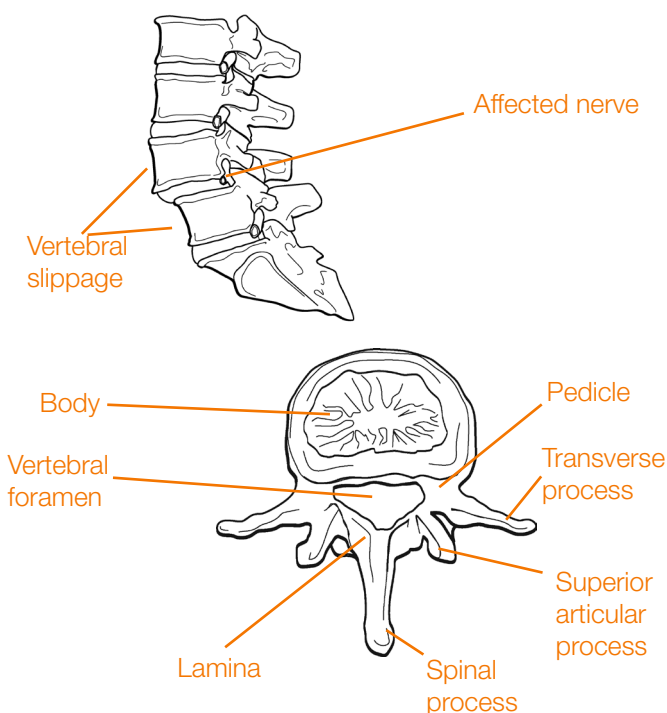
As the discs wear out and flatten, the vertebrae can slip back and forth. This slipping can cause the outer rings of the disc to stretch, causing pain, but also, more importantly, decreasing the protection for the spinal cord. Instability may also result from trauma or muscle paralysis.

Spinal Stenosis

Spinal stenosis is the narrowing of the canal where the spinal cord and nerves pass through. This may be caused by bony growth and/or bulging of the disc. This often occurs as we age. The narrowing creates pressure on the spinal cord and nerves, which may cause swelling, pain, numbness, tingling or weakness.

Spondylolisthesis

Spondylolisthesis is a slippage of one vertebra, causing the spine to be out of alignment. This misalignment can pinch the nerves and cause pain.



About Your Surgery

You and your doctor have decided that surgery is the best option to relieve your back and/or leg pain and restore function and mobility. You may have one or more of these procedures done during your operation.

Lamina is a bony arch that is part of the vertebrae. It protects the spinal cord.

Laminotomy

Removal of part of the lamina.

Laminectomy

Removal of the entire lamina.

Discectomy

Removal of part, or all, of a disc.

Cervical Corpectomy

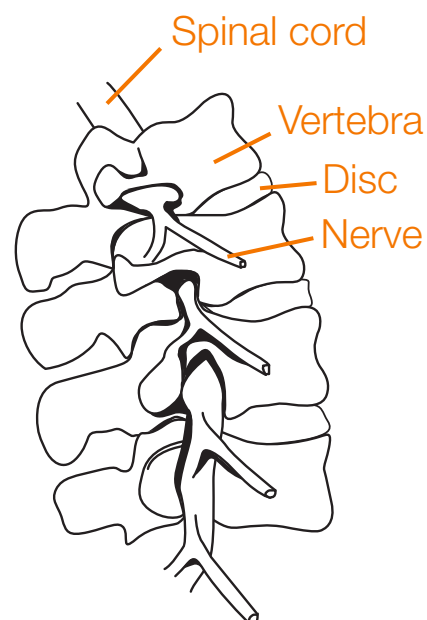
Removal of part of the vertebral body and the disc on both sides of the vertebral bone in the neck.

Fusion

Stabilization of two or more vertebrae by joining them with bone grafts.

Fixation

Metal plates, rods and screws placed to improve the likelihood of bone fusion.



Preparing for Your Surgery

Identify a Coach

Prior to surgery, it is important to identify a “coach” who will be involved with every aspect of your experience, from preparation through recovery. Your coach can be your spouse, child, a sibling or friend—any person who wants to support you throughout the process. We encourage you to work with your coach to develop your TEAM’s plan:

- **T**ransportation
- **E**xercise
- **A**ctivities of daily living (ADLs)
- **M**edical history, medications and meals
- **S**hopping

Coordinate Your Preadmission Testing

Your surgeon will take care of scheduling your surgery date and time with the hospital.

Spine surgery patients should coordinate their preoperative testing, as directed by their physician, to be cleared for surgery. This could include lab work, an EKG or a chest X-ray. You may need to make an appointment with your primary care physician within 30 days of your scheduled surgery, and no later than seven days before surgery.

Expect a call from the Patient Preregistration department approximately one to two weeks prior to your surgery. Please have your insurance information available. You can also preregister for surgery online at [HolyCrossHealth.org](https://www.holycrosshealth.org) or by calling 301-754-8300.

You will also receive a preoperative call from the Ambulatory Surgery Department approximately one week prior to surgery to gather your medical history and prescription information, and to deliver your preoperative instructions.

Schedule a Follow-Up Appointment

You’ll need to schedule with your physician a follow-up appointment within two weeks of your surgery, to check on your incision wound and the progress of your recovery.

Gather Your Information

Please assemble your medical insurance, medical information and a completed My Medications List to bring with you on the day presurgical testing and on the day of surgery.

Be sure to write down the exact dosages of your medications as stated on your medication bottles and note when you took your last dose of medicine on the My Medication List available at [HolyCrossHealth.org](https://www.holycrosshealth.org).

Surgical Consent

You will be asked to sign a consent form before your surgery. This form gives consent to the surgeon to perform your surgery. Please make sure that you understand your surgery, risks, benefits and options before signing the form. It is important that you fully understand the information and are an active partner in your care.

Advance Directives

Holy Cross Hospital and Holy Cross Germantown Hospital support and comply with our patients’ advance directives for medical care. In order to comply with your wishes, we will ask you about a living will or health care agent.

If you have one or both of these documents, please bring a copy to the hospital. If you do not have an advance directive and would like information about writing one, there are forms available at the hospital and at [HolyCrossHealth.org](https://www.holycrosshealth.org).

Smoking Policy (Applies to Electronic Cigarettes or Similar Devices)

Holy Cross Hospital and Holy Cross Germantown Hospital are tobacco and smoke-free. The use of any tobacco products is not allowed inside or outside of our hospitals.

If you are a smoker or a tobacco user, it is recommended to quit smoking entirely, prior to and after your surgery. Quitting will help with healing and decrease your risk of infection and pneumonia. Talk with your doctor before surgery about quitting, or call the Maryland Tobacco Quit Line at 800-QUIT-NOW.

Risks of Surgery

Spine surgery is major surgery. As with any major surgery, there are risks. Potential risks are:

Infection

Every precaution is taken to reduce the risk of infection. You will be given an intravenous (IV) antibiotic before and after your surgery.

Blood Clots

Blood clots can occur in the veins of your legs after any surgery. These clots can be dangerous. To reduce the risk of clots forming, you will wear special stockings or compression devices after your surgery. This will help with the blood flow in your legs. You will wear these at all times when you are in bed until you return to your normal activity level. The nursing staff will help remove these during your bath. Walking and moving are the best ways to prevent blood clots.

Ileus

Your bowels may not function as well after surgery. They may slow down, causing abdominal distention or bloating. You will be given bowel stimulants—please do not refuse them. Walking and staying well-hydrated will also help.

Pneumonia

Pneumonia is also a risk after surgery because:

- You will be lying down for a period of time during surgery and your lungs will not be working at their best.
- The anesthesia may make it harder for your lungs to protect themselves from germs that can cause infections.
- You will have some discomfort from the incision on your back and may not breathe as deeply. Mucus can build up in your lungs.

You will be taught coughing and deep breathing exercises to help keep your lungs clear and prevent pneumonia. You will also be instructed on how to use an incentive spirometer:

- Just after you exhale normally, put your lips tightly around the mouthpiece.
- Breathe in as deeply as you can. The meter will rise.
- When you feel that you've taken a full breath, keep trying to breathe in more and more for about two seconds.
- Repeat this deep breath action 10 to 15 times each hour while you are awake. You can see how much air you have taken in by reading the number on the meter. Your breathing technique will improve as you are more awake, have less pain and move around more. If you have trouble using the spirometer on your own, please ask your nurse for help.

Being active will reduce the risk of infection, blood clot formation, bowel complications and pneumonia.

Other risks of surgery include dural tears, bleeding, stroke, heart attack, nerve damage and death.

Anesthesia

Anesthesiologists are doctors who provide one-on-one medical care during surgery. During the procedure, the anesthesiologist:

- Provides comfort and safety
- Manages preexisting medical conditions and problems that may develop during surgery
- Monitors and controls blood pressure, heart rate, breathing and oxygen levels
- Gives medications to control pain

General anesthesia is similar to a deep sleep. During surgery, you will not feel, see or hear anything. Regional (epidural, spinal, nerve blocks) anesthesia puts part of your body to sleep.

Injecting drugs around the appropriate nerves produces numbness. This is often combined with sedation that provides a state of relaxation. Sedation increases your comfort and provides relaxation and pain control.

Sometimes it is appropriate or necessary for a patient to be awake or aware—this is called intended awareness. Patients may have some awareness when brought into the operating room (before the surgery starts) and when waking up from anesthesia (after the procedure is over).

Unintended awareness is not very common. The anesthesiologist takes many precautions and uses monitors to prevent unintended awareness.

Serious complications from anesthesia are rare. Anesthesia is much safer and more effective than ever before.

- Nausea and vomiting may occur as the result of narcotic pain medicine, certain types of procedures, or the patient's history of nausea or motion sickness. There are several medications available that decrease the incidence of nausea and vomiting.

- Dental injury may be unavoidable. A tooth, cap or bridge may become chipped or loosened when the anesthesiologist is managing your breathing.
- Sore throat is common along with some tongue or lip swelling after surgery.
- Nerve injury that causes permanent loss of sensation or strength in part of the body is rare.
- Back injury from epidurals or spinals is not common. In fact, epidural injections are a common treatment for severe back pain.
- Serious complications like heart or lung failure are most often related to the patient's preexisting health and medical condition.
- Heart and lung disease, high blood pressure, diabetes, smoking and severe obesity increase the risk of these complications.

Your anesthesiologist looks forward to meeting and taking care of you. Before your procedure, you will meet your anesthesiologist to discuss and finalize the best anesthetic plan for you.

Plan for a Safe Discharge

There are considerations you can think about in advance to plan for a safe discharge, such as making a wish list that identifies all the things your coach, family and friends could do for you when you are discharged home or to another facility. This list may include preparing meals, volunteering to drive, mail delivery, laundry, shopping and pet care.

Checklist

Taking care of these items now will help make your return home smoother and safer:

- Make arrangements to have help. Ideally, someone should stay with you for the first three days up to two weeks, especially at night.
- Because you won't be driving until your doctor gives you the "okay," find someone who will be able to drive you to your follow-up appointments and help with errands.

- You will be allowed to climb stairs. Plan your daily activities to limit your trips up and down.
- Place a phone within easy reach.
- Make sure that you have good lighting and that the light switch is within easy reach.
- Call your doctor right away if you get a cold or other infection before your surgery.

You may also want to explore your options for medical equipment, such as a walker, bedside commode, shower chair or a raised toilet seat. A listing of Durable Medical Equipment Companies is on page 18.

After Care

Once your decision is made to have the surgery, call your insurance company to ask about your benefits. Evidence shows that home is the best place for discharge and recovery. Patients must have specific medical needs to qualify for a skilled nursing facility.

Check with your insurance company to see if it has preferred providers. Know the answers to these questions before your surgery:

- What are your home care benefits?
- What are your skilled nursing facility benefits?
- What are your acute rehabilitation benefits?
- Who are the preferred providers in your area?

Regarding transportation home from the hospital, you'll need to be sure that your coach's personal vehicle is appropriate to transport you home. Other options available could include private transportation or a wheelchair van.

Prepare Your Home

Prior to your surgery, here are some helpful tips for preparing your home for your recovery.

- Remove throw rugs to prevent slipping, tripping and/or falling.
- Arrange furniture so that you have plenty of room to move about.
- Remove clutter (e.g. newspapers, toys) to prevent tripping and/or falling.
- Watch out for pets. Consider keeping them contained when you are walking around.
- Keep electrical cords out of walkways.
- Keep a small table with frequently needed items close to your chair/bed.
- Keep a telephone within easy reach.
- If you have a lot of stairs to your bedroom: stair climbing is permitted, but will be more difficult than flat surfaces. If this is an issue, make plans to stay on the first floor.
- Consider an alternate entrance if there are many stairs leading into your house.
- Arrange your cabinets so that frequently used items are within easy reach.

Additional Suggestions:

- Be aware of doorway thresholds and waxed floors as these can lead to falls.
- Prepare meals ahead of time.
- Set up a schedule for assistance with daily activities.
- Arrange for someone to call a couple of times a day to see if you need anything (if you are home alone).

Two or More Weeks Before Surgery

Talk with your physician about stopping any medication with blood thinning or anticoagulant tendencies.

The Night Before Surgery

Do not eat anything after midnight. You may drink only clear liquids up to four hours prior to the time of your surgery. You may brush your teeth or rinse your mouth as often as you wish, but do not swallow.

Follow the skin preparation instructions provided by your surgeon. This may include using chlorhexidine gluconate (CHG) antiseptic cloths and bathing instructions prior to surgery. Bathing with these wipes helps prevent infections and complications during your surgery.

Follow your doctor's orders about your medication. Your doctor may have you take certain medications with a sip of water the morning of your surgery, but always check first. Try to get a good night's sleep. Being well-rested before surgery is helpful.

The Day of Your Surgery

Do not apply makeup. Do not wear contact lenses. Remove your jewelry and leave it at home.

What to Bring

- Your list of medications
- Eyeglasses or contact lenses with case
- Knee-length gowns, robes or nightshirts
- Loose-fitting bottoms and t-shirts
- Dentures
- Hearing aids and prostheses
- Your driver's license and insurance card
- A back brace, if ordered by your doctor

What to Leave at Home

- Jewelry
- Keys
- Credit cards
- Money (You can bring \$5 or less.)

Please arrive two hours before your scheduled surgery time. You should park in the parking garage or use the valet service at Holy Cross Hospital, and park in the surface lot at Holy Cross Germantown Hospital. Visit HolyCrossHealth.org for current parking rates and payment information.

Upon entering the hospital through the main entrance, visit the Information Desk, where your coach will receive a visitor's pass and you'll both be directed to the Patient Registration area.

At Patient Registration, you'll sign in, confirm your contact information, complete insurance paperwork and co-pays, and submit an advance directive. At Holy Cross Hospital, your coach will receive a pager that notifies him or her when your surgery is over.

Next, you'll be escorted to the Ambulatory Surgery Department (ASD), where a nurse will take your vitals and start an IV, which provides fluid and medication through a small catheter in a vein. You will remove all clothing and change into a hospital gown. Dentures, contact lenses, glasses and jewelry will also need to be removed. You'll be asked to sign surgical consent forms.

The nurse will have your chart with the results of your presurgery testing. He or she will make sure that you have followed any instructions given to you prior to your surgery. You may be asked to complete a second wipe down using chlorhexidine gluconate (CHG) antiseptic cloths.

You'll be seen by your surgeon and your anesthesiologist and meet your operating room team. Your surgeon will tell you how long your surgery will take. Family members and friends should not be alarmed if your surgery takes longer. Surgery times are sometimes delayed or changed due to emergencies or cancellations. Every attempt will be made to notify your family/coach if your surgery is delayed.

While you are in surgery, your coach and other family members should wait in the main waiting area. If your family members decide to leave the waiting area, they should tell the receptionist or leave a phone number where they can be reached. If problems arise, your surgeon may need to talk to your family.

Please ask your surgeon or anesthesiologist any questions you have before your surgery.

Recovering from Surgery

Post-Anesthesia Care

After surgery, you will go to the PACU—the Post Anesthesia Care Unit (recovery room). Here are some things to expect after your spinal surgery.

- You may be given oxygen and pain medication.
- Your blood pressure will be checked every 15 minutes.
- You may have a drain in your incision with a collection device for one to two days. The drainage will look bloody.
- An X-ray of your spine may be taken here or in the operating room.
- You may wake up with a urinary catheter that was placed during surgery.

Once your surgery is done, your surgeon will talk with your family members in the waiting area. A nurse will update your family from time to time. If your family members decide to leave the waiting area, they should tell the receptionist where they can be reached.

If you are staying overnight, the receptionist will let your family know when you are being moved out of the PACU to your room. If you are being discharged, you will reunite with your coach and family in the Ambulatory Surgery Department.

For patients staying overnight, your personalized care plan will be updated regularly, to show progress in your:

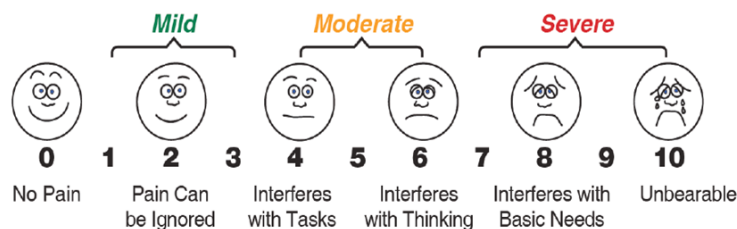
- Activity
- Nursing care
- Physical therapy
- Occupational therapy
- Discharge planning

Managing Your Pain

After surgery, some pain is to be expected as you recover. The amount and intensity of pain experienced differs from one person to another. No two people are exactly alike.

While having some pain is unavoidable, our goal is to partner with you to manage your pain.

You will be asked to rate your pain on a scale of zero to 10. This will help us know how your medication and other comfort measures are helping. You can use a number that best rates your pain.



Your pain medication may cause side effects such as nausea, drowsiness, confusion, constipation and difficulty urinating. Ask your nurse any questions you may have about side effects. Other pain relief measures such as changing your position in bed and getting up and moving work well. Taking your mind off the pain by listening to music, watching television, reading or visiting with family and friends is also very helpful.

As you heal, your need for pain medicine should decrease. Talk with your doctor if you have any questions or concerns about your pain management at any time during your recovery.

Leaving the Hospital

You and your hospital team will work together to identify your discharge needs. Most spine surgery patients are discharged home. Before you leave the hospital, prepare to continue your recovery at home by ensuring that you understand:

- Your discharge instructions
- Your recommended exercises
- Prescriptions and pain control options

Be sure to arrange for transportation home with your coach and discuss any equipment needs with a hospital social worker or case manager.

Getting In and Out of a Car

- When going home from the hospital, it is easier to get into a car that is neither too high nor too low.
- Back up to the passenger seat and sit on the seat with both feet remaining outside of the car.
- Lift your legs and bring them into the car as you turn to face the front.
- Reverse the process to get out of the car.



Activity After Your Surgery

Activity plays a key role in your recovery. Soon after surgery, your nurse or physical therapist will explain how you should get out of bed and will assist you.

The nurse or therapist will have you use a walker if you are unsteady on your feet. The physical therapist will help you learn how to use the walker if necessary.

As rehabilitation progresses, you will have less pain, and your activity level will increase. Your physical therapist will work with you to set up a walking plan. You'll also learn how to climb stairs.

Wearing a Brace or Collar

Your doctor may tell you ahead of time or after surgery that you will need to wear a back brace or cervical collar.

Your nurse or therapist will show you how to wear a brace or collar if your doctor has ordered one for you.

Walking

You will be out of bed and walking soon after your surgery.

- You may need to use a walker for balance after surgery. A physical therapist will work with you to show you how to use the walker if it is needed.

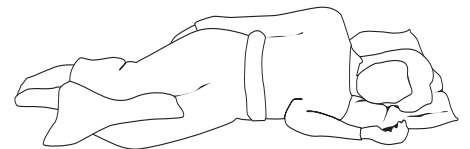
Sleeping Positions After Surgery

Do not sleep on your stomach unless your doctor says it is okay.

When sleeping on your back, place a pillow under your knees. A pillow with neck support and a roll (towel or thin blanket) around the waist are also helpful.



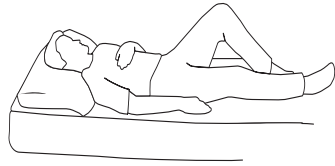
Place a pillow between your knees when lying on your side. Use neck and waist support as needed.



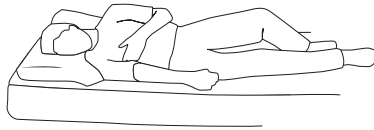
Getting Out of Bed After Surgery

You will be taught how to log roll from side to side and how to get out of bed. The purpose of log rolling is to avoid twisting the spine at the hips when moving in bed.

Bend your left knee and place your left arm across your chest.

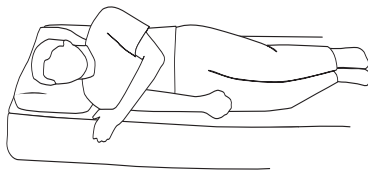


Roll all in one motion to the right. Always move in one unit. Reverse for rolling to the left.



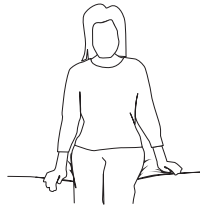
Sitting Up After Surgery

Raise up by using your arms to push up and lowering your legs. Do not twist your back or trunk.

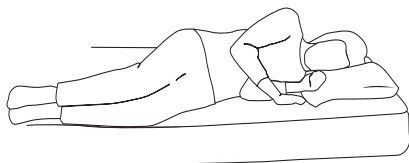
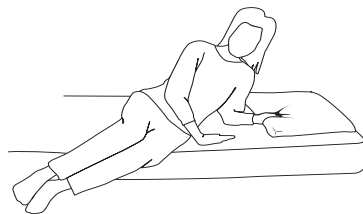


Getting Into Bed After Surgery

Sit on the side.



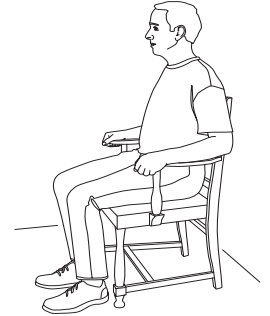
Gently lower yourself using your arms for support and swinging your legs up onto the bed in one motion. Do not twist.



Sitting in a Chair After Surgery

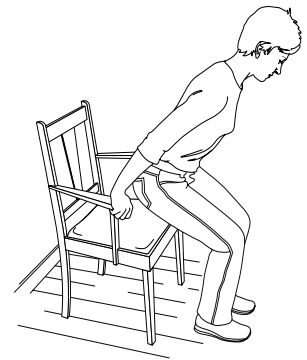
You will be helped out of bed as soon as possible after surgery. The first step is from the bed to a chair.

- You will be allowed to sit in the chair for short amounts of time and increase the time as you feel comfortable.
- You will need to wear your brace if ordered if you are sitting in a chair longer than 15 minutes.
- Sit in a stable chair with armrests.
- Avoid twisting or bending at the waist when sitting in the chair.



Getting Up from a Chair After Surgery

- Scoot as close to the edge of the chair as possible.
- Place your feet firmly on the floor.
- Bend forward at the hips. Keep your back straight.
- Push off at the armrest while using your legs to stand.



Getting Ready to Go Home

Barriers in Your Home

You should think about possible barriers in your home and share this with your therapist:

- Number of stairs
- Bedrooms on the second floor
- Size and location of bathroom(s)

Plan to have someone with you 24 hours per day for at least the first three days after surgery.

When Your Care Is Continued

Most patients are able to go home after surgery unless your medical condition indicates you need to be discharged to a rehab or extended care facility to continue your recovery.

Taking Care of Yourself at Home

Taking Care of Your Incision

- Eat nutritional meals and drink plenty of fluids.
- Check your incision every day for redness, drainage, swelling, warmth and/or tenderness.
- Your incision should remain dry.
- There should not be an increase in drainage from the time you leave the hospital.
- Do not apply any creams, lotions or powders to the incision.
- Your incision may be left open to air or covered as directed by your doctor.

Call Your Doctor If:

- You have a severe headache.
- You have a temperature greater than 101°F.
- You have redness or drainage from your incision.
- You are not feeling well.

Medications

Take your medication as directed by your doctor. Follow the instructions on the medication label.

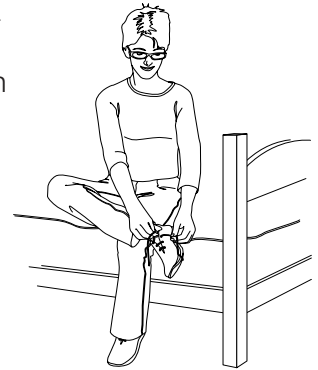
If you were taking medications such as Motrin®, Naprosyn®, ibuprofen, Celebrex®, any anti-inflammatory drugs or aspirin before your surgery, check with your surgeon before taking these again at home.

Most of your home medications for high blood pressure, heart problems or other medical problems were continued while you were in the hospital. Check with your surgeon about resuming any anticoagulants or if you have any questions about your medications.

Getting Back to Your Daily Activities

Getting Dressed

- Sit on a stable surface—a chair, or a firm bed where your feet are able to touch the floor.
- If you can do so without straining, you may cross your leg to start clothing over your feet. If this position is difficult or uncomfortable, don't do it.
- Do not bend over to reach your feet.
- If you are not able to bring your feet up to you, wear slip-on shoes, ask for help, or use devices such as reachers, a sock aid or a shoehorn.



Using a Reacher

- Reachers can be used to pick up items you drop on the floor.
- They can also be used to hold underwear or pants so they can be started over your feet and pulled up.

Using a Sock Aid

- Pull the sock over the end of the sock aid until the toe of the sock touches the end of the sock aid.
- Lower the aid down to your foot by using the straps, and place your foot into the opening of the sock.
- Pull the aid until the sock is all the way on. The sock aid pulls out the top of the sock.



In the Bathroom

- Try not to lean over the sink.
- If you have trouble getting up from a low surface, you may need an elevated toilet seat.
- Before getting a toilet seat, consider your height and weight, the space around your toilet, and whether or not it should have attached armrests.
- Elevated toilet seats can sit on or attach to the toilet. A 3-in-1 commode can serve as an elevated toilet seat, a bedside commode and a shower chair.
- Insurance generally does not pay for bathroom equipment, but you should check on your particular policy.

Bathing

- Showers are generally permitted, but not tub soaks.
- Your discharge instructions should tell how to protect/care for your incision during showering.
- The first few times you shower, have a family member or caregiver stay close enough to assist if needed.
- If you don't feel safe getting into the shower, sit or stand at the sink to sponge bathe.
- You may want a shower seat to use in the shower.
- Have nonskid surfaces on the bathtub and shower floors.
- A long-handled sponge or brush makes it easier to wash your legs and feet.

In the Kitchen

- Move items that you use often to within easy reach.
- If using a walker, you can sometimes move items around the kitchen by sliding them along a counter as you walk beside the counter.
- Do not attempt household chores until you feel steady on your feet.
- Remember, in all of your activities, try to avoid bending, lifting or twisting your back.

- Hold a counter or other stable surface when you first try reaching for low items, and remember to bend your knees, not your back.
- Only attempt bending your knees to reach low items if your legs are strong enough for you to easily straighten up again.



Car Safety

- Limit your time riding in the car. If you are taking a long trip, stop every 30 minutes, get out of the car and walk around.
- Always maintain good posture when riding in or driving a car.
- Do not drive until your surgeon allows it. This may be less than a week, or not until four to six weeks after surgery. You should not drive while you are taking pain medication.

Returning to Work

Getting back to work depends on the speed of your recovery and the type of work you do. Some people return quickly, but if your job involves a great deal of walking, standing or physical labor, you may be off work longer. The doctor and therapist will help you decide when you are ready to return to work.

If you have questions that were not covered in this guide, call 301-754-7774.

Holy Cross Health Community-Based Services

Holy Cross Home Care and Hospice

Offers an interdisciplinary team of skilled professionals including registered nurses; certified home health aides; social workers; and physical, occupational therapists who can assess and treat patients at home under the direction of a physician. For more information, call 301-557-HOME (4663).

Holy Cross Physical Medicine and Rehabilitation Program

You may be referred to outpatient therapy for your continued rehabilitation. Holy Cross Physical Medicine and Rehabilitation Department offers outpatient physical, occupational and speech therapy. We pride ourselves on outstanding service and successful outcomes by means of clinical excellence and individual care. Our department is located within Holy Cross Hospital and open between 7:30 a.m. and 5 p.m. For more information call 301-754-7340.

Holy Cross Health Pain Management Center

Our expert team specializes in helping people with long-lasting, severe pain that doesn't respond to over-the-counter medicines or home remedies. Our goal is to help you manage your pain effectively so that you can participate in your normal daily activities, get a good night's sleep and live your best quality of life. For more information, call 301-754-7288.

The Holy Cross House Calls

This program allows older adults, unable to get to their physician's office, to receive primary medical care at home, delivered by a nurse practitioner. Nurse practitioners are specially trained and certified to provide comprehensive medical care, including examining and diagnosing patients and prescribing medications. In addition, nurse practitioners can order and arrange for lab and other diagnostic services to be performed in the home. For more information, call 301-754-7849 or 301-754-7965.

Holy Cross Health Partners

These practices specialize in internal medicine for adults and include physicians with geriatric medicine training and expertise. To schedule an appointment in the Kensington location, call 301-949-4242. To schedule an appointment at the Asbury Methodist Village location, call 301-557-2110.

Holy Cross Outpatient Nutrition Counseling Center

Outpatient nutrition counseling is available to patients who need assistance in making healthier food choices. Comprehensive nutrition assessments are offered for people with cancer, diabetes, heart disease and nutrition-related conditions. For more information, call 301-754-7848.

Holy Cross Health Centers

These centers offer primary care to adults who are uninsured or enrolled in Medicaid. To schedule an appointment at the Aspen Hill, Gaithersburg or Silver Spring locations, call 301-557-1940. To schedule an appointment at the Germantown location, call 301-557-2140.

Caregiver Resource Center

The Holy Cross Caregiver Resource Center eases the burdens on family caregivers by providing support groups and other resources to those caring for a family member at home. The center is located at 9805 Dameron Drive in Silver Spring. For more information, call 301-754-7152.

Support Groups

Holy Cross Health offers a variety of support groups. For a complete list, call 301-754-8800 or visit [HolyCrossHealth.org/Support](https://www.holycrosshealth.org/Support).

Holy Cross Health Foundation

The Holy Cross Health Foundation exists to expand and direct philanthropy to improve the health of our community. For more information about the Foundation or to make a donation, please call 301-754-7130 or visit [HolyCrossHealth.org/Donate](https://www.holycrosshealth.org/Donate).

Feedback About Your Experience

After your surgery, please expect to receive a follow-up phone call, from a specialized call center that works under the direction of Holy Cross Health. We'd greatly appreciate your participation in providing valuable feedback about your spine surgery experience. We use this feedback to improve our program and our care for others. You may also receive a follow-up call to inquire about your satisfaction with your care at the hospital.

Holy Cross Health Community Fitness and Disease Management

Holy Cross Health is focused on helping you achieve your optimal health goals. Enjoy access to fitness classes, wellness and education sessions, support groups and events. Please consult with your surgeon prior to starting any exercise routine.

Senior Fit

This free, 45-minute exercise class strives to delay physical frailness and improve functional mobility for adults 55 and older. Partners include National Lutheran Communities and Services, Kaiser Permanente, the Montgomery County Department of Recreation, the Maryland National Capital Park and Planning Commission, the Housing Opportunities Commission, Asbury Methodist Village and local churches.

Chronic Disease Self-Management

An evidence-based, free program developed by Stanford University and the Northern California Kaiser Permanente Medical Center, the program addresses the needs of people with chronic health conditions. It includes information on exercise, nutrition, symptom management, coping skills, communication with physicians, stress management and relaxation.

Diabetes Self-Management

An evidence-based, free program developed by Stanford University, it is designed to help people with diabetes improve self-management of their symptoms. Participants engage in discussions and goal setting around healthy lifestyle choices.



Pulmonary Maintenance

A supervised physical activity program for people who have chronic obstructive pulmonary disease or other chronic lung conditions. The staff includes an exercise physiologist, a respiratory therapist and a registered nurse who help participants improve their activity level, better understand symptoms and learn new self-management techniques. Blood pressure and oxygen saturation are measured at the beginning and end of each exercise session. Oxygen is provided via oxygen concentrator.

Community Fitness Classes

The following exercise classes are offered at Holy Cross Health:

- Chair Exercise
- Pilates
- Strength Training
- Yoga
- Zumba
- Tai Chi



For a full list of programs and classes or to register, call 301-754-8800 or visit [HolyCrossHealth.org/classes-events](https://www.HolyCrossHealth.org/classes-events).

Durable Medical Equipment Companies

Amazon

www.amazon.com

America's Healthcare at Home

1510 Caton Center Ave., Suite R

Baltimore, MD 21227

800-545-6026

www.ahcah.com

Apria Healthcare

701 Digital Drives, Suites A-C
Linthicum, MD 21090

443-792-4496

Home delivery available

www.apria.com

Baystate Medical

7271 Park Circle Dr.

Hanover, MD 21076

866-883-9770

Monday to Friday

8:30 a.m. to 4:30 p.m.

Home delivery available

www.baystatemed.com

CVS

www.cvs.com

Home Depot

2300 Broadbirch Dr.

Silver Spring, MD 20904

301-680-3500

Monday to Saturday

6 a.m. to 9 p.m. and

Sunday 6 a.m. to 9 p.m.

www.homedepot.com

Jessa Medical Supplies

112 Market St.

Gaithersburg, MD 20878

301-990-8706

Monday to Friday

10 a.m. to 5 p.m. and

Home delivery available

www.jessamedical.com

Lincare

5020 Herzel Pl.

Beltsville, MD 20705

301-937-3082

www.lincare.com

Nations Healthcare, LLC

11515 Cronridge Dr.

Owings Mills, MD 21117

Monday to Saturday

8:30 a.m. to 5 p.m.

888-473-8376 or 410-356-

9006

Neighborcare at Home Medical Equipment of Maryland LLC

9105 Whiskey Bottom Rd.,

Suite G. Laurel, MD 20723

301-362-7600

Monday to Friday

8 a.m. to 5 p.m.

Respicare

7411 Alban Station Ct., Suite
A100

Springfield, VA 22150

703-440-3600

Respira

521 Progress Dr., Suite A-C

Linthicum Heights, MD 21090

Monday to Friday

8 a.m. to 5 p.m.

443-200-0055

www.respiramedical.com

Roberts Home Medical

20465 Seneca Meadows Pkwy
Suite 7005

Germantown, MD 20876

301-353-0300

Monday to Friday

8:30 a.m. to 5 p.m.

Home delivery available

www.adapthealth.com

Sears (Catalog Only)

800-326-1750

Spectrum Medical

8820 Brookeville Rd.

Silver Spring, MD 20910

301-587-2992

Monday to Friday

9 a.m. to 3 p.m.

Home delivery available

www.spectrummedical.net

Target

www.target.com

Walmart

www.walmart.com

Sample Product Price List

Raised Toilet Seat: \$20 to \$70

Bedside Commode: \$48 to \$200

Shower Chair: \$45 to \$65

Tub Bench: \$100 to \$115

