



MemorialCare™

Saddleback Medical Center



MemorialCare Saddleback Medical Center
24451 Health Center Drive
Laguna Hills, California 92653
949.837.4500

Spine Health Center

at MemorialCare Saddleback Medical Center



MemorialCare[™]
Saddleback Medical Center

Table of Contents

Appointment and Medical Clearance Check List	2
Welcome / The Guidebook.....	3
Overview of the Spine Health Center / Your Spine Health Center Team	4
Your Coach	5
The Spine / Examples of Spine Surgery.....	6
Preparing for Surgery.....	7
Day of Surgery.....	8
Managing Pain After Surgery.....	9
After Surgery.....	11
Call, Don't Fall	12
You're Ready to Go Home	13
Care After Discharge.....	14
Physical Therapy and Exercise / Resuming Normal Activities	15
Neck Precautions / Back Precautions	17
Proper Positioning After Surgery.....	18
Preparing Your Home / Activities of Daily Living.....	21
Energy Conservation and Spine Protection	22
Accessing Your Medical Records via <i>myChart</i>	23
Notes.....	24



Personal Information

Your Name

Date of Surgery

Surgeon

Phone

Primary Care Physician

Phone

Spine Program Navigator

Phone

Your Coach

Phone

We highly recommend having a family member or friend participate in the Spine Program as your coach. They should accompany you to educational and therapy sessions and assist after your discharge home.

Date of Pre-Admit Testing ____ / ____ / ____ & Spine Program Pre-Op Education Class ____ / ____ / ____

Destination at Discharge:

- Home with Spouse
- Home with Relative/Friend
- Skilled Nursing Facility (SNF)
- Relative/Friend's Home
- Other _____



Appointment and Medical Clearance Check List

Please bring the following to your pre-admit testing appointment:

- Coach (if available)
- Medical insurance card
- Photo ID card
- Durable power of attorney or advanced directive
- List of current medications including name, dosage and frequency. Please include all over the counter medications including vitamins and herbal supplements.
- If you have a pacemaker or defibrillator, bring your information card, preferably carried in your wallet
- List of physicians and phone numbers
- Completed anesthesia questionnaire
- CPAP settings (if applicable)

Welcome

Thank you for choosing the Spine Health Center at MemorialCare Saddleback Medical Center. Our multidisciplinary team is dedicated to providing you with excellent care using evidence-based practice.

Approximately 500,000 spine surgeries are performed nationwide every year. The goal is to relieve your pain, restore independence and allow you to return to work and daily activities as quickly as possible.

The Spine Health Center at Saddleback Medical Center provides comprehensive treatment plans. You play a key role in your recovery, and will be involved in each step of your treatment.

Your Spine Health Center team includes physicians, nurses, physical and occupational therapists, patient care assistants and a spine program navigator. Every detail from pre-surgery education to post-operative activities will be reviewed with you. Your spine navigator will be your personal guide through this process.

The Guidebook

Preparation and education are key. This guidebook is your tool to help know:

- What to expect every step of the way.
- What you need to do.
- How to care for yourself.

Remember, this is just a guide. Communication is key, and your physician, nurses and/or therapists may add or change any of the recommendations. Always follow their instructions first and ask questions if you are unsure of any information.



Overview of the Spine Health Center at Saddleback Medical Center

Our comprehensive program covers every step of the journey from consultation to recovery. Features of the program include:

- A spine program navigator to guide you through to recovery.
- Pre-operative education class and guidebook to prepare you for the process.
- Family and friends participating as “coaches.”
- Care pathways to guide your recovery process during your hospital stay.
- Nurses and dedicated therapists trained to work with spine surgery patients.
- Mobilization, as early as day of surgery.
- Multimodal approach to managing your pain.

Your Spine Health Center Team

Surgeon – The physician who will perform the procedure.

Registered Nurse (RN) – Much of your care will be provided by a registered nurse. Your nurse ensures orders given by your physician are completed, including medications and monitoring your vital signs.

Physical Therapist (PT) – The physical therapist will work on your mobility skills, educate you on precautions and teach you exercises designed to improve strength and range of motion.

Occupational Therapist (OT) – The occupational therapist will guide you in performing daily tasks, such as dressing and bathing. They may demonstrate special equipment that may be used in your home after your surgery, such as shower/tub benches, grab bars and raised toilet seats.

RN Care Manager – They will meet with you during your hospital stay to discuss your discharge plan. The RN care manager assists you with your post-hospital care, equipment needs and acts as a liaison with your insurance company.

Spine Program Navigator – The spine program navigator is responsible for guiding you through the spine program. The spine program navigator will:

- Act as your advocate throughout the course of treatment from the physician’s office to surgery and discharge.
- Answer questions and coordinate your hospital care with your care team members.

Other Physicians (if applicable) – Other physicians may work in conjunction with your surgeon to manage any medical issues that may arise during your hospital stay. These physicians may include hospitalists, pain management specialists, anesthesiologists, physical medicine and rehabilitation specialists.

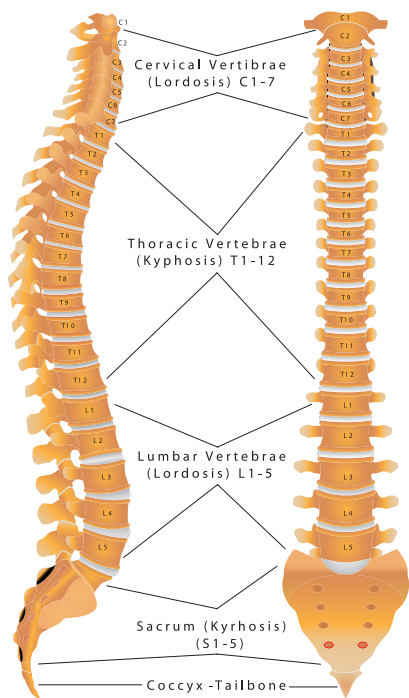
Your Coach

Your coach is a family member or friend who will be with you to help you before, during and after your hospital stay. Your coach should be physically capable, available and actively involved in all steps of your spine surgery journey.

It is recommended that your coach:

- Accompany you to doctor visits.
- Encourage you and help you with pre- and post-operative exercises.
- Attend the *Spine Program Pre-Operative Education Class*.
- Attend the Pre-Admit Testing appointment.
- Help you prepare your home after your hospital stay (safety, groceries and supply needs).
- Help you plan for admission to the hospital.
- Attend as many therapy sessions as possible during your hospital stay.
- Help you plan for admission to the hospital.
- Attend therapy sessions during your hospital stay.
- Be present for discharge instructions and help you follow those instructions.
- Be available to help you settle in at home and stay with you for **at least 24 hours**.





The Spine

The spine is made up of 33 vertebrae bones that protect the spinal cord. The bones are divided into five segments: seven cervical, twelve thoracic, five lumbar, the sacrum (five bones fused together) and the coccyx (four bones fused together). Together, they provide structure to support your body.

The vertebrae are linked by facet joints to allow movement and separated by the intervertebral discs, which act as shock absorbers.

As people age, the discs between the vertebrae lose water, resulting in decreased space and height. This can reduce the space through which nerves exit. Discs and vertebral bones can also be damaged through trauma or arthritis, causing misalignment and pain.

Examples of Spine Surgery

Discectomy

Discectomy is the removal of part of a ruptured disc. The surgeon removes the part of the disc that is pressing, pinching or irritating the nerve root.

Laminectomy

Laminectomy is surgery to take out the bony arches (lamina) of one or more of the vertebrae in your spine. This surgery can help to relieve pressure on your spinal cord or nerves. Laminotomy is the partial removal of the lamina.

Cervical Discectomy and Fusion

Surgical procedure performed on the cervical (neck) region of the spine to help relieve pressure on nerves and spinal cord.

Lumbar Fusion

Two or more vertebrae are joined together using bone grafts or implants, screws and/or rods to stabilize your back and help reduce pain. Posterior fusion is when the surgeon will perform the surgery through the back. The surgeon may decide to go through the abdominal area to perform a fusion. This is referred to as anterior lumbar fusion. The surgeon may also decide to do both an anterior and posterior fusion, if needed.

Preparing for Surgery

Two weeks before surgery

- A representative from the spine program will contact you via email to touch base with you.
- Have pre-operative laboratory tests, chest x-ray, EKG, completed as ordered by your physician.
- Obtain dental clearance (if you suspect any dental issues).
- Attend the *Spine Program Pre-Operative* education class.
- Schedule your pre-admit testing appointment and register for the *Spine Program Pre-Operative* education class. Call 1.800.MEMORIAL (1.800.636.6742) to register or visit memorialcare.org/sbclasses.
- Choose a coach who is available and physically able to help you.
- Prepare your home for your return after your surgery (see checklist on page 21 of this booklet).
- Plan for your discharge from the hospital.
- Discuss with your surgeon if you need to take less pain medicine in preparation for surgery.
- For your health, consider quitting smoking. Speak with your physician about quitting smoking, or call 1.800.NOBTTS (1.800.662.8887) for tips and programs designed to help you quit. Saddleback Memorial also

offers *Tobacco Cessation* classes.

Please call 1.800.MEMORIAL (1.800.636.6742) or visit memorialcare.org/sbclasses for class listings and to register.

One week before surgery

- Discontinue medications, vitamins or supplements as advised by your physician.
- If you are on beta-blocker medication, consult your physician.
- If you are on blood thinners, such as Coumadin (Warfarin) before your surgery, ask your physician about proper management.
- Attend pre-operative appointment with your surgeon.
- Attend pre-admit testing appointment at the hospital.
- Get fitted for a brace, if ordered by your surgeon.

Evening before surgery

- Do not eat or drink anything after midnight.
- You may receive a phone call from your anesthesiologist who will ask you questions and review your medical history. Have a complete list of your medications, including vitamins and herbal supplements with dosage and frequency readily available. You will also speak to the anesthesiologist on the day of surgery.
- Perform skin preparation, as explained at your pre-admit testing appointment.

Morning of surgery

- Take only the medications as instructed by your physician or anesthesiologist.
- Leave all valuables at home, including jewelry, credit cards, money and electronic devices. The hospital is not responsible for the safety of these items.
- Perform skin preparation as explained at your pre-admit testing appointment.

What to bring to the hospital

- Brace, if ordered
- Hearing aids
- Dentures
- Glasses or contacts
- CPAP breathing mask and hose (if applicable)
- Loose fitting clothes for therapy after your surgery – preferably short and shirts. No open toe shoes. Slip-on shoes with secure heels are recommended.
- This guidebook

Day of Surgery

Arrive at the hospital two hours before your scheduled surgery time. Check-in at Admitting just off the main lobby of the hospital. After you have checked-in, you will be escorted to the pre-operative area, where you will change into a gown. A registered nurse will review questions with you and place an intravenous line in your arm to administer antibiotics before surgery.

You'll meet with your surgeon and anesthesiologist before surgery, where you can ask any remaining questions you may have regarding your surgery and recovery. After meeting with your surgeon, you will be taken to the operating room.

When you arrive in the operating room, it will be brightly lit, cold and noisy. After your anesthesia is administered, the nurse will insert a catheter into your bladder. The time required for surgery varies depending on the complexity of the procedure. Sometimes there are delays in the surgery schedule. You will be informed if any delays occur.

You will be asked to verify your name, birth date, location and type of surgery on several occasions. This is to ensure your safety and to make sure you received the right procedure and medications.

During your surgery, your coach and/or family may wait in the surgical waiting room located in the lobby of The Women's Hospital at Saddleback Medical Center. For privacy, you will be identified by a unique identification number, which will be given to your coach so they can monitor your progress on a TV screen. Your surgeon will meet your coach or family member in the waiting room to update them after your surgery.

Managing Pain After Surgery

Spinal surgery is designed to improve the space for your spinal nerves. Even before hospital admission, your nerves may already be very sensitive, due to the irritation from having limited space, blood or from being compressed. After surgery, it is normal to continue to experience discomfort in your neck, back or leg, as your nerves and muscles are easily irritated from the procedure. Stress, depression, fear and anxiety from surgery can also increase the sensitivity of those nerves and decrease your pain tolerance.

Your interdisciplinary care team will assist you in managing your pain so that you can rest comfortably, tolerate moving around and participate in your post-operative care. You will be asked to rate your pain on a scale of 0-10 (0 being no pain). We will attempt to keep your pain level no more than 6 when engaged in activity. Make sure to stay ahead of your pain. Don't wait until it becomes severe before you ask for medication, because it will be more difficult to control.

Ice therapy can reduce pain and inflammation. Cold compression wraps will be provided and can be used regularly while you are in the hospital to assist you with managing your pain. Cold packs can stay on up to four hours each time. The wraps will go home with you.

Your physician will prescribe different medications to manage your pain. These medications may be given through your IV or by mouth. The goal is to transition you quickly to oral medication by the time you go home. Based on your pain relief, your physician may adjust your pain medication.

Movement and activity promotes blood flow and can help calm your nerves down over time. Nurses or therapists may attempt to get you sitting up at the edge of bed, standing or walking the same day of your surgery. Starting activity early will also minimize your risk of complications from surgery.

No Pain

Moderate Pain

Worse Pain



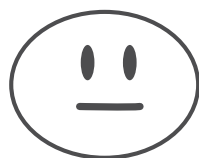
0

NO HURT



2

HURTS
LITTLE BIT



4

HURTS
LITTLE MORE



6

HURTS
EVEN MORE



8

HURTS
WHOLE LOT



10

HURTS
WORST



Maintaining good alignment and avoiding staying in one position can help you from aggravating your pain. Your therapist will educate you on positions and movements to avoid, as well as how long you should stay in one position.

Practicing relaxation techniques is a good way to help with your pain. Deep breathing, guided imagery and use of relaxation media can be a good adjunct to medication. You can bring a listening device and headphones to the hospital to use before your surgery and during your hospital stay. You can also tune in to the hospital's relaxation channel. Ask your nurse for channel information, headphones, eye masks or ear plugs.

Lastly, knowledge is medicine. Knowing about your condition and the hospital process will help ease your anxiety before and after your surgery. Understanding pain and how it works has been shown to improve how people cope with the discomfort expected from undergoing surgery.

Motion is lotion –
hurt does not
always mean harm



After Surgery

You will be taken to the recovery unit to rest until you are fully awake and medically stable to be transferred to your room.

- We will monitor your vital signs more frequently.
- You may need to be on oxygen to help you breathe easier.
- You may have a surgical drain placed to help drain fluid from your surgical site.
- Pressure stockings/sequential TEDs: these pressurized elastic stockings or plastic boots help to prevent venous blood from pooling in the legs and minimize your risk for blood clots.
- You will be trained on an incentive spirometer to ensure lung expansion.
- Your diet may begin with ice chips or clear liquids such as water. If your stomach does not become upset, your diet will be progressed as tolerated.
- You may have to lie flat on your back for a certain length of time if your surgeon orders it.
- Once you are in your room, depending on the type and duration of surgery, you may be seen by a physical therapist that same afternoon.
- Unless contradicted by your surgeon, you will be assisted to sit up at the side of the bed with your legs dangling. You may be walking with a physical therapist or a nurse. A gait belt will be worn around your waist for safety, in addition to your brace, if required.

First day after surgery

- Your blood may be drawn early in the morning so that your physician can receive results prior to his/her visit.
- Pain control – we will continue to ask you to rate your pain, nurses will pre-medicate you

prior to therapy and you will be transitioned to oral pain medication.

- The urinary catheter will be removed today, if not already done.
- Physical therapy will begin today, if not started the day of your surgery. You may have two therapy sessions each day while you are in the hospital.
- Occupational therapy will begin once a day as needed.
- Your care manager/discharge planner will visit you to reaffirm your goals and to plan for your discharge.
- Final preparations for discharge begins if you are medically ready to go home – your nurse will discuss your incision/wound care, medications and review any specific instructions from your physician.
- Discharge planning – all post-discharge care arrangements will be performed and needed equipment will be delivered to your room or home.

Additional days after surgery

- Continue with pain management.
- Continue with physical therapy two times a day: increase walking distance, begin stair training and/or car transfer training, if necessary.
- Continue with occupational therapy, if needed.
- Final preparations for discharge begins if you are medically ready to go home – your nurse will discuss your incision/wound care, medications and review any specific instructions from your physician.
- Discharge planning – all post-discharge care arrangements will be performed and needed equipment will be delivered to your room or home.

“Call, Don’t Fall” Preventing Falls While You Are in the Hospital

Your safety is our top priority at Saddleback Medical Center. We partner with you, your family and friends to keep you safe and prevent falls. We want you to think, “Call, Don’t Fall.”

Please follow these helpful tips

While in bed, keep important items within your reach:

- Nurse call light (TV controller)
- Bedside table
- Water and cup
- Phone
- Eyeglasses and hearing aids (these should be worn when you are awake).



Getting out of bed

- Ask the nursing staff for help when you need to get out of bed.
- Plan to sit at the edge of your bed for a few minutes before getting up. Medications may make you feel dizzy or sleepy. Always call and wait for help if you feel this way.
- Your nurse may stay with you in the bathroom or leave the door slightly open to ensure you are safe.
- A bed alarm might sound to remind you to wait for help before getting out of bed.

Equipment in your room

- Do not lean on a bedside table or IV pole for support when getting up. These items have wheels and cannot support you. Walkers and canes are available, if needed.
- Always wear non-skid slippers, socks or shoes when getting out of bed.
- Remember to wear gowns, pajamas or robes that don’t drag on the floor.

Hospital room

- Never walk on a wet floor.
- Make sure the path to the bathroom and the floor around your bed is kept clear and the lights are turned on.

Information for your family and friends

- Consider staying with your family member if the patient is confused.
- Notify staff if you notice any physical or mental change in your family member.
- Notify staff if you are concerned your family member is at risk for falling.
- When you leave the patient’s room, make sure important items are within reach.
- Notify the nurse when you are leaving. Remind your loved one, “Call, Don’t Fall.”

You're Ready to Go Home

You will be discharged when you are familiar with the medications prescribed for you, and when your physical and occupational therapists have confirmed that you can perform the following daily activities and exercises:

- Get in and out of bed by yourself or with the assistance of your coach.
- Walk on your own at least 150 feet with your walking device.
- Know your precautions.
- Put on and take off your brace correctly.
- Dress and manage your personal hygiene with or without help.
- Use the toilet or commode without help.
- Stand for 10 minutes at a counter or sink to do simple tasks by yourself.
- Be able to get in and out of the bathtub or shower, safely and correctly.
- Climb up and down 12 steps with help (if you have stairs at home).
- Be able to perform your home exercise program as instructed by your therapist.

Day of discharge

The decision to go home or to a skilled nursing facility will be made collectively by you, your care team and your insurance company. Every attempt will be made to have this decision finalized in advance, but it may be delayed until the day of discharge. Our goal is to send you safely to your home on the day of discharge.

Going home

If you are going directly to your home and have set up a discharge appointment time, please arrange to be picked up as scheduled. You will receive written discharge instructions concerning medications, follow up with your doctor and incision/wound care. We will arrange for appropriate equipment. Use this guide to prepare your home. If the doctor determines that home health services and physical therapy are needed, the care manager will arrange for this prior to you leaving the hospital.

Going to a skilled nursing facility

Transportation will be arranged by your care team – your primary care physician or a physician from the skilled nursing facility staff, will give you further instructions. Remember to take this guidebook with you.





Care After Discharge

Incision care

- Keep the incision/wound area clean and dry as instructed. You may have a waterproof dressing already applied. This will allow you to shower, but do not submerge in a tub or pool.
- Make sure you and your coach wash your hands well whenever handling your incision/wound to minimize chance of infection.
- Call your doctor if the incision/wound appears red or begins to drain.
- If your temperature is higher than 101.5° F, call your doctor.
- Calf pain may be a sign of a blood clot. Call your doctor or go to the ER to be checked. Call 9-1-1 if you have shortness of breath or chest pain.
- Wear compression stockings, if instructed by your surgeon.

Medications

- Learn how to take your medicine. Be sure you know how much, when and how often to take it.
- Do not wait until the pain is severe before you take your pain medicine. Try to stay on a schedule.

- Pain medicine can make you dizzy or sleepy. Prevent falls by calling someone when you get out of bed or if you need help.
- You may require a laxative or stool softener, as pain medication can cause constipation.
- Do not drink alcohol while you are on pain medications.

Brace

- Wear your brace as instructed by your surgeon and your therapist. You may need to wear your brace for a few weeks after your surgery. Do not stop wearing your brace until your surgeon says it's okay.
- Instructions on how to care for your brace should be included when you get your brace. Follow the written instructions on how to clean and care for your brace.
- For cervical spine surgeries, you may have to wear your collar in bed.

Physical Therapy and Exercise

Walking is the best form of exercise after spine surgery. After you are discharged from the hospital, it is recommended that you walk multiple times throughout the day. Make sure to use your assistive device when walking, if it is recommended by your therapist.

Your therapist may provide you with a home exercise program when you discharge from the hospital. Follow the instructions on how and when to do these exercises.

In certain situations, your surgeon may order a home health physical therapist to come to your home. This will be done through a home healthcare agency that your insurance is contracted with. The physical therapist will continue your exercise program and rehabilitation to ensure that you are able to regain as much of your functional mobility and independence as possible.

If needed, your surgeon may order outpatient physical therapy once your neck or back is stable. This will help to strengthen the muscles around your spine to provide an additional layer of protection and support.

Resuming Normal Activities

Here are some questions you may want to ask your surgeon before going home from the hospital:

- Can I take a shower?
- When can I get into a tub or pool?
- How long do I have to wear the brace?
- When can I drive?
- When can I return to work?
- Do I need a dressing for my neck or back?
- When can I resume sexual activity?



Precautions following neck surgery (up to 6 weeks)

DO NOT BEND YOUR NECK

- Move your head and shoulder together to look up or down.

DO NOT LIFT GREATER THAN 8 POUNDS

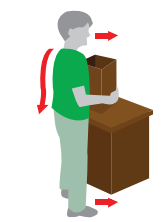
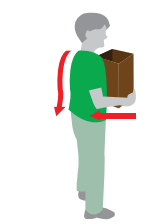
- Avoid lifting anything over head.
- Keep items you are carrying close to your body.

DO NOT TWIST

- Following cervical surgery, do not twist your neck from side to side.
- Keep your head up straight and keep your ears and shoulders lined up.

Additional Precautions:

- Don't pull yourself out of bed or allow someone else to pull you up.
- Log roll when getting up out of bed.
- Don't pull on the handrail when climbing the stairs.



Precautions following back surgery (up to 6 weeks)

DO NOT BEND YOUR SPINE

- Squat down or lunge to reach low objects.
- Use a reacher or sock aid.

DO NOT LIFT GREATER THAN 8 POUNDS

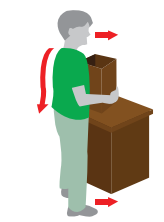
- A gallon of milk weighs approximately 8 pounds.
- When lifting, keep object close to your body to decrease the load on your spine.

DO NOT TWIST YOUR TRUNK

- Always point your feet or hips in the same direction as your shoulders to avoid twisting your spine.

Additional Precautions:

- Avoid reaching overhead.
- Avoid sitting with poor posture.



Proper Positioning After Your Spinal Surgery

Sleeping position



Sleeping on your back is best

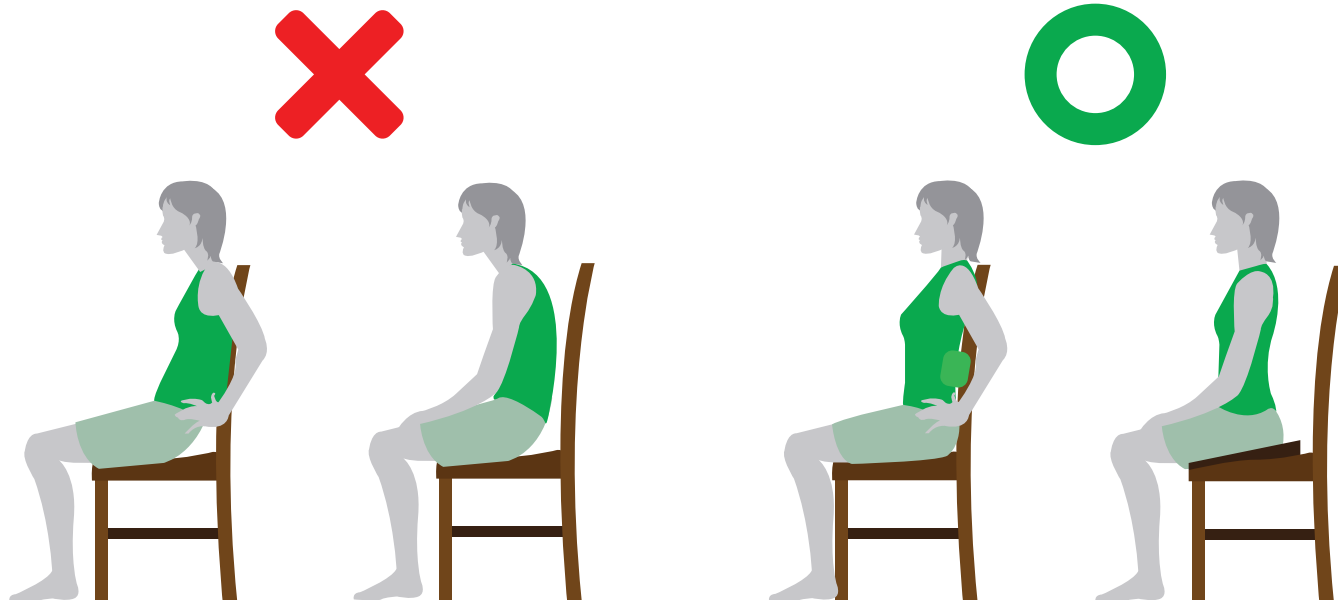


Sleeping on your side is second best

Sitting position

- A tall back chair with arm rests is recommended to support your back while sitting. You may use a pillow to improve comfort especially when wearing your brace.

- Do not sit for more than 30 minutes at a time. It is important to change positions often to avoid muscle stiffness and fatigue.

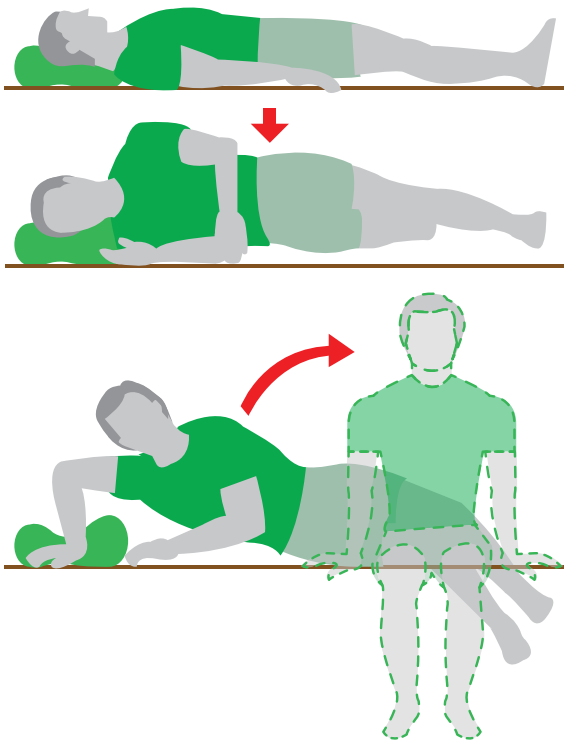


Transfers

LOG ROLLING TECHNIQUE

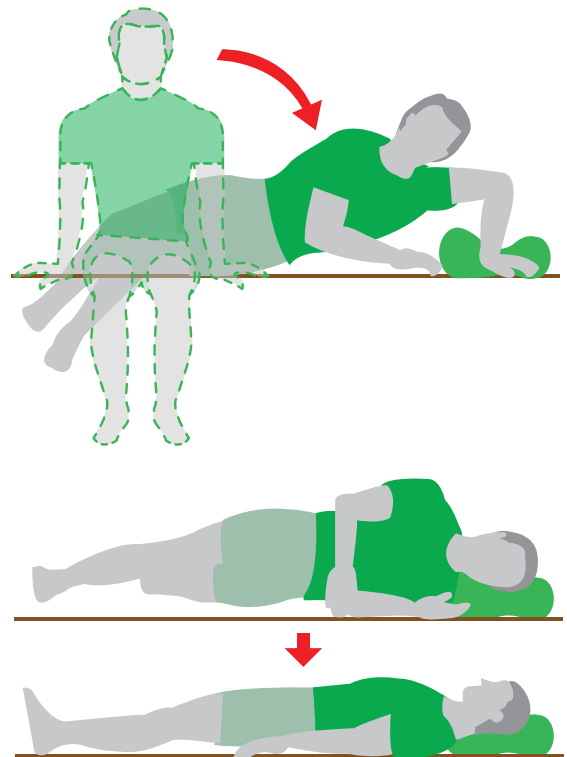
Getting out of bed

1. While lying on your back, bend your knees.
2. Roll onto your side. Keep your shoulders and hips together as a unit as you roll.
3. Place your bottom hand underneath your shoulder. Place your top hand in front of you at chest level.
4. Slowly raise your body as you lower your legs toward the floor.



Getting back into bed

1. Sit on your bed, closer to the head of the bed than to the foot of the bed.
2. Scoot back onto the bed as far as you can.
3. Lower yourself onto your side using your arms to help guide and control your body. At the same time, bend your knees and pull your legs onto the bed.
4. Keep your knees bent. Roll onto your back. Keep your shoulders and hips together as a unit as you roll. Think of yourself as a rolling log.



Car transfers

Getting into a car

1. Be sure the passenger seat is pushed all the way back.
2. Recline the seat back to provide increased room.
3. With your walker in front of you, slowly back up to the car seat and slowly sit down, without bending your spine.
4. Roll your body as you swing your legs into the car to avoid twisting.

Getting out of a car

1. Push seat all the way back.
2. Roll your body as you lift your legs out of the car to avoid twisting.
3. Place the walker in front of you and stand up by pushing up with your hands.



Shoes

Rubber-soled shoes that can be slipped on are recommended, because you will be unable to bend over to tie your shoes after surgery. Elastic laces are available for sneakers so that they can be more easily slipped on.



Dressing

The use of adaptive equipment for dressing may make you feel more comfortable and will allow you to maintain your precautions.



Preparing Your Home

- Before you go to the hospital, do your grocery shopping, prepare and freeze meals and put cooking utensils where they are easy to reach. Make simple meals that will be ready for you when you get home.
- Move furniture to make a clear path to your kitchen, bathroom and bedroom.
- You need a firm tall back chair with armrests. This makes it easier to get up. Do not sit on a chair that rocks, rolls or swivels.
- Place a non-skid bath mat in your tub or shower – a shower chair may be needed.
- For your convenience, you can place items that you use every day at arm level between your waist and shoulders.
- Watch out for slippery/wet areas on the floor.
- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to the floor or have non-skid backs.
- Be aware of all floor hazards, such as pets, small objects or uneven surfaces.
- Make sure you have good lighting throughout your home. Install nightlights in the bathrooms, bedrooms and hallways.
- Keep extension cords and telephone cords out of pathways. Do not run wires under rugs – this is a fire hazard.

Activities of Daily Living

Showering

- No tub bathing (or swimming) until cleared by your surgeon.
- No showering until cleared by your surgeon.
- Use a long-handled bath sponge and handheld shower to avoid bending and twisting when bathing.

- If it is difficult to get into and out of the bathtub, purchase a bathtub transfer bench or shower chair and safety grab bars. This will also help with energy conservation and safety.

Dressing

- Remember not to twist or bend.
- Put on your shirt, pants and socks while sitting in chair.
- Use a “cross-leg” technique to avoid bending at the waist. Place your foot on the opposite knee.
- Use long-handled adaptive equipment.

Toileting

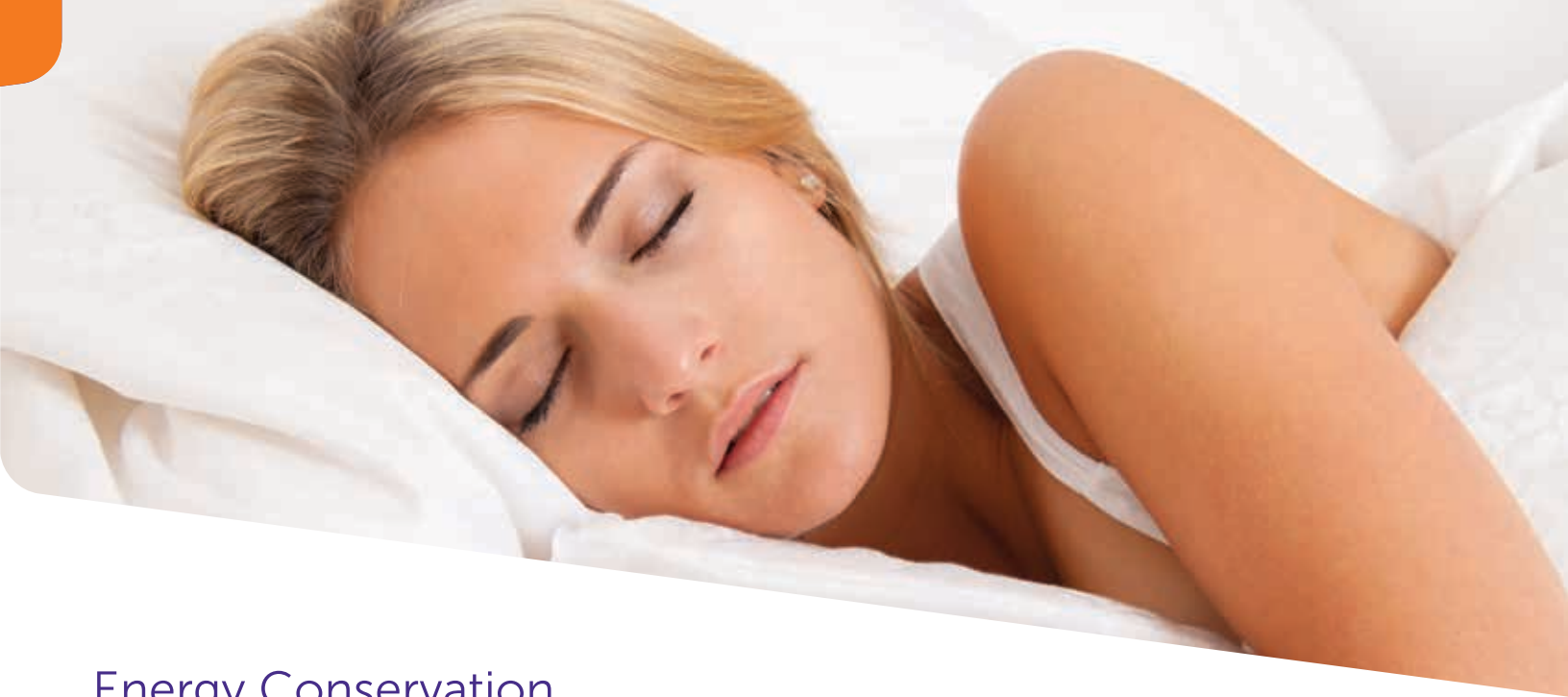
- Use a raised toilet seat with handles or a bedside commode to increase your ease and safety when getting on and off the toilet.
- Avoid twisting when using toilet paper. Put the toilet paper within easy reach.
- Avoid twisting when flushing the toilet. Flush the toilet after standing up.

Activities at the sink or countertop

- Stand with one foot in front of the other, as if you just took a step.
- Brace yourself with one hand on the countertop and bend at your hips and knees.

Meals

- Keep items within safe and easy reach on the countertop and in the refrigerator.
- Use smaller containers for milk, juice and other liquids.
- No lifting large bags of garbage.
- No lifting bags of groceries.



Energy Conservation and Spine Protection

Pace yourself

- Spread heavy and light tasks throughout the day and week.
- Don't schedule too many activities in one day.
- Allow yourself enough time to complete a task without having to rush.

Plan ahead and be organized

- Gather all items you will need before you start a task.
- Keep items within easy reach.

Simplify your tasks and set realistic goals

- Use adaptive equipment when needed.
- Use appliances to do the work for you.
- Prioritize what activities are most important to you.
- Don't think you have to do things the same way you've always done them.
- Ask for help. Divide tasks among family and friends.

Avoid fatigue

- Sit when possible.
- Get a good night's sleep.
- Do not plan activities right after a meal. Rest 20-30 minutes.
- Plan rest periods throughout the day, 5-10 minutes out of every hour.
- Don't wait until you are tired before you stop and rest.

Use good posture

- Sit and stand straight.
- Proper body alignment balances muscles and decrease stress.

Use good body mechanics

- Push or pull, rather than lift.
- Slide objects along the counter.
- Stand close to object to be moved.
- Carry items close to body, keeping back straight.

Accessing Your Medical Records via *myChart*

Patients have 24/7 access to their health profile through *myChart*, a secure online system in which patients can log in to view their medical/health records, including any hospital stays and discharge records. With *myChart* patients can:

- Review health education and discharge instructions provided by their physician.
- Review test results.
- Review medications, immunizations, allergies and medical history.
- Access family's records and facilitate appointment requests, immunizations records and more.
- Communicate with physicians via secure email system.
- Request appointments and prescription renewals.
- Follow the instructions provided to you upon registration, or visit memorialcare.org/mychart.
- Information from your current hospital stay will not be available until after discharge.



