

A Guide to Your Spine Surgery and Recovery Process

USC Spine Center



Keck Medicine
of **USC**

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USC Spine Center & Keck Hospital of USC

Spine Center

(Call between 8:30am - 5:00 pm, Monday through Friday)

Tel: (323) 865-6840 (Main Line)

Tel: (626) 442-293-2400 (Medical Records)

Fax: (323) 442-5301

On-Call Emergency/ After hours

Tel: (844) 872-3472

Appointment Scheduling

Tel: (844) 872-3472

Keck Hospital of USC

Tel: (323) 442-8500 (Main)

Tel: (323) 442-8999 (Admitting)

Tel: (323) 442-8838 (Discharge Planning)

Tel: (323) 442-8865 (5S – Telemetry)

Tel: (323) 442-8878 (6 N – Ortho Floor)

Tel: (323) 442-8780 (7N – Neuro Floor)

Tel: (323) 442- 8893 (7S – ICU)

Tel: (323) 442 -9801 (8W – ICU)

Tel: (323) 442-8700 (Imaging Services)

Tel: (323) 865-3150 (Interpreter Services)

Tel: (323) 442-8786 (Medical Records)

Tel: (323) 442-5770 (Outpatient Pharmacy)

Tel: (323) 442-8630 (Parking)

Tel: (323) 442-9516 (Patient Experience)

Tel: (323) 442-8571 (Security)

Tel: (323) 865-3150 (Social Services)

Billing Questions

Tel: (888) 670-1431 (Physician Billing)

Tel: (866) 860-8964 (Hospital Billing)

Tel: (866) 860-8964 (Financial Assistance)

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Thank you for choosing Keck Hospital of USC for your spine surgery. Our team of dedicated professionals will work with you to make your surgical procedure and postoperative stay as successful as possible. You and your doctor (surgeon), in collaboration with other members of the healthcare team, will work together to achieve the best possible outcome.

We believe that patients play a key role in ensuring a successful recovery. Make sure you understand the surgery and what to expect in the weeks and months following. Our goal is to involve patients in their treatment through each step of their recovery process. The recovery phase begins immediately after surgery. The sooner you become active post-operatively, the sooner you may begin to return to normal activity. Please feel free to ask any of our team members how we can best help you in meeting your goals and please inform us of any concerns you may have along the way.

Please remember, this is just a guide. Your surgeon, physician assistant (PA), nurse or therapist may add to or change some of the recommendations. Always use their recommendations first and ask questions if you are unsure of any information. Keep this guide as a handy reference for at least the first year after surgery. Bring this guide with you to the hospital, rehabilitation, outpatient therapy, and all doctor visits.

Through consultation and collaboration, USC Spine Center's team will work to help you achieve the best medical outcome.

Your Team Includes:

Yourself and a Patient Partner - Prior to surgery, we suggest you select a family member or caregiver who will be available to provide assistance and encouragement before and after your surgery.

Surgeons and staff – Your surgeon will manage your care, with assistance from physician fellows, residents and physician assistants (PAs) and consulting physicians if needed, such as a medical management physician.

The Nursing Department and ancillary staff consists of:

■ **Surgical Registration / Pre-Op Unit** – You will be admitted to this area on the day of surgery. Registration will be completed and you will be taken to Surgical Pre-Op. Your vital signs will be taken, an IV access will be started, and you will speak with an anesthesiologist. You will remain in this area until the time of your surgery. Please understand that wait times may vary; therefore, we encourage your family to wait with you.

■ **Post Anesthesia Care Unit (PACU / Recovery)** – You will be taken to the Post Anesthesia Care Unit (PACU) where you will recover. You will remain in this area until you are fully awake and ready to go to your hospital room. You will most likely go to the spine unit on the sixth or seventh floor but there is a possibility of going to another unit if this unit is not available. The average length of stay in PACU is approximately 90 – 120 minutes.

■ **Transport Team** – Members of this team provide transportation to any testing needed.

Advanced Spine Nursing Team:

■ **Health Unit Coordinator** – The coordinator works at the nurses' station and assists with communication between in-house departments and the nursing staff.

■ **Nursing Assistants** - Under the direction and supervision of a Registered Nurse (RN), a nursing assistant will assist with your care.

The Rehabilitation Department Team:

■ **Physical Therapists and Physical Therapist Assistants** – USC's skilled physical therapists and physical therapist assistants provide training and exercises to regain your functional mobility. The physical therapy team will work with you to get you back on your feet and moving again after surgery by increasing your strength, endurance, balance, coordination, and overall functional mobility for walking, transfers, climbing stairs, and being able to complete a home exercise program.

■ **Occupational Therapist** – USC's skilled occupational therapists will train you to perform your self-care with good understanding of proper body mechanics and integration of your spinal precautions. The goal of occupational therapy is to improve your independence in completing everyday essential tasks that are important to your life such as dressing, bathing, sexuality, home management, cleaning, shopping, cooking, working, driving and staying active.

■ **Case Management/Clinical Social Work Team** – Members of the Case Management/Clinical Social Work Team continuously review your progress and communicate with your surgeon and insurance company as necessary. They will order any necessary medical equipment that you will need at home and arrange for your needs upon discharge, sometimes including ongoing rehabilitation and home care. A social worker is also available for supportive counseling and community resources, if needed.

OUR SPINE SURGEONS

The team of specialists at the USC Spine Center are fellowship-trained (have received additional specialty training) and nationally recognized for their talents in neurosurgery and orthopaedic surgery. In addition, all of the specialists are faculty at the Keck School of Medicine of USC, with some physicians participating in innovative and cutting-edge basic science and clinical research.



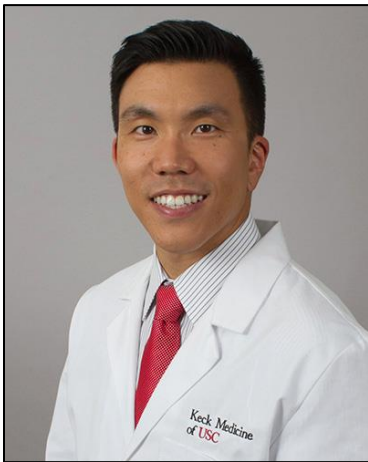
Ram Kiran Alluri, MD



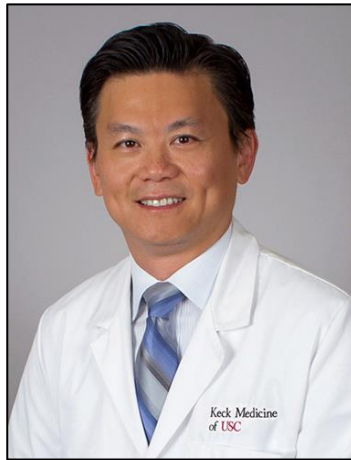
Thomas C. Chen, MD, PhD



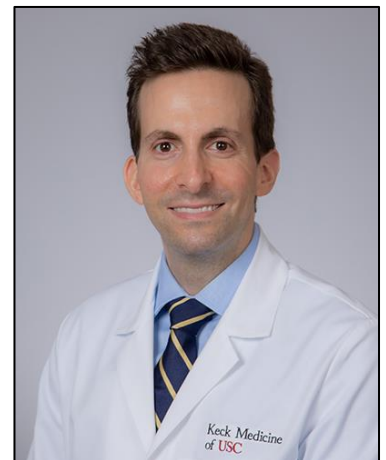
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Blood Conservation Strategies and Techniques

Some patients choose not to accept any blood products and others may want to minimize the need for donor blood during surgery.

Blood conservation offers patients significant benefit by:

- Reducing your exposure to viruses and other blood borne diseases
- Reducing the risk of hospital acquired infections
- Possibly reducing your hospital stay

At the Keck Medical Center of USC we offer a variety of options to our patients to minimize or eliminate the need for blood transfusion:

BEFORE SURGERY

Anemia Correction*

- Synthetic Erythropoietin – a hormone that stimulates production of red blood cells in your bone marrow
- Iron (oral and intravenous) – a mineral essential for the formation of red blood cells
- B12, Folic Acid, Vitamin C – vitamins necessary for red blood cell production

DURING SURGERY

Hemodilution - Removal of a specific amount of blood during surgery, replaced with intravenous (IV) fluids and returned after surgery

Cell Salvage - The process of collecting blood lost during surgery and returning it to the patient after being appropriately processed

AFTER SURGERY

Minimal Blood Draws - By reducing the number of lab draws after surgery, this can reduce the risk of anemia. When lab draws are required, only the smallest amount of blood needed to complete the testing should be taken.

Your physician will be available to discuss these options with you when you come in for your consultation. Additionally, you can also call our Blood Management Program at (323) 442-5263 to learn more or email us at randy.henderson@health.usc.edu.

*These techniques are available for most patients.

Before Going to the Hospital

To make sure you are healthy enough to tolerate your surgery well, you will need to obtain medical clearance which is a series of tests ahead of time by a USC physician or your own primary care physician. These tests will include a medical evaluation, an electrocardiogram (EKG), x-rays, and several blood tests. If you would like your clearance to be with a USC physician, please call 323-442-5100. **Without Medical Clearance your surgery will be cancelled. Your medical clearance appointment should be WITHIN 30 DAYS of your surgery.**

We need this clearance faxed to us at least 1 week prior to your surgery.

- Review "Advance Directive for Healthcare". The law requires that everyone over 18 years of age who is being admitted to a medical facility has the opportunity to complete an Advance Directive, please bring a copy to the hospital on the day of surgery. If you do not have an Advance Directive and would like to complete one, you may contact the Patient Care Social Services Office at Keck Medical Center by calling (323)865-3150.
- Have your teeth checked. To help avoid infection, it is important to complete any dental work you need prior to surgery. Loose teeth can also be at risk so please notify your dentist of your upcoming surgery.
- It is important for you to report a complete and accurate history of all medications (including medication for pain) so we can provide you with the best level of care while you are at Keck Medical Center.
- Make sure your surgeon knows about your past history of medical conditions, surgeries, and food and drug allergies.
- Review all medications you are taking with your primary care physician and surgeon (be sure to include non-prescription drugs, such as over-the-counter remedies, as well as vitamins and food supplements). If you are taking fish oil or herbal medications, it is also important to mention these to your surgeon as they may cause bleeding.
- Please also discuss your alcohol consumption and use of any recreational drugs with your surgeon.
- You may need to stop some medications such as blood thinners (including but not limited to aspirin, Coumadin®, Xarelto®, Plavix®) or anti-inflammatory agents /NSAIDS (ie: ibuprophen, Celebrex®, Naprosyn®). You may also be asked to stop steroid medications. If you are unsure about stopping any of the medications you are taking, be sure to ask your surgeon.
- Anesthesia recommends not to take angiotension-converting-enzyme (ACE) inhibitors, angiotension II receptor blockers (ARBs), or diuretics the morning of your surgery. Please discuss with your primary care physician.
- Do not take oral diabetes medications the morning of your surgery. It is recommended that you take half of your basal insulin dose the night before your surgery.
- If you are having a spinal fusion, you may be asked to stop taking bisphosphonates (including but not limited to Fosamax® or Actonel®).
- If you are overweight, losing weight will help improve your mobility after surgery.
- You will be given prescriptions for any medications you might need specifically related to your surgery before discharge from Keck Medical Center.
- Eat light, high fiber meals 2 days before surgery to help aid in post op constipation.

Find out your arrival time at the hospital –You will receive a call from your doctors office with this information, usually 1-3 days before your surgery date . You will be given a time to come into the hospital. The time you are given will be two hours before your scheduled surgery to give the nursing, anesthesia and the surgical team sufficient time to prepare and answer questions. The time of your surgery is subject to change. It is important that you arrive on time to the hospital. In some cases, lateness could result in postponement of your surgery.

STOP SMOKING – smoking slows down the healing process and may interfere with the development of solid bone fusion. If you are a current smoker, we advise that you quit smoking tobacco products at least 1 month prior to surgery. Nicotine, in any form, is a hindrance to bone fusion and healing. Because nicotine is the source of the problem when it comes to healing and bone fusion, smoking cessation products such as Nicorette® gum or nicotine patches must be discontinued as well. Please discuss smoking cessation plans with your medical doctor. There are new medications available to help with this.

Home Modifications

A number of simple changes can make your home safer and more practical for your return from the hospital. While your physical or occupational therapists may have additional suggestions after your surgery, the following steps are generally recommended for everyone. Most of these items are readily available from medical/surgical supply stores. It is advised to check with your insurance company to see if you are covered for any or all of the recommended items.

Throughout your home:

- Remove throw rugs and other hazards; pay special attention to the position of electrical cords.
- Place items you use regularly (kitchen utensils, toiletries, clothes, etc.) at arm level so you don't have to reach up or bend down.
- For elderly patients or patients with special needs, you may want to consider rearranging furniture so you can maneuver easily with a cane, crutches, or walker.

Bedroom:

- Make sure your bed is accessible and of adequate height so you don't have to bend too much getting in and out. Raise the bed with bed risers if necessary.
- Make sure lamps can be turned on and off easily, preferably from bed.
- Check to see that your remote controls and battery-operated devices have new batteries.
- If you are having neck surgery, you may benefit from a sleeping wedge.

Living Room:

- Have available a high, stable chair with a firm seat cushion and armrests.

Bathroom—For your safety and comfort, you might consider:

- Bars/handrails in the bath/shower
- A raised toilet seat if you have a low toilet
- A shower bench/chair for bathing
- A hand-held showerhead

Before you come to the hospital, you may want to check with your insurance company to inquire about your coverage (both hospital stay and post-discharge needs, including rehabilitation, home care, and equipment). The USC staff will work with your insurer to provide you with the most appropriate level of rehabilitation services upon discharge.

Specific Questions to Ask Your Insurance Company:

- Make sure that you specify your diagnosis and the type of spine surgery you will be having.
- Is there a limit on the number of days I am covered for hospitalization for the surgery?
- Does my insurance pay for a nurse's aide? Please note, routinely this is not covered by insurers and is paid for out-of-pocket.

- Does my diagnosis and procedure meet medical criteria for an acute rehabilitation facility? Acute rehabilitation facilities are overnight programs, either at Keck Hospital or another institution. Such programs provide intensive therapy for at least three hours per day, Monday through Saturday. The average length of stay is 7 days.
 - If yes, is there a limit on the number of days I am covered for?
 - Which facilities are in my network (covered under my plan)?
 - Is transportation to the facility covered? If yes, under what circumstances?***Please note:** Applications must be made to 3 acute rehabilitation facilities – we cannot only apply to your first choice.

- Does my diagnosis and procedure meet medical criteria for a skilled nursing facility? Skilled nursing facilities are overnight short-term programs. On average, such programs provide 1-2 hours of therapy, Monday through Friday. The length of stay is approximately 7 days, which varies on your prior level of independence and progress with your rehabilitation program.
 - If yes, is there a limit on the number of days I am covered for?
 - Which facilities are in my network?
 - Is transportation to the facility covered? If yes, under what circumstances?***Please note:** Applications must be made to 3 sub-acute rehabilitation facilities, we cannot only apply to your first choice.

- Does my diagnosis and level of care required qualify me for home care? Home care involves therapy and services provided to you at your home.
 - If yes, what kind of services? (nurse, physical therapy, occupational therapy, assistance at home, such as a home health aide/attendant?)
 - If yes, do I have a co-pay for any of the services?***Please note:** Home care is often limited or not covered at all by insurers, especially if you have private insurance. Therefore, please make alternate care plans for when you get home.

- What types of equipment are covered?
 - A walker, wheelchair, crutches, cane?
 - Elevated toilet seat/commode?
 - Shower bench/chair?
 - Dressing equipment?

The Night before Surgery

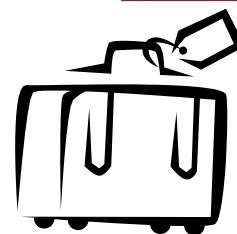
- ❑ Arrange for a **friend or family member to be available to assist you after you return home.** Depending on your insurance, you may not be covered to receive any extra help. If you are interested, a list of private services can be provided.
- ❑ Take medications as instructed by your surgeon and medical doctor. Please contact your surgeon's office to ask about taking pain medication the morning of surgery.
- ❑ **Refer to the Eating and Drinking Guidelines on page 12.**
- ❑ **Use CHG Wipes the evening before and the morning of your surgery as instructed by your surgical team.**



What to Bring to the Hospital

You can make your hospital stay that much easier by following this checklist as you pack:

- Insurance card/information
- List of medications, including dosage and how often you take them
- Prescription medications in their bottles (In case USC does not carry this medication or you do not want to take generic, etc., your home meds can be relabeled and dispensed by staff.)
- List of allergies
- Completed Health Care Proxy form
- Emergency contact number
- Names and numbers of any rehabilitation facilities you may have made arrangements with
- Loose-fitting clothes, such as sweatpants and t-shirts
- Robe
- Rubber-soled, non-slip shoes (e.g., sneakers, or slippers with a back)
- Toiletry items (toothbrush, toothpaste, comb/brush)



- Any assistive devices you use (e.g., walker, cane). Please label all devices.
- Dentures or hearing aids (with working batteries)
- Eyeglasses (not contact lenses)
- Phone numbers of all physicians, family, and friends whom you might need to contact
- A small amount of cash for newspapers, etc. It might be helpful to have a credit card number available (although you do not need to bring the actual card).
- House keys

What NOT to Bring:

- Valuables (such as large amounts of cash, checkbook, jewelry, expensive belongings)
- Electrical devices (such as hairdryers and heating pads)

Day of Surgery

- ✓ Drink 2 glasses of water before leaving for the hospital
- ✓ Use CHG Wipes before leaving for the hospital

Checking in: On the day of surgery, you will go to Keck Hospital of USC Admissions Office which is located at 1500 San Pablo St, Los Angeles, CA 90033. After registering, you will go to our pre-operative testing area where you will meet with your anesthesiologist and the spine team, before being taken to the operating room.

Additional Information

Family Waiting Rooms

USC has a surgery lobby called the Gold Lobby available for family and friends of patients undergoing surgery. Friends or family may check in with the concierge desk to pick up a pager. They will be paged with updates of their friend or family member –i.e. when they are done with surgery and also when they will be leaving the recovery room and transferred to the spine unit or available unit. Friends and family will then be able to meet them in their room. The Concierge desk and the Gold Lobby are located on the 1st floor of the hospital.

Visitor Policy/Hours

Visiting hours are from 8:00 AM to 8:00 PM and are limited to two visitors at a time, with no time limit allocated to the visitation. Up to date vaccination (primary doses and booster if eligible) or a negative COVID test are required. If not fully vaccinated and boosted, visitors must present proof of a negative PCR COVID test within 48 hours of visitation OR a negative Antigen COVID test within 24 hours (no home tests) of visitation. Visitors that will have consecutive visits will need to present a negative COVID test every 3rd day (day 1, day 4, day 7, etc). One overnight visitor is allowed with a negative, medically observed COVID test (PCR/Antigen) regardless of vaccination status. Overnight stays are not allowed in the ICU, shared rooms, or COVID positive rooms. Visitors will undergo symptom screening when entering the building and should practice frequent hand hygiene when entering/exiting the building or patient room. They must wear a medical mask (provided) at all times when in the building and in the patient room. Maintain 6 feet of physical distance from others in all areas including the patient's room. Stay in the patient's room while in the unit. Visitors are not permitted to eat in the patient's room or lobby because this would require unmasking.

Guest Lodging

Discounted rates for USC guests are available at the hotels listed at the end of this guide. Please consult each individual hotel for information on special services. Rates do not include tax and are subject to change without notice.

Meals

Keck Medical Center makes every effort to provide nutritious meals to our patients. To speed your recovery, your surgeon may specify what you can eat post-operatively. If you have specific dietary needs, please let the nursing staff know as there are other dietary meals available upon request (e.g. vegetarian, gluten free, and diabetic).

Parking

General Parking Information: Adjacent parking is available in the hospital parking structure. The hospital DOES NOT validate parking. The daily flat rate is \$8.00. Day passes can be purchased for \$12.00 and weekly passes for \$50.00. There is Valet available and it's located next to the front doors of the hospital. The daily flat rate for valet parking is \$15.00, and \$20 for overnight valet. These fees are subject to change. For questions about parking, call 323-442-8630.

Transportation home

Plan ahead for your **transportation home** (family, car service, ambulette). Please note that most insurances do not cover the cost of getting home. You will not be permitted to drive yourself home upon discharge.

Monitoring Your Progress

We will take your temperature and blood pressure, and also check on your surgical site, every 4 hours around the clock or more frequently if you are in the ICU. Once a day, we will also take a blood sample. For the first 24 hours, your mouth will be very dry, and your throat may also hurt. Ice chips are available to ease these sensations. Some patients may experience a slowing of the digestive process as a result of some medications or the surgical procedure. Please let your healthcare team know if you experience any abdominal pain or nausea; treatment is available.

Although discomfort is a normal result of surgery, your healthcare team is there to keep your pain to a minimum. Your surgeon will prescribe your personal pain management program, which will involve either oral medication, intravenous medication or the use of a pump you activate yourself (also known as Patient-Controlled Analgesia or PCA pump). Your nurse will instruct you on the use of the PCA pump. Please remember that if you are using a PCA pump, it is important that you push the button when you have pain. If you are in pain, you can also request additional pain medication. We can also adequately control your post-operative pain with oral medication once you can tolerate food and drink. You can also help us help you. The more accurately you can describe your symptoms, the better we will be able to alleviate them and help you move forward with your recovery. Your health team will use a pain scale of 0-10 for you to gauge your pain; 0 being “no hurt” and 10 being “hurts worst”.

Wong-Baker FACES® Pain Rating Scale



www.wongbakerFACES.org

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■ Since pain levels tend to go up and down during the early recovery stages, tell your nurse or doctor if the pain gets worse.

■ Try to pinpoint the kind of pain you are experiencing: Is it constant? Intermittent? Sharp? Dull? Aching? Burning? Does it feel like muscle spasms?

Since pain also varies in intensity, we will ask you to rate your pain whenever we check on you. Please also let us know if you experience side effects from the pain medication, such as nausea, itching, dizziness, or constipation. We can help you with those symptoms as well. You can expect pain to decrease and your stamina to increase as your stay goes on. By the time you leave the inpatient floor, you should need only oral pain medication.

The following is a list of precautions that must be followed for the first 6-8 weeks after surgery in order to protect your spine. These precautions will help avoid injury to your spine, and will promote healing. Once you complete therapy, you will be able to start easing into your normal activities. Walking is the best activity you can do and you will be able to start walking as soon as your doctor clears you for this. Once cleared to start walking (usually within the first couple days of surgery) it's best to start out slowly and work up to walking 30 minutes at least twice a day.

General:

- Pressure in the low back increases with sitting. **DO NOT** sit for more than **1 hour** without changing position.
- **No lifting** anything over **5 lbs. Avoid twisting , bending, pushing, pulling, or any straining movements.**
- Practice good body posture and body mechanics, even during routine daily tasks.
- **Walk only on flat surfaces, no incline or hills until physical therapist has cleared you for incline and hills.**
- If we have given you a brace, please wear it at all times while up walking. You may remove it while laying down or to shower, unless otherwise instructed by your physician.

Things to consider and practice while in bed:

Log Rolling: This means keeping your body in a single unit as you roll right or left. Your right hip must stay aligned with your right shoulder just as your left hip needs to stay aligned with your left shoulder.

To sit up: Log roll to your right side. Push yourself up with your arms, and as your legs go down your shoulders go up.

- DO NOT come to a seated position without first rolling to your side.
- DO NOT twist or rotate your spine.

Things to consider while sitting:

- DO NOT bend forward or to the side.
- DO NOT twist/rotate your spine to reach for something.
- DO sit in a firm straight-back chair with arm rests; seat height should be knee height.

Things to consider while standing:

- DO NOT twist/rotate your spine.
- DO NOT bend at your waist. You **MUST** bend from your knees

Control your discomfort:

- Pain medications **DO NOT** take away all of your pain, but they should keep the pain to a manageable level.
- Take pain medication at least 30 minutes before beginning activity.
- Pain medication may cause constipation. For this reason you should drink plenty of fluids, eat a balanced diet and stay as active as possible. You may need a gentle oral laxative or suppository from your local pharmacy. Check with your surgeon's office for further instruction.
- Gradually wean yourself from prescription medication (Generally, pain medications are weaned over 4-6 weeks after surgery). Call our office if you have questions of how to accomplish this.
- Change your position every 30-45 minutes throughout the day.
- Use ice for pain control. Applying ice to your wound will decrease discomfort, but do not use ice for more than 20 minutes at a time each hour. Use a covered ice pack. Do not apply ice directly to the skin.
*DO NOT apply heat anywhere close to the incision.

NO BLTs

(Bending, Lifting, or Twisting)

Thoracic/Lumbar

Cervical



Once your surgeon says you are medically ready for discharge, there are several options available, listed below.

You and your healthcare team—your doctors, nurses, physical and occupational therapists, and social worker—will make the decision together with your insurance provider.

Approval and authorization from your insurance carrier may also affect the discharge decision.

Discharge Option	Description	Appropriate If...
Home without therapy	<ul style="list-style-type: none"> Initially you will be discharged without an immediate plan for PT/OT but you will follow-up with your surgeon to plan for outpatient therapy. 	<ul style="list-style-type: none"> You can function independently (i.e., get in and out of bed and bathe without assistance, use a walker or cane by yourself); You have support at home; and You can get to and from your out-patient physical therapy.
Home with outpatient therapy	<ul style="list-style-type: none"> No home care – you will go to an outpatient physical therapy program. Equipment needs to be arranged prior to discharge. 	<ul style="list-style-type: none"> You can function independently (i.e., get in and out of bed and bathe without assistance, use a walker or cane by yourself); You have support at home; and You can get to and from your outpatient therapy appointment.
Home with home care	<ul style="list-style-type: none"> Home visits by a physical therapist or occupational therapist. May or may not provide you with a nurse or an aide* Equipment needs to be arranged prior to discharge. 	<ul style="list-style-type: none"> You are functioning well in the hospital; You can manage with limited assistance; and You have the appropriate support at home.
Acute Rehabilitation (Transfer to inpatient rehabilitation, either at USC or another institution)	<ul style="list-style-type: none"> You will be expected to actively participate in intensive therapy, at least 3 hours per day Monday through Friday**. Average length of stay: 7 days. 	<ul style="list-style-type: none"> Your recovery indicates that you need an intensive therapy program; Your insurance approves; You meet medical criteria and there is bed availability.
Sub-Acute Rehabilitation (Transfer to a nursing home-based rehabilitation program)	<ul style="list-style-type: none"> 1-2 hours of therapy per day, Monday through Friday**. Average length of stay: 14-21 days, depending on patient. 	<ul style="list-style-type: none"> Your recovery indicates that it would be helpful to have more time before you return home; Your insurance approves, and there is bed availability.

* If you feel you need a home aide, but your insurance does not cover the service, a list of agencies can be provided.

** Some facilities may offer limited therapy on weekends.

If your physician has ordered **home health or therapy** in the home, the numbers of the agencies will be listed in your discharge summary under “follow-ups”. It is recommended that you call the agency listed the day after discharge to make an appointment for your first visit. If there is an issue with any of the agencies provided to you, please call the agency directly and speak to their Director of Nursing for that facility. It will ensure that your concerns are heard and addressed.

If your physician has ordered **acute rehabilitation or a skilled nursing facility** for you; then you will go directly from Keck Hospital to the facility approved by your insurance company. If you know that you will be going to one of these facilities after your stay with us; it is to your advantage to come with the names of three facilities you would like to be placed in after discharge. It is recommended that you research and/or visit these facilities and ask questions about the care they provide.

An evaluation of any **specialized medical equipment** (walkers, crutches, cane, and bed) you may need will be done by your physical therapist and occupational therapists. Any assistance devices that you may require will be ordered by your case manager after approval from your insurance company and a physician’s order.

If you would like to speak with someone regarding discharge planning please call the Transitional Care Coordinator at (323) 442-8910.

General Discharge Instructions

- If you are going home, please make a follow-up appointment with your surgeon for 2-3 weeks after your surgery date.
- Follow-up with your primary physician about resuming any medications that may have been stopped during hospitalization.
- It IS NOT uncommon to experience pain flares or episodes of numbness or recurring nerve type pain. In most cases, these feelings will resolve over time.

Call your surgeon if:

- You notice significant redness, swelling and drainage at the surgical site. (Minimal drainage is expected, but if you see an increase or change, please call your surgeon.)
- Your temperature exceeds 101 degrees.
- You have new or worsening muscle weakness.
- You have new calf pain or calf swelling.
- Pain not relieved by rest and medication.
- You do not have a bowel movement for 5-7 days; please remember to take stool softeners. To help avoid constipation, be sure to drink plenty of fluids and eat plenty of fruits and vegetables. If you continue having a problem, it is important for you to call your surgeon.

Call 911 if you develop chest pain or shortness of breath.

It is normal to have varying levels of pain after surgery. Back pain and muscle spasms are expected. It is also common for any of the numbness, tingling and pain that you had prior to surgery to persist for weeks or even months after a spine surgery. It rarely represents damage other than that which occurred prior to surgery causing your initial symptoms. Numbness may also appear in a new location. This is most commonly caused by swelling in response to the surgery, and will likely improve over time, or by decreasing your activity. However, please notify your physician if you are experiencing any new symptoms or worsening of symptoms.

Your appetite may be poor. Drink plenty of fluids or nutritional shakes to keep from getting dehydrated. Your desire for solid food will return.

Your energy level may be decreased for the first month after surgery. Being very tired is normal.

You may have difficulty sleeping. This is normal. Don't sleep or nap too much during the day. You should try to plan activities as near normal as possible to get back on your pre-surgery schedule. If you can't sleep, DO NOT mix your pain medication with sleep agents (e.g. Ambien). Get up and have a glass of warm milk or a banana. These foods are high in the amino acid tryptophan, which may help you sleep. Relaxing activities such as reading, playing solitaire, sewing, watching TV, or working on a jigsaw or crossword puzzle may help relieve anxiety and reduce muscle tension. Block out noise and eliminate as much light as possible. Avoid alcoholic beverages, caffeine, chocolate, heavy/spicy/sugary or sugar-filled foods before bedtime. Getting sleep patterns back to normal after surgery can greatly help to speed your recovery by leaving you feeling well rested.

Resuming Your Normal Activities

While in the hospital, you will be taught the proper way to get through the activities of daily living. The pace of return to activities is individual to each patient. Check with your doctor as to when you can safely resume:

- ▶ Taking baths, swimming or submerging your wound in water.
- ▶ Driving
- ▶ Work
- ▶ Sexual activities –you can resume 3 weeks after surgery. You may find certain positions will be more comfortable than others. If you have further questions, please contact your doctor.
- ▶ Sports - while you are encouraged to remain physically active, both for your general health and for maintaining good bone quality, you should discuss specific activities with your doctor.

When you go home, there are several things you need to know for your comfort, safety and speedy recovery.

Home Pain Management:

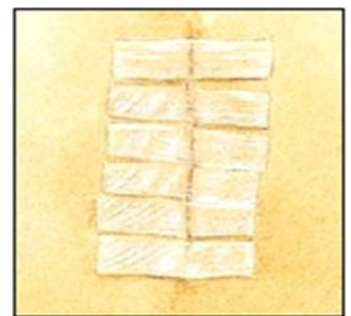
You will be discharged with a prescription for pain medication and for any other medications your surgeon determines you need.

- Take pain medication only as prescribed and avoid alcohol.
- Notify your doctor if your pain medication is not working or you are experiencing unpleasant side effects, such as constipation.
- If you feel your pain is ongoing, your surgeon can refer you to a pain management service.
- If you have had chronic pain in the past and have seen a chronic pain management provider, please follow up with them after your surgery.
- If you need refills for pain medication, call your surgeon during weekday office hours. Please try to anticipate any pain medication needs before the weekend or evenings. Often times, opioid pain medications are not allowed to be called in and prescriptions have to be picked up from the clinic.
- For patients with spinal fusions, you cannot take anti-inflammatory medications for six months after surgery (Advil, ibuprofen, Aleve, etc.).

Wound Care:

Keep the wound area clean and dry. Before you leave the hospital, your nurse will explain how, and how often, to change dressings. Feel free to replace the bandage at any point. Gauze and tape can be found at your local pharmacy. Monitor for increased redness, swelling, drainage, odor, or if the surrounding skin is hot and tender to touch. This could be a sign of infection and you should call your surgeons office. For posterior cervical and lumbar patients, you may need someone to help with dressing changes and wound care.

- ▶ If you have stitches that need to be removed, this will be done 2 weeks after your surgery.
- ▶ Some surgeons use dissolvable stitches that do not need to be removed after surgery, your surgeon's office will notify you if you have dissolvable stitches.
- ▶ If you are sent home with a drain, please record the daily output and discuss with your surgeon when it needs to be removed.
- ▶ You can shower and wet the incision 48 hours after discharge. **REMOVE THE BANDAGE AND GAUZE. LEAVE THE STERI STRIPS IN PLACE.** If the wound is draining, don't shower and call your doctor.
- ▶ Underneath the gauze, your incision will be covered by Steri-Strips (picture below), which look like small pieces of white tape.
- ▶ **LEAVE THE STERI-SRIPS ON** until you see your doctor at your first post-op visit 2-3 weeks after surgery. They will fall off on their own. If they fall off before your visit, don't worry.
- ▶ You may shower with the Steri-Strips in place. Just pat them dry when you get out of the shower.
- ▶ If you don't have Steri Strips, your surgeon decided not to use them. Just keep the incision clean and dry.
- ▶ If you have a neck or back brace, remove the brace to shower and replace when you are out of the shower.
- ▶ **DO NOT SUBMERGE THE INCISION UNDER WATER SUCH AS IN A BATHTUB, HOT TUB, OR POOL** until your doctor has given you the "OK".



STERI STRIPS

Physical Therapy (PT)

Remember, range of motion and strengthening exercises are essential to getting the most out of your surgery. Surgery is just one step in your recovery, your physician and rehabilitation team will prescribe a program that will fit you best. You will be starting physical therapy 3-6 weeks after your surgery. You will be given a prescription by your physician at this time.

Therapy can be done at any convenient facility that you choose. Make sure you are an active participant in your rehabilitation program in order to benefit the most from your surgery. Continue your exercise program regularly, as prescribed by your therapist to help keep your body strong.

Occupational Therapy (OT)

Being able to do everyday activities and tasks that you enjoy is essential to recovery. Your occupational therapist will guide you through the following areas during your hospital stay and once you are home as needed.

- Self-care management training (e.g. bathing, grooming, dressing, toileting), strengthening and flexibility training, instrumental activities of daily living training (e.g. shopping, cooking, cleaning, driving, working at a computer, caregiving to children, pet care, gardening, sexual activity, etc.).
- Pain management, stress management, relaxation training.
- Education on the impact lifestyle choices have on mental and physical well-being.

Please visit the USC Spine Center Website at

<http://spine.keckmedicine.org>

for additional information regarding the conditions we treat as well as information on the procedures we perform

Spine Surgery Education Video

If you or someone you know is considering spine surgery, you are encouraged to watch USC's spine surgery education video online.

The online video provides information on what you can expect before, during, and after surgery.

Please ask your surgeons team for the link to the video.

Patients, spouses and patient partners are encouraged to watch the videos as well.

Additional Helpful Resources:

- American Academy of Orthopaedic Surgeons: www.aaos.org
- North American Spine Society: www.spine.org
- Spine Health: www.spine-health.com
- Spine Universe: www.spineuniverse.com

HOTEL LIST

Room Rates are based on availability and are subject to change without notice. If you need assistance making a reservation, please call the Concierge at (323) 442-8787.



HOTEL	DISTANCE	ADDRESS	PHONE	RATES	PARKING	Free WiFi	ADDITIONAL INFORMATION
Hyatt House	0.3 miles	2200 Trojan Way Los Angeles CA 90033	Main: (323) 909-1155	USC Rates: \$189 - 224 (2021) USC Code 120518	Self-Parking (overnight) \$20	Yes	Complimentary grab and go. Pet Friendly (fees apply)
DoubleTree by Hilton Los Angeles Downtown	3.1 miles	120 S. Los Angeles St. Los Angeles, CA 90012	Main: (213) 629-1200 Reservations: (888) 354-0831	USC Rates: \$189 (2021) Code USC to reserve online	Self-Parking/over night \$25	Yes	Complimentary transportation to and from the hospital - (Lyft)
Omni Los Angeles Hotel	4.0 miles	251 S. Olive St. Los Angeles, CA 90071	Main: (800) 843-6664	USC Rates: \$237 (2021) Code N2000073	Valet Only (\$48)	Yes	Complimentary shuttle services within 3 miles of the hotel
The LA Hotel Downtown	4.2 miles	333 S. Figueroa St. Los Angeles, CA 90071	Main: (888) 236-2427 Manager: (213) 617-6031	USC Rates: \$192-242 (2021) Code USC to reserve online	Valet Only (\$44)	Yes	(Closed due to Renovation Feb-Oct 2021)
Westin Bonaventure	4.3 miles	404 S. Figueroa St. Los Angeles, CA 90071	Main: (213) 624-1000 Reservations: 800-937-8461	USC Rates: \$189-214 (2021) Code 12549	Valet Only (\$49)	Yes	Green Seal
Millennium Biltmore Hotel	4.4 miles	506 S. Grand Ave. Los Angeles, CA 90071	Main: (213) 624-1011 Reservations: (213) 612-1575	USC Rates: \$170-220 (2021) Code USC to reserve online	Valet Only (\$48)	Yes	**Grab and Go breakfast**
Hilton Checkers	4.5 miles	535 S. Grand Ave. Los Angeles CA 90071	Main: (213) 624-0000	USC Rates: \$258 (2021) Code ID 0508814	Valet (\$35)	No. \$9.95	
Intercontinental Los Angeles Downtown	4.6 miles	900 Wilshire Blvd. Los Angeles, CA 90017	Main: (213) 688-7777 Reservations: (855) 914-1717	USC Rates: \$239 (2021) Code ID 10018529	Valet (\$50.60)	Yes	
Los Angeles Athletic Club	5.3 miles	431 W. 7th St. Los Angeles, CA 90014	Main: (213) 625-2211 Reservations: (213) 625-2211	USC Rates: \$199 (2021) Code USC to reserve online	Self-Parking Only (\$37)	Yes	Includes: Grab N Go meal (for up to 2 people); Use of Athletic Club's facilities

HOTEL	DISTANCE	ADDRESS	PHONE	RATES	PARKING	Free WiFi	ADDITIONAL INFORMATION
Hotel Indigo Los Angeles Downtown	6.1 miles	899 Francisco Street Los Angeles, CA 90017	Main: (213) 232-8800 Reservations: (213) 625-2211	USC Rates: \$179 - 229 (2021) Code 100193625 to reserve online	Valet Only (\$44)	Yes	Jan-Feb: \$169 March-Oct: \$179 Nov. - Dec: \$179
JW Marriott Los Angeles	7 miles	900 W. Olympic Blvd. Los Angeles, CA 90015	Main: 213-765-8600 Reservations: 1-888-832-9136	USC Rates: \$260 (2021) Code UNC to reserve online	Valet Only (\$49)	NO: \$9.95	LEED Certified
Residence Inn @ LA LIVE	7 miles	901 West Olympic Blvd Los Angeles, CA 90015	Main: (213) 443-9200	USC Rates: \$241 (1-6 nights) (2021) Code UNC	Valet Only (\$48)	Yes	Prices may lower with the added stays. *Include breakfast*
Courtyard @ LA LIVE	7 miles	901 West Olympic Blvd Los Angeles, CA 90015	Main: (213) 443-9200	USC Rates: \$235 (2021) Code UNC	Valet Only (\$48)	Yes	
Hilton Garden Inn Montebello	7.4 miles	801 Via San Clemente Montebello, CA 90640	Main: (323) 724-5900	USC Rates: \$144-154 (2021) Code 1365558 to reserve online	Self-Parking: Free	Yes	
USC Hotel	8 miles	3540 S. Figueroa St. Los Angeles, CA 90007	Main: (213) 748-4141	USC Rates: (2021) \$179-\$229 Code Tommy	Self-Parking: \$25 (overnight); \$14 (day)	Yes	Will Honor a lower published rate if found
Langham/ Huntington Pasadena	8.4 miles	1401 S. Oak Knoll Ave. Pasadena, CA 91106	Main: (626) 568-3900	USC Rates: \$209-359 (2021)	Valet only (\$15)	Yes	No Code required for reservations Green Seal
Hilton Pasadena	8.9 miles	168 S. Los Robles Ave, Pasadena, CA 91101	Main: (626) 577-1000	USC Rates: \$179 (2021) Code ID 0508814	Valet only (\$23)	NO: \$9.95	No Code required for reservations Green Seal
Courtyard by Marriott Old Town Pasadena	10.4 miles	180 N. Fair Oaks Ave. Pasadena, CA 91103	Main: (626) 403-7600 Reservations: (800) 321-2211	USC Rates: (2021) 1-5 day: \$199 Code UNC: online	Self-Parking: (\$19); Valet (\$22)	Yes	Prices may lower with the added stays.
Westin Pasadena	10.5 miles	191 N. Los Robles Ave Pasadena, CA 91101	Main: (626) 792-2727	USC Rates: \$199 (2021) Code 12549	Valet: (\$14)	Free	Shuttle Service within 3 miles of hotel
American Best Value INN & Suites	12 miles	12040 Garvey Ave. El Monte, CA 91732	Main: (626) 442-8354	USC Referred: \$72+tax (regular) \$130 +tax (suite)	Self-Parking: Free	Yes	Continental breakfast *Not Endorsed by USC*
Hilton Garden Inn (Burbank)	12.6 miles	401 S. Ferrando Blvd. Burbank CA, 90068	Main: (866) 238-4218	USC Rate (2021) \$189 Code ID 0508814	Self-Parking: \$18	Yes	Mini fridge & Coffeemakers

