

Your Guide to Spine Surgery

Preparing for and Recovery from Surgery



JOHNS HOPKINS
M E D I C I N E

Patient Name: _____

Your Surgeon: _____

Date/Time of Surgery: _____

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Welcome to Johns Hopkins Hospital

Your Johns Hopkins Hospital neurosurgical spine surgery team is here to help you from beginning to end. It is important for you, your family, and your friends to understand what to anticipate so that everyone can fully participate in your recovery. Your care team will tailor your recovery program to your needs.

This booklet includes details about—

1. Getting ready for your surgery
2. What to expect on the day of surgery and while you are recovering
3. Your stay in the hospital
4. Planning for recovery and going home after surgery
5. What to expect once you are home

Please try to read this booklet as soon as you can. Use it as a journal and resource, and bring it with you to all of your appointments and hospitalizations. Write down any questions you would like to ask your surgical team.

Best wishes for a speedy recovery!

The Johns Hopkins Hospital Neurosurgical Spine Surgery Team

Your Checklist

Use this checklist as a guide to what you need to do to prepare for your surgery and recovery after surgery.

| CHECK | ACTION |
|----------------------------------|--|
| ONE MONTH BEFORE SURGERY | |
| <input type="checkbox"/> | See your primary care physician (also called PCP) for a pre-operative physical exam and lab tests. This may include: <ul style="list-style-type: none"> • History and physical, Chest x-ray, EKG, blood work, or Urine test |
| <input type="checkbox"/> | Discuss with your primary care physician and surgeon or hospital-based pre-operative center what medications you will need to STOP taking 7-14 days before surgery, and what medications you should take with water on the morning of surgery (see medication list in the on page 11). |
| <input type="checkbox"/> | Talk with your primary care physician and/or hospital based pre-operative center about any other doctors you should see before your surgery (such as a Cardiologist). |
| A FEW DAYS BEFORE SURGERY | |
| <input type="checkbox"/> | Talk with your surgeon about the blood tests you may need before your surgery. These tests are different than the ones ordered by your primary care provider. |
| <input type="checkbox"/> | Start preoperative bathing with antimicrobial Chlorhexidine cleansing soap or wipes, as directed by your surgeon. The cleansing product is available at any pharmacy. This process will greatly decrease your risk of infection after surgery. See page 12. |
| ONE DAY BEFORE SURGERY | |
| <input type="checkbox"/> | Do not eat anything after midnight on the night before your surgery. You can drink certain liquids until 2 hours before your surgery. See page 12. |
| <input type="checkbox"/> | Remove and leave all jewelry and other valuables at home. |
| MORNING OF SURGERY | |
| <input type="checkbox"/> | Please take any medications that your doctor directed you to take. Use the medication list on page 11. |
| <input type="checkbox"/> | Please bring the following with you: <ul style="list-style-type: none"> <input type="checkbox"/> Insurance card, driver's license or photo ID, and any required insurance co-payments <input type="checkbox"/> Please contact your surgeon's office if you will require a translator during your admission. See page 26 for the phone number. <input type="checkbox"/> List of home medications, including dosages and how often you take them (please do not bring the actual medications unless instructed otherwise). This includes prescription and over-the-counter medications and supplements. <input type="checkbox"/> A copy of your medical advance directive, MOLST (see page 10 for a description), and/or medical power of attorney <input type="checkbox"/> Any pre-operative imaging studies (MRI, CT, X-ray, radiology reports, and film/CD) that your surgeon may have given you <input type="checkbox"/> If your surgeon wants you to be fitted with a back brace or cervical collar before surgery, be sure to bring the brace with you to the hospital <input type="checkbox"/> Personal items (such as toothbrush, toothpaste, comb, and make-up), undergarments, sleepwear and a robe <input type="checkbox"/> A healthy buddy/care partner. This should be a friend or family member who can help make decisions and coordinate your care before, during, and after surgery. <input type="checkbox"/> Your CPAP or BIPAP device, if you have one |

Getting Ready for Surgery

My Pre-Surgery Planner

Instructions:

Mark the date of your surgery in the last row of the calendar on the appropriate day of the week. Use this calendar to mark and track each appointment leading up to your surgery (for example, anesthesia clinic, primary care physician), and note any reminders for the activities you will need to do in the days leading up to your surgery.

Things to add to your calendar:

- Pre-op visits with surgeon to discuss procedure (ask your surgeon if this is necessary)
- View surgery-specific video
- Medical pre-operative clearance (visits with primary care physician, specialist, cardiologist, etc.)
- MRSA screening appointment, if applicable
- When to stop and restart medication(s)

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-----------------|--------|---------|-----------|----------|--------|----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Week of Surgery | | | | | | |

Scheduling Your Surgery

How and when will your surgery be scheduled?

If your surgery was not scheduled during your visit, please follow up with your surgeon's office to make your appointment (see page 26). Make sure that they have up-to-date contact information for you, including an email and phone number where you can be reached the day before surgery.

What do you need to bring to the hospital on the day of your surgery?

Bring this booklet, your health insurance card, driver's license, complete list of medications, any updated imaging CDs, and contact information for your primary care doctor.

One Month Before Surgery

You will need to make an appointment with your primary care physician for a medical pre-operative clearance within 30 days of surgery. The medical pre-operative clearance may include:

- A physical examination
- A health history
- EKG—if you are over 40 years of age or if you have a history of heart disease
- Chest X-ray—if you have a history of lung disease, such as asthma or Chronic Obstructive Pulmonary Disease (COPD) or smoke
- Review of current medications
- Blood work
- Urine test

Eat a healthy diet during the period leading up to your surgery, as this helps you to recover quicker. Get plenty of exercise so that you are in good shape for surgery. The better physical shape you are in prior to surgery, the smoother the recovery process will be.

If you smoke, you may need to **stop smoking** because of the risks related to anesthesia and the healing process. If you are unable to stop smoking completely, speak to your physician about quitting and medications that help smokers quit. If using a nicotine supplement (including gum or vape), you may need to stop that as well. All Johns Hopkins Medicine hospitals are non-smoking facilities.

Insurance Authorization

Our precertification team will be contacting your health insurance company to secure authorization for your surgery and admission. Please notify your surgeon's office immediately if there have been any changes regarding your insurance since your last visit. You may receive a call from our team to discuss your co-pay and deductibles, but it is your responsibility to contact your insurance company to understand your medical coverage plan. If you have concerns about your coverage please contact your surgeon's office (see page 26).

If your policy is an HMO, you may need a referral from your primary care physician for services. Please contact the customer service number on the back of your insurance card for clarification. If you are going to be admitted to the hospital and have questions regarding your insurance, please call your insurance company. In addition, ask about post-operative home care, rehabilitation services and physical therapy co-pays and expenses.

Advance Directives

An advance directive can be used to name a health care agent; this is someone you trust to make health care decisions for you. It can be used to say what your preferences are about treatments that may be used to sustain your life. Advanced directives are optional. If you have an advance directive, bring a copy to the hospital if you want it to apply to the upcoming visit/admission. An advance directive can be removed or revised at any time. For advance directives go to <http://www.marylandattorneygeneral.gov/Health%20Policy%20Documents/adirective.pdf>.

If you have a Maryland Medical Orders for Life Sustaining Treatment (MOLST) form, please bring it with you. Additional information on the MOLST can be found by calling the Maryland Attorney General's office at 410-576-7000, or visiting http://marylandmolst.org/pages/molst_form.htm.

Two Weeks Before Surgery

Here are a few simple things you can do before coming into the hospital that may make things easier for you when you go home:

1. In the kitchen, bedroom, and bathroom: put things you use often between waist and shoulder height to avoid having to bend down or stretch to reach them.
2. Bring the things you are going to use regularly into the room where you will spend most of your time during your recovery.
3. Stock up on food and items you use often, because shopping may be difficult when you first go home.

Pre-Operative Blood Test

Your spine surgeon may have requested that you have blood tests before your surgery. These blood tests are in addition to the blood test ordered by your primary care physician. Your surgeon's office will want complete blood work within 2 weeks of your surgery, or will let you know when this needs to be done. It is important that you contact your surgeon's office to let them know if you are unable to come into the hospital for this test during this time frame. Having the test performed elsewhere may affect your surgical date and time, as we will not be able to have blood available when you arrive for surgery. If you are not sure if your surgeon is requesting this test, please contact their office.

Medications

The following medications, if taken before surgery, may cause complications during surgery. This list does not cover all possible medications. Please inform your care team during your preoperative appointment about all prescription and over-the-counter medications you are currently taking. You may be required to stop using the following medications and supplements, including blood pressure, diabetic, osteoporosis, blood thinners, and rheumatoid medications. There may be other medications that should be stopped days to weeks before surgery; this information can be provided by your primary care provider, surgeon, or your surgical care team. Please talk with your care team to learn when to stop taking your medications and when you should restart.

| Chemotherapy | Pain Relievers | Vitamins and Supplements | Blood Thinners – please discuss with your physician |
|---------------------|---|---------------------------------|--|
| All chemotherapy | Advil (ibuprofen) | Vitamin E, | Alka-Seltzer |
| | Aleve(naproxen) | Ginkgo biloba | Aspirin |
| | Aspirin (ASA, Acetylsalicylic Acid) | Green tea | Aggrenox (aspirin and dipyridamole) |
| | Celebrex (celecoxib) Mobic (meloxicam) | Garlic | Arixtra (fondaparinux) |
| | Ecotrin (aspirin) | Fish oil | Coumadin (warfarin) |
| | Ibuprofen | Multi-vitamins | Fragmin (dalteparin) |
| | Motrin (ibuprofen) | Glucosamine Chondroitin | Heparin |
| | Naproxen or Naprosyn | CoQ10 | Innohep (tinzaparin) |
| | Relafen (nabumetone) | Flax seed oil | Lovenox (enoxaparin) |
| | | Diet pills (phentermine) | *Plavix (clopidogrel) |
| | | St. John’s Wort | Pradaxa (dabigatran) |
| | | | Xarelto (rivaroxaban) |
| | | | Eliquis (apicaban) |

One Day Before & Day of Your Surgery

Skin Preparation & Adult Fasting Instructions Before Surgery

- Start preoperative bathing as directed by your surgeon. This process will greatly decrease your risk of post-operative infection.
- Do not eat anything after midnight the day of your surgery.
- The day of your surgery, you may drink clear liquids up to two hours before you arrive at the hospital.
- If your surgeon has instructed you to stay on a clear liquid diet prior to the day of your surgery, follow your surgeon's instructions.
- Examples of clear liquids:**
 - Apple juice without pulp
 - Gatorade®
 - Water, coffee, tea

NO cream, milk, honey or alcohol. No mints or chewing gum

Special Instructions for Patients with End-Stage Kidney Disease, Gastroparesis (Slow Emptying of the Stomach), or if You Are Pregnant:

- Clear liquids must stop six hours before you arrive at the hospital.

If you have any questions or concerns about the bathing and fasting instructions above, please contact your surgeon's office (see page 26)

The Day of Surgery

The Day of Your Surgery

Taking Your Medications Before Surgery

Make sure you take the medications you were approved to take the morning of surgery. Call your surgeon's office or primary care physician regarding what medications you may take before surgery. Please see list of medications to avoid on page 11.

What to Bring

We encourage you to only bring essential items the morning of surgery. You can bring computers, tablets, and cell phones to the hospital. Free Wi-Fi access is available. Towels and gowns will be provided. Bring your own bathrobe and toiletries. We will give you all medicines needed for your recovery. It is best to have your family or friends bring your personal belongings to you after surgery. Don't pack nonessential or valuable items.

Note: Please leave your personal, valuable belongings at home. The hospital is not responsible for your personal belongings or liable for the damage or loss of money, jewelry, glasses, dentures, clothing, electronic devices, or other articles of value.

What to Wear to Surgery

Wear loose, comfortable clothing. Do not wear any jewelry; this includes wedding rings, earrings and any other body piercings. All jewelry must be removed before surgery. Do not use lotions, oils, or perfumes after bathing, and do not apply makeup.

When to Arrive

Please arrive for your surgery at the time provided in your instructions. In the preoperative area, the nurse will review your medical history and go over all of your medications. You will also have an intravenous (IV) line started and blood may be drawn for any additional testing that may be ordered.

Your family/health buddy will be able to wait in the surgical waiting area during the procedure. If they are not planning to wait at the hospital during your procedure, they should provide the pre-operative nurse with their contact information so staff can contact them after your surgery. Please see page 26 for parking and check-in information.

Your Hospitalization

Operating Room

In the operating room (OR) many things are done to prepare you for your surgery. Patients having spine surgery will receive anesthesia. This may involve having you completely unconscious (or asleep) during the operation with no awareness, pain, movement, or memory of the surgery. Our operating rooms are equipped with the latest technology to monitor a patient's level of consciousness, which can help determine the amount of medication or anesthetic agent needed to meet the needs of each individual patient. You will meet your anesthesiologist before surgery to review all the side effects of anesthesia with you.

Your surgeon will tell you and your family/health buddy the approximate length of your surgery. However, please do not be concerned if the surgery takes longer.

Recovery Room

Immediately after surgery, you will go to the post anesthesia care unit (PACU) and possibly the Intensive Care Unit (ICU); details are provided in the next section.

- Your care team will monitor your vital signs, oxygen, and pain levels as well as evaluate your dressings.
- You will receive oxygen from a mask or a nasal tube.
- To clear your lungs and prevent pneumonia, your nurse will ask you to take deep breaths and cough. You also may be instructed on the use of an incentive spirometer to assist with adequate inflation of your lungs.
- You may have a small catheter inserted into your bladder to drain urine.
- You will have compression stockings to improve circulation and prevent blood clots.
- The surgeon may have inserted a drain near your incision during surgery to keep your dressings dry and prevent blood from building up inside the wound.
- Cervical (neck) patients may have a brace on after surgery.
- Patient-controlled analgesia (PCA) may be used to administer your pain medication. The PCA is connected to your IV and you will have a cord with a button at the end to hold. When you start having pain, push the button and you will receive a small dose of pain medication. The PCA pump will control the amount of medication you receive and the time interval so you do not receive too much medication.
- **YOU** are the only person permitted to push the PCA button. Visitors and family members, health buddy/care partner are not allowed to touch the machine or push the button for you. This could lead to over sedation.
- You will stay in the PACU/ICU until you are medically ready to move to the inpatient unit
- All of these procedures are routine care after surgery. A nurse will monitor your progress until you are ready to transfer to your room.
- Visitors:
 - Family/health buddies or friends may be allowed to visit you in the PACU/ICU
 - Once you are medically stable, we will allow one or two visitors to come into the PACU/ICU for about 5 minutes
 - Please check with the PACU/ICU to find out if there are any age restrictions for visitors
 - Please limit the number of visitors while you are in the PACU/ICU

Surgical Unit Visiting with Family/Health Buddies and Friends

Your family/health buddy can visit when you return to your room. We recognize the importance of family/health buddy during the recuperative process. However, we anticipate that you will be tired and need your rest following surgery.

Planning for Recovery and Going Home

My Recovery Planner

Instructions:

Add today's date in the appropriate day of the week on the first row of your calendar and then mark the discharge date you have been given. You will likely have follow-up appointments after discharge. Mark your follow-up appointments on the calendar.

Things to add to your calendar:

- Please include information below from your after visit summary (AVS)
- Consult with your doctor to learn when you need to take and/or restart certain medication(s)

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

In-Hospital Recovery Plan

Team Caring for You After Surgery

Immediately after surgery, you will be cared for in the post anesthesia care unit (PACU) or recovery room for about one hour. For longer or more complex cases, you may go to the intensive care unit (ICU) after surgery. You will receive medications to manage your pain. You may experience a sore throat, raspy voice, or difficulty swallowing after surgery. These minor irritations will subside. Using lozenges and eating soft foods will minimize throat irritation.

Your care team could include an attending physician, a resident physician, a physician assistant, nurses, a physical therapist, an occupational therapist, a social worker, and/or a case manager. Do not hesitate to ask them if you have any concerns about your labs, x-rays or medications.

What to Expect

- For the first day or two after surgery, you will receive medications orally or through your IV.
- Fluids and soft foods will be gradually offered.
- Your care team will help you with bathing and personal hygiene.
- You will be encouraged to spend time out of bed. Early mobility helps with the recovery process. Hospital staff and your caregiver can assist with getting you out of bed and walking several times during the day. In order to be discharged home, you must be able to get out of bed, use the bathroom, and walk independently.
- If you need to wear a brace, it will be put on the day after surgery. Wear the back or neck brace at all times unless otherwise instructed by your surgeon.
- Do not expect to be pain free. The goal of pain management after surgery is to make you comfortable enough to breathe and walk. While rest is an important part of recovery, activity will help speed the healing process.
- If ordered, physical and occupational therapists will teach you the best techniques to move around in bed and how to position yourself comfortably, based on your surgeon's restrictions. The physical therapist, will teach you how to walk and exercise properly while the surgical site is healing. The occupational therapist will teach you how to dress, bathe, and feed yourself, and how to put on and take off your brace at home. If you encounter difficulty swallowing after neck surgery, you will be further evaluated.

Pain Management

Patients may receive oral pain medication or a patient controlled anesthesia (PCA) pump for the first day or two after surgery. It is important for your recovery that you be comfortable and at a manageable pain level. Even with these measures, you will still experience some pain. Our aim is to have you comfortable enough to participate in your care (such as, walking to the bathroom and engaging in physical therapy). If your pain level starts to increase, please let the nursing staff

know immediately so your medication can be adjusted and other treatments can be used to manage your pain, (cold packs, repositioning you, topical analgesics). Medications for pain can cause nausea and constipation. Mild laxatives can be ordered to prevent constipation. If you notice these symptoms, alert your nursing staff so we can address the problem.

Many pain medications given in the hospital are opioids. In some cases, longer term use can lead to dependence or addiction. Talk to your doctor about alternative pain control methods and strategies to minimize your risk of becoming dependent on these medications.

Post-Operative Care – When to Resume Eating

The evening after your surgery, you may be able to drink liquids. If your surgery is early in the day, you may be able to have a light dinner. However, most patients will start eating soft, solid food the next day. Before eating, please check with your nurse concerning your specific dietary instructions.

Postoperative Mobility

You will be encouraged to get out of bed and move around. Your care team will decide if you need to be seen by a physical therapist. You are required to move around with assistance from our staff, your family members or care partners until you are more independent. We will help you manage your pain in order for you to fully participate in your recovery.

If you underwent a spinal fusion, the fused spine must be kept in proper alignment. You will be taught how to move properly, reposition yourself, sit, stand, and walk. You should not bend, lift, or twist. While in bed, you will be instructed to turn frequently using a log rolling technique. This maneuver allows your entire body to move as a unit to avoid twisting the spine. You may be discharged from the hospital with a brace. Your family/health buddy will be taught how to prepare your home for when you return.

Preparing to Leave the Hospital

Your care team will determine when you are ready for discharge from the hospital. Our staff will meet with you the day after surgery to start this process. You will receive prescriptions for medications before discharge, which can be filled at your local pharmacy. A prescription for a limited amount of pain medication (to be taken **as needed**) will also be provided. The nurse will review all your discharge instructions with you.

Typically, discharge from the hospital will be scheduled for one to five days after surgery, depending on your progress and type of surgery. If you are not safely able to return home your care team will work with you on a plan for safe discharge. Your care team will make sure you can walk safely, eat soft foods, and have control of pain, nausea, and vomiting before you return home.

You will need to make arrangements for someone to accompany you home. You will not be released without someone present.

Once you are discharged:

Call your surgeon's office anytime if you are worried about your recovery. Please see page 26 for the number.

Call your surgeon's office immediately if—

- You have a fever higher than 101.5 degrees.
- Your wound is red or more painful or has drainage.
- You have an upset stomach (nauseated) or vomiting and can't keep liquids down.
- Your pain is worse and cannot be controlled with the regimen you were given for home use.
- Increase swelling, change of color or loss of sensation in your lower extremities.
- If you are running low on any medications, call your physician's office a few days before you will run out.

Preparing for Your Discharge

When you are leaving the hospital you will receive an After Visit Summary (AVS) that will include more information about the following:

- Your Procedure
- Your Treatment/Medications
- Wound Care
- Pain Management
- Your Activity Level & Instructions
- Diet
- Your Home Care/Special Equipment
- Follow-up Appointments
- When to Call Your Doctor

It is likely that you will need assistance immediately after leaving the hospital. Try to pick one friend or family member who can be your health buddy/care partner to help make decisions and coordinate your care before, during, and after surgery.

Some patients may require a brief stay in another facility before returning home. These facilities provide therapy, treatment and other care while you regain your strength and mobility. The need for other services will be recommended by the health care team with your input.

Recovering from Spine Surgery

After surgery, pain and stiffness are common. Most patients experience a decrease in back pain over the first week or two after the operation, but it may take longer. It often takes three months to a year to heal completely after back or neck surgery. Numbness and tingling will be the symptoms that take the longest time to improve and may not completely go away.

Smoking is a key factor that negatively impacts recovery from spine fusion surgery. Nicotine impairs bone healing and leads to higher possibility of wound infection. This includes smoking cigarettes or e-cigarettes, chewing tobacco, and any nicotine-containing products, such as gum or patches.

Activity at Home

It is important to continue a gradual walking program each day at home to:

- Improve your endurance
- Improve your lungs and circulation
- Maintain muscle strength

Walking is one of the easiest forms of exercise and your goal should be to gradually increase your walking to 30 minutes each day, if you can tolerate it. If you are not strong enough to accomplish 30 minutes at one time, you may want to complete your goal in several shorter walking trips. Remember that if you are unsteady with activity, you may need your health buddy/care partner or an assistive device (like a cane or walker) to help you. Walk on flat areas until you are more recovered. In the first week, limit how many times you climb the stairs each day to save your energy for walking.

Resting between activities is also beneficial to help your body recover, but you will be most comfortable if you change your position. Staying in one position (such as driving or sitting) for more than 45 minutes may make you stiff and uncomfortable. Take a break, stand, or walk briefly to ease any stiffness. Do not lift anything heavier than 5 pounds (like a gallon of milk or grocery bags) until your physician approves it. If you have difficulty returning to your activity level, let your physician know.

Frequently Asked Questions: After Surgery

How much pain will I experience after surgery?

You may or may not notice an immediate improvement in your pain in the first few days following surgery. Numbness and tingling typically resolve more slowly than pain. You may feel discomfort while sleeping. Sitting up to sleep, such as in a recliner, may work best for you. With time, pain should decrease, but call your surgeon's office if you are concerned or experience new onset, persistent or worsening pain.

When should I stop my pain medication?

Take your pain medication on as needed basis to keep pain down to a reasonable level. Most patients find they no longer need opioid (narcotic) pain medications after the first week at home. Continued use of opioids can put you at risk for addiction. Avoid non-steroidal anti-inflammatory drugs, such as aspirin, Aleve, Motrin, etc. for the first few months after spinal fusion surgery since it impairs bone fusion.

Why is my throat sore? How long will it last?

Sore throat, hoarseness, and difficulty swallowing are common side effects that you may have during the first few days following surgery. There are two reasons for this—most patients are intubated during surgery, meaning that a tube is inserted into the throat to help breathing, which can cause throat irritation. Also, patients who undergo cervical fusion will experience swelling that causes throat soreness. Hoarseness should improve over time and swallowing will improve as swelling decreases. To avoid difficulty swallowing, eat a diet of soft foods for the first week or two following surgery. For persistent soreness, hoarseness, or speech difficulty, consult with your surgeon.

Will I feel tired or have emotional difficulty after surgery?

Feeling tired, discouraged, or sad is normal after surgery. In addition, prescription pain medications can alter sleep patterns and emotional responses and cause constipation. That's why it is important to maintain a positive attitude and be patient with yourself—both keys to a successful recovery. Speak with your surgeon or primary care physician about any emotional difficulties you may experience.

When can I resume normal activities?

Sex—Check with your surgeon before resuming sexual activity. Remember that you must leave your brace on unless otherwise instructed by your doctor.

Sports—Check with your surgeon before resuming sports activity. Depending on your type of surgery, most patients resume full activities after six months. Please keep in mind that if you experience pain, you should stop the activity.

Exercise—Walking is encouraged while you heal. To perform more strenuous activities, such as weight lifting, running, physically demanding sports, or specific weight limitations please check with your surgeon.

What activities should be avoided?

Avoid bending, twisting, lifting or any other activities that put strain on your spine while you are healing from your surgery. Prolonged sitting or standing always should be avoided as this will place pressure on your spine.

When can I return to work?

When you return to work depends on the type of surgery, your job activities, and how fast you heal from your surgery. Typically, expect to be out of work from four weeks to three months. Speak with your surgeon about the best time for you to return to work.

When will I be allowed to drive?

You can drive only after your surgeon approves you to do so. It is important that you test your ability on a side street that is not very busy or in an empty parking lot before you drive on busier roads. Limit time spent in a car, and if the trip is long, take frequent breaks. You may not be allowed to drive if you are on pain medication or you have not regained your range of motion in your neck and spine.

Will I need rehabilitation therapy after I go home?

Your surgeon will determine if and when you should begin rehabilitation therapy. A post-operative rehabilitation program that includes stretching, strengthening, and conditioning is an important part of any successful spine surgery outcome. You also should learn a home exercise program that you can perform after your rehabilitation program ends. It will build the strength in your muscles and balance that may help to prevent the need for future surgeries.

Why is it important to quit smoking?

Smoking cessation is a key factor that impacts recovery after spine surgery. Nicotine inhibits wound healing and increases the chance of wound infection and fusion failure. This includes smoking and all nicotine products, such as patches or gum.

Do I need a brace after spine surgery?

Most patients after spine surgery do not need a brace. If a brace or special device is needed, you will be provided with one with detailed instruction before your discharge.

Important Contact Numbers

Johns Hopkins Hospital - Neurosurgery

Spine Surgery Office

For general questions and concerns
410-502-5077

Johns Hopkins Hospital Preoperative Evaluation Center

(410) 955-6946

Johns Hopkins Travel Guide

For visitors traveling from out of state and would like to stay locally
410-464-6816

The McElderry House Lodging

For visitors traveling from out of state and would like to stay locally
1-800-295-4131

Post-surgical Question

To speak with the neurosurgery resident on call
410-955-5000

Your Surgeon's Name and Office number
