GREG MALHAM
BSc MBChB FRACS NEUROSURGEON

GREG MALHAM **NEUROSURGEON**
Suite 2 Level 1, 517 St Kilda Rd
Melbourne, VICTORIA, 3004
(03) 9866 6650 | www.gregmalham.com.au

A PATIENT'S GUIDE TO SPINE SURGERY

PREADMISSION INFORMATION:

The following information relates to what occurs after you have made an informed decision about your surgery. The information covers hospital admission, inpatient stay, rehabilitation and going home after surgery. This information is provided as a general overview and may vary for each individual.

BOOKING SURGERY:

Our practice manager will arrange your admission to hospital. She will provide the details for you either following your consultation with Mr Malham, or by letter later in that same week. The information sent will include date and time of your surgery, hospital and anaesthetist se-lected for your operation, and any out-of-pocket expense details. You may receive a telephone call from the hospital prior to your admission. This will be from the business office to confirm your insurance status and personal details. A registered nurse may also contact you to discuss your hospital stay, recovery process and the outcomes you will achieve following surgery and prior to discharge.

The information obtained will assist in planning referrals for rehabilitation, community support, physiotherapy and occupational therapy services. You may have blood tests and an ECG (heart rhythm test) taken before, or on admission. If you have other medical problems Mr Malham will also arrange for a specialist physician to see you before your operation and during your hospital stay.

Please note, blood thinning medications should be ceased as detailed below:
• Aspirin (Cartia, Asasantin) and Clopidogrel (Plavix, CoPlavix) to be stopped 10 days prior to surgery;
• Warfarin (Coumadin) to be stopped 5 days prior to surgery.

SMOKING:

Smoking should be ceased prior, during and after your surgery to optimize healing. Smoking in-hibits healing especially bone fusion. If you haven't already given up prior to your operation, now is a good time to consider quitting. In some cases, Mr Malham will insist on a smoking ces-sation programme being successfully completed before surgery is booked. Smoking also in-creases your risk of stroke, heart attack and lung cancer.

WHAT YOU SHOULD TAKE TO HOSPITAL:

• Bring all current medications and any repeat prescriptions;
• Bring all relevant X-rays, CT scans and MRI scans;
• Nightgown/ pyjamas/ dressing gown;
• Comfortable clothing, track suit or similar;
• Comfortable shoes/ slippers/ socks/ underwear;
• Toiletries/ tissues;
• Spectacles/ pen/ paper/ magazines/ books;
• Do not bring valuables such as jewellery or large amounts of cash;
• Remove rings and do not wear makeup, talc or nail polish.

GREG MALHAM
BSc MBChB FRACS NEUROSURGEON

GREG MALHAM **NEUROSURGEON**
Suite 2 Level 1, 517 St Kilda Rd
Melbourne, VICTORIA, 3004
(03) 9866 6650 | www.gregmalham.com.au

A PATIENT'S GUIDE TO SPINE SURGERY

ADMISSION INFORMATION:

You will be admitted to hospital on the day or the day before surgery, depending on the timing of your operation, or if you need to be seen by the specialist physician prior to surgery. You should present to the Admissions Office on arrival. After registration you will be escorted to your room.

DAY OF SURGERY:

Stop eating and drinking 6 hours before your operation. You need an empty stomach before your anaesthetic. You will be asked to shower and wash your hair, and you will be provided with a hospital gown to wear. A pre-med will be given *(tablets or an injection)* to relax you. Af-ter the pre-med has been given, you must stay in bed until an orderly takes you to the operat-ing theatre.

AFTER THE OPERATION:

From the operating theatre, you will be taken to the recovery room. You will stay there until you are awake and stable from the anaesthetic and surgery. Mr Malham will check on you in recovery. When you are awake, he will ring your nominated relative/ friend and let them know how you are doing. Standard practice is that you will stay in recovery for one hour to be moni-tored before returning to the ward and receiving visitors. An intravenous line will be posi-tioned in your arm for fluids and pain relief. You may also have a mask over your nose and mouth for oxygen until fully awake.

For longer operations, you may also have a urinary catheter present to drain your bladder. De-pending on the type of surgery, you may have a safety draining tube in your back. This is to drain any excess blood from the wound. A nurse will remove any drains 24 - 48 hours following the operation.

It is important not to eat or drink following the surgery until you pass wind or bowel sounds return (stomach rumbling). This is because the anaesthetic makes your stomach go to sleep and if you eat too soon you may vomit. The nurses will check on these signs to make sure it is safe for you to eat.

Your physiotherapist will show you deep breathing exercises. It is important to do these regu-larly to keep your lungs working well while you are lying in bed. You will also be given exercises to do every hour, moving your ankles and knees to avoid blood clots in the calves, which can break off and move to the lungs. To assist with this, you will also have calf *(TED)* stockings fitted on the day of your operation.

Your wound will be closed with dissolvable subcuticular *(under the skin)* sutures which dissolve slowly over 60 – 90 days. The nurses as required will change wound dressings. Please note the wound may look and feel bumpy until the sutures fully dissolve.

PAIN CONTROL:

Your post-operative pain will be carefully monitored by your anaesthetist, Mr Malham and the nursing staff. Appropriate medications will be used to keep you comfortable. During the first 2 - 3 days you will experience some pain. This pain comes from muscle retraction and the skin wound. This will be controlled by intravenous medication through a "Patient Controlled Anal-gesia" *(PCA)*.

GREG MALHAM **NEUROSURGEON**
Suite 2 Level 1, 517 St Kilda Rd
Melbourne, VICTORIA, 3004
(03) 9866 6650 | www.gregmalham.com.au

A PATIENT'S GUIDE TO SPINE SURGERY

Once you are off the drip you will be given intramuscular injections and/ or tablets if required. It may be necessary to continue taking pain relief when you are discharged, and a prescription will be arranged.

POSITION AND MOVEMENT FOLLOWING SURGERY:

Activity in bed and early mobilisation is encouraged to prevent complications. It is important when lying in bed that you keep your spine straight and in good alignment. You can lie on your sides or back. Nurses will assist you to roll side to side during the first 12 - 48 hours. Depending on the type of surgery you may be allowed out of bed within 24 hours of the operation.

A physiotherapist will instruct you for the first time when getting out of bed and then a nurse will continue to assist you. You may be dizzy the first time you get up so ensure there is a phys-iotherapist or nurse present. It is important when getting up to lie on your side as close to the edge of the bed as possible. Sit on the edge of the bed first for a few minutes before standing up. Sitting puts more pressure onto the back and this can often be uncomfortable. Discomfort will be minimised by standing and walking. Gradually increase walking time as tolerated over the next few days. Aim for 3 - 4 small walks per day rather than 1 large walk. During your hospi-tal stay you will be provided with an elevated toilet seat and straight backed high chair. Both of these reduce the stress on your back.

BRACING:

After neck surgery you be given a soft cervical collar to wear for 4 weeks. This soft collar is for comfort only when out of bed, sitting, standing, walking and travelling in a car as a passenger. Do not wear the collar in bed at night.

After back surgery, no soft or hard braces are to be worn. These braces weaken the back muscles. You will be given exercises by the physiotherapist to strengthen your "core" muscles (ab-domen, back, pelvis and leg muscles). The exception is the XLIF procedure where the patient will be fitted with a corset, to wear for an advised period of time after surgery.

Constipation
Decreased activity, limited appetite, reduced fluid intake and multiple medications may cause constipation. Please make your nurse aware if your bowels are not opening. Walking, drinking plenty of water, increasing fibre content of diet and taking a mild laxative will help this. Con-tinue this once you go home.

REHABILITATION & RECOVERY:

Following surgery there is a recovery or convalescence period and you may experience tiredness, discomfort, weakness and impaired mobility. This is most common over the first 4 - 6 weeks and will improve.

A physiotherapist will assist in your recovery and return to independence around the ward fol-lowing surgery. This will include help with mobility, instructions on what to do and not do, and development of a home exercise/activity programme.

Most patients are able to return directly home after surgery. A proportion of

GREG MALHAM
BSc MBChB FRACS NEUROSURGEON

GREG MALHAM **NEUROSURGEON**
Suite 2 Level 1, 517 St Kilda Rd
Melbourne, VICTORIA, 3004
(03) 9866 6650 | www.gregmalham.com.au

patients require transfer to inpatient rehabilitation, especially those who have undergone lumbar fusion proce-dures. The need for rehabilitation will be assessed by Mr Malham and discussed with you, the physiotherapist and nursing staff. Placement in a rehabilitation centre will take into account where you live and other family considerations.

Once independent, rehabilitation can be continued as an outpatient.

NUTRITION:

During surgery, blood loss can occur causing a drop in iron levels. Iron is needed for blood to carry oxygen. This can cause tiredness and headache. You may need a blood transfusion or iron tablets to improve this. The blood given to you is all screened and safe. Iron tablets (usually 1 tablet a day for 6 weeks) may cause dark stools and constipation.

The body also needs calcium for bone repair. Dairy foods are the best sources for calcium, such as milk, yoghurt, and cheeses. Sunlight helps the body make vitamin D for bone strength so go outside daily and enjoy some sunshine – 10 - 15 minutes per day during low UV hours is suf-fi-cient. If you have low Vitamin D levels or osteoporosis, you may be prescribed calcium and Vit-amin D tablets.

Protein foods are good for muscle repair. Eat red meats, chicken, fish, nuts and legumes.

SITTING:

Generally with neck surgery, sitting is well tolerated. With lumbar surgery it is best to keep your back straight. You can lie, stand, walk, and sit only for meals, 4 weeks post-operatively. Al-ter your position every 30 minutes. Avoid bending and twisting activities. When sitting for meals, limit this to 20 minutes and use an upright chair/ stool.

DRIVING:

Avoid driving until you discuss this with Mr Malham at your 4 - 6 week post-operative review. You can travel by car as a passenger for short distances only, and remember to recline the seat 30 degrees to keep your back straight.

SEXUAL ACTIVITY:

You may resume normal sexual activities as long as you take the passive role. If neck or back discomfort increases, stop immediately.

TIME FRAME FOR RECOVERY:

In general, for both neck and lumbar spine procedures, the first 4 - 6 weeks is the time to re-cover from the surgery and the anaesthetic. This is in keeping with all other medium to major surgical procedures. You may experience less energy and muscle fatigue over this time, so take it easy and do short walks and light activities.

For neck surgery patients- no lifting, no movement of arms above shoulder height, and wearing the collar during the day as described above.

GREG MALHAM
BSc MBChB FRACS NEUROSURGEON

GREG MALHAM **NEUROSURGEON**
Suite 2 Level 1, 517 St Kilda Rd
Melbourne, VICTORIA, 3004
(03) 9866 6650 | www.gregmalham.com.au

A PATIENT'S GUIDE TO SPINE SURGERY

FOR BACK SURGERY PATIENTS:

- no lifting;
- bending;
- prolonged sitting or
- standing.

At your post-operative review appointment with Mr Malham, appropriate light exercise and activities will be discussed.

For more detailed information, refer to specific surgery information sheets.

RETURNING TO WORK:

Returning to work will depend on the type of surgery performed and the work that you perform.

In general, neck surgery patients return to work between 4 - 6 weeks post operation. Patients having undergone lumbar microdiscectomy or laminectomy return to work at 4 - 6 weeks post operation.

Patients having undergone fusion surgery, if performing light duties, can return to work at 12 weeks and at 6 months if involved in heavy manual tasks.

For more detailed information, refer to specific surgery information sheets.

GREG MALHAM
BSc MBChB FRACS NEUROSURGEON

GREG MALHAM **NEUROSURGEON**
Suite 2 Level 1, 517 St Kilda Rd
Melbourne, VICTORIA, 3004
(03) 9866 6650 | www.gregmalham.com.au

BE PREPARED CHECKLIST:

The following suggestions are made to maximise your safety on returning home following your procedure:

• Do exactly as instructed. Remember that the nursing staff will give you their attention for several days after the operation. It is a good sign that you are progressing when this attention diminishes.

• Remember that physiotherapy is also a vital part of your recovery. The physiotherapist will see you daily in hospital, then provide a home exercise program.

• Ensure items such as the telephones are within easy reach.

• Ensure a non-slip surface is located on the shower recess floor and that there is ample soap/ shampoo to ensure that you do not have to bend down to pick up if dropped.

• A firm supportive bed will be more comfortable and easier to get on/ off.

• When sitting, use a seat that is slightly higher than normal, so your hips are higher than your knees. Arm rests assist in levering your body weight up and down.

• Purchase essential home supplies prior to admission.

• No driving for 4 weeks until the post-operative review by Mr Malham.

• Travelling by car as a passenger for short distances only with seat reclined 30 degrees.

• Eat properly and drink plenty of water.

• Keep your back straight. Avoid bending, twisting, heavy lifting or activities above shoulder height.

• Gradually increase your activity.

POST-OPERATIVE APPOINTMENTS

A post-operative appointment is usually scheduled 4 – 6 weeks following discharge. It is im-portant that you keep this appointment so that Mr Malham can check on your progress.

Usually the ward clerk will schedule a post-operative appointment prior to your discharge, or you may be asked to contact our rooms from home. If so, please remember to contact Mr Mal-ham's rooms as soon as possible to schedule this appointment.