



Spine Surgery Education

What to expect and how to prepare for surgery

Spine Program



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Thank you for Choosing Trinity Health

Welcome to Trinity Health IHA Medical Group!

Our highly skilled and specialized team of surgeons, physicians, physician assistants, nurse practitioners, registered nurses, pharmacists, physical therapists and other staff members invite you to experience world-class care. Take confidence in knowing that you will be provided with the most up to date, evidence-based care available.

The decision to have spine surgery is difficult. Most of you have been living with pain for some time, all the while, making concessions in life because you can't do the things you used to enjoy without pain or limitation.

Knowing what to expect before, during and after surgery will help you get the best results possible. To facilitate this success, it is our expectation that you read this booklet and participate in the online pre-operative surgery class and post-operative video. Please ask any questions prior to and after surgery.

Michigan Spine Surgery Improvement Collaborative (MSSIC)

Working Together for Better Patient Outcomes

What is MSSIC?

Your Surgeon is a member of the Michigan Spine Surgery Improvement Collaborative, or MSSIC for short. MSSIC is a statewide collaboration of neurosurgeons, orthopedic surgeons and hospitals all working together to improve the quality of care and outcomes for you and other patients in Michigan undergoing spine surgery.

How does this affect me?

As part of the MSSIC program we will track your progress over time to see how you are doing. All patients who are having cervical or lumbar surgery will complete a health status questionnaire before surgery, 90 days after surgery and at 12 and 24 months after surgery.

How do I complete the questionnaire?

There are three ways to complete the questionnaire – on paper, on a website using a computer or by phone. You can choose whichever is easiest for you. The questionnaire includes questions about your pain level, functional status and quality of life. The questionnaire will take approximately 10 - 15 minutes to complete.

What happens to the information in the questionnaires?

Your answers will be put into a registry. Surgeons who are participating in MSSIC will use this information to learn from each other about which approaches to surgery are most effective – best possible patient outcomes and fewest complications.

What about my privacy?

Your privacy is very important to us, and we want to protect it. Your name and contact information will not be entered into the registry – it will be kept strictly confidential. Your name or identifying details would be seen only by your surgeon and his or her staff.

Who pays for MSSIC?

Support for the Michigan Spine Surgery Improvement Collaborative (MSSIC) CQI is provided by Blue Cross Blue Shield of Michigan (BCBSM) and Blue Care Network (BCN) as part of the BCBSM Value Partnership program. To learn more about Value Partnerships, visit www.valuepartnerships.com.

Information

For more information, talk to your surgeon or contact the MSSIC Coordinating Center at:

MSSIC Hotline: 313-874-1892

MSSIC Email: info@mssic.org

MSSIC website: <http://mssic.org>



Pre-Operative Class

Spine Program



Dear Patient,

To prepare for your upcoming surgery, it is important to know what to expect before, during and after. We want you to have the best experience and outcome possible. One way to achieve this, it to be active in your care.

It is very important to watch or attend our virtual pre-operative spine class. You may use your spine surgery book as a reference. Please take notes, actively listen and keep a list of questions you can ask the IHA Michigan Brain and Spine staff or your nurse navigator, Michelle.

Class Options

Pre-Recorded Video

To **watch the pre-recorded video** (most popular) please go to www.stjoeshealth.org/spinepted.

You will:

1. **Scroll to the bottom of the page.**
2. **Select the location** where you are having surgery (Ann Arbor vs. Chelsea)
3. **Select pre-recorded session.**
4. Select next In the **bottom right corner.**
5. Answer a short questionnaire to receive credit.

– OR –

Live Teams PowerPoint Class

If you choose to attend a live **Teams PowerPoint Class** times are:

1. Tuesdays, 1 - 2 p.m. and Thursdays 5 - 6 p.m.
2. You must **register for this class a day prior** under classes/events or at www.stjoeshealth.org/spinepted
3. Once you've registered, a link will be sent to your email.
4. You will use that link to log in 5 - 10 minutes before class time.



**Michelle
Davenport, RN**

The class will be presented by the Spine Program Nurse Navigator, Michelle, and there will be time for open discussion at the end.

You can use the link www.stjoeshealth.org/spinepted on your computer, tablet or phone.

If you have questions, please email Michelle at Michelle.Davenport@trinity-health.org or call **833-488-2225**.

Any specific medical questions or surgical related questions please call the office direct **734-712-4500**.

Meet Your Health Care Team

Coach: Your coach is a family member or friend who will help you prepare for surgery and will be able to assist you at home for 1 - 2 weeks after leaving the hospital. Assistance for the first 72-hours post-surgery is critical to a smooth recovery.

Spine Surgeon: Your surgeon is specialty trained and has obtained advanced skills at world-renowned institutions. He or she will partner with you in directing care before, during, and after surgery -- through your rehabilitation -- and in the years of follow-up.

Anesthesiologist/Certified Registered Nurse Anesthetist: This team of clinicians will talk to you in pre-op (prior to surgery) to discuss the type of anesthesia they will use and to answer any questions. This team will also monitor your vital signs for safety.

Advanced Practice Provider: A Physician Assistant (PA) or Nurse Practitioner (NP) will work with the surgeon to oversee your care in pre-operative appointments, while on the floor post recovery, and in the office for follow-up appointments. Depending on the type of surgery, they may also assist your surgeon during your procedure.

Registered Nurse: RNs will partner with you through your hospital stay. They will educate you, assist with your needs, help to develop a pain control plan. RNs work with your surgeon and care team to ensure your care is as seamless as possible.

Nurse Navigator: You will meet your nurse navigator in your education class and during your hospital stay. You may also speak to the Nurse Navigator on the phone, he or she will assist with any needs you have pre- and post-operatively.



Case Manager: Case Managers are RNs who are available to assist you in planning for your post-hospitalization care. A case manager specific to neurosciences will work with you and your health care team to determine what care setting and follow-up health services will best meet your needs.

Social Worker: The social worker will work with the discharge nurse practitioner if there is a need for planning to go to a skilled nursing facility (SAR or ECF).

Not all spine surgeries will see a physical or occupational therapist.

Physical Therapist: PTs will help you regain your range of motion, muscle strength, mobility, gait, balance, and functional abilities following your spine surgery.

Occupational Therapist: OTs are responsible for ensuring you are safe when completing your activities of daily living, such as bathing, dressing, and using the restroom.

Common Surgical Procedure and Risks

Surgical Procedures

Fusion: In fusion surgery, the goal is to cause bone graft to grow between two vertebrae and stop the motion at a specific segment. This results in one long bone rather than two separate vertebrae. Anterior and posterior lumbar fusions may be done separately or can be used together for the most severe problems of the cervical (neck), thoracic (chest level) and lumbar spine (low back).

Discectomy/Microdiscectomy: Discectomy is the removal of the herniated portion of a disc to relieve the pressure on nearby nerves as they exit the spinal canal. Contrary to myths, the disc does not slip out of position like a watermelon seed. Instead, the disc is like a jelly donut, acting as the functional shock absorber between two bony vertebrae. An injury, damage from a lifting incident or a twist may cause the jelly center to break through the wall of the disc. When a disc herniates, the jelly center can press on nearby nerves. In the neck, this causes arm, shoulder, scapula and, in extreme cases, spinal cord compression. In the low back, this may cause pain that radiates from your low back area, down on or both legs, and sometimes into your feet. Pain is sometimes accompanied by numbness and tingling in your leg or foot. You may also experience cramping or muscle spasms in your back or leg.

Decompression: A procedure to remove the affected degenerative disc and some bone. This helps relieve pressure on nerves and/or spinal cord.

Laminectomy: A laminectomy involves the removal of part or all the bone covering the spinal canal. The purpose of this procedure can be to free nerve roots, remove a tumor, bone spur or to perform certain types of fusion procedures. Removing the lamina (laminectomy) is much like removing the cover on a fuse box to access the wiring. By removing the lamina, the surgeon gains access to the disc area and frees more space for the nerves inside.

How You Can Prepare Prior to Surgery

Advance Directive or Medical Power of Attorney

Trinity Health is committed to honoring a patient's right to accept or refuse medical treatment. We encourage every patient to discuss their wishes regarding their quality of life goals with trusted family members or loved ones. Please let us know if you would like any additional information. If you already have an advance healthcare directive, please bring a copy with you on the day of surgery.

Smoking Cessation

Smoking decreases your body's ability to heal bones and wounds after surgery. For your overall health and success of your surgery, we recommend you stop smoking for as long as possible before surgery in order to reduce the risk of complications. If you are having a **Fusion Procedure** you must discontinue all tobacco products prior to your surgery. Tobacco may cause the bone not to fuse. Trinity Health is a smoke-free facility – smoking is not permitted anywhere on our campus.

Home Medications

If necessary, your surgeon and primary care provider will advise you to stop some medications 14 days prior to surgery. Examples include: NSAIDs and some vitamins or herbal supplements.

Purchase Your Pre-Surgery Ensure

Ensure Pre-Surgery®

Ensure Pre-Surgery® clear nutrition drink is a carbohydrate rich beverage, with added supplements that you will drink the morning of your surgery. It improves your comfort, hydration, hunger and thirst and provides added nutrients to aid in your post-op recovery.

This is not for use by diabetic patients who use insulin.



Instructions:

- Ensure Pre-Surgery® is available for purchase at the pharmacy in the Trinity Health Reichert Medical Center - Ann Arbor Campus, Joe's Java at Trinity Health Brighton, the Genoa Medical Centre Pharmacy, Brighton or Chelsea Hospital Joe's Java.
- You will need to purchase one bottle.
- You will need to drink this bottle two hours before your surgery time.
- If you are taking oral medications for diabetes, please drink your Ensure Pre-Surgery drink 3 hours prior to surgery.

Eating and Drinking

On the morning of surgery, you may take morning medications as instructed with a sip of water.

Time of last solid food:

- Do not eat anything solid after midnight.
- Do not suck on hard candy, breath mints, cough drops, or chew gum.
- If **you were instructed to drink Ensure** pre-surgery, please drink **one bottle** on the way to the hospital. Complete drinking **two hours prior** to your surgery time.
- If you are **NOT drinking Ensure** pre-surgery, you may have 16 ounces (two glasses) of clear liquids up to four hours prior to your surgery time.
 - **Clear liquids** include water, black coffee, tea, cranberry juice, apple juice, soda, sports drinks.
 - **Do NOT** drink milk, cream, or pulpy juices such as orange juice or tomato juice.
 - Do not drink alcohol 24-hours prior to surgery.



Items to bring to the hospital:

- Hearing Aids
- Glasses
- Dentures
- Insurance card and picture identification
- CPAP/BiPAP (if you use one at home)
- Advance Directive
- List of current medications -- dosage and frequency
- Clean, loose fitting clothing
- Toiletries
- Books, magazines, or other hobbies (to keep you busy)
- Cell phone and charger
- Your spine booklet

Note: Do not bring any valuables to the hospital.



Hospital Rooms

After surgery you will be in the recovery room until your bed is available on the hospital unit. If the plan is to be admitted overnight, you will be transported to one of our surgical inpatient spine floors. Once you reach the floor, family will be able to visit. Please see current policies:

stjoeshealth.org/about-us/visitor-restrictions

Transportation

Prior to surgery, please plan for your coach, or another responsible adult to drive you home. The vehicle should be easy to get in and out without stepping up. If you are admitted, the discharge date may fluctuate depending on discharge criteria. Please have this person available for one up to three days of possible discharge.

At Home

- Remove all loose rugs from the floor.
- Secure any electrical cords that could cause you to trip.
- Identify chairs with arms that will aid you in sitting/standing.
- Make frozen meals or purchase easy to prepare meals.
- Refill and pick up any medications you might need from your pharmacy, including stool softeners.
- Clean your home and pay close attention to frequently touched areas, such as doorknobs, counters and toilet seats. You may use a regular household cleaner.

Items That May Be Helpful

- Night lights.
- Clean loose-fitting clothes.
- Antibacterial Soap (such as Dial).
- A rubber mat to prevent slipping in the shower.
- Food or any essential items you may need upon your return home.

The Night Before Surgery

- Change all bed linens with clean ones.
- Wash towels and clothing to be used the night before in the warmest possible water that the fabric can tolerate.
- Shower with antibacterial soap (such as Dial) and **use the CHG wipes** given to you in your pre-op appointment.
- Do not shave where you will have surgery, use lotions, powder, hairspray or makeup.
- Eat a normal dinner, do not drink alcohol.
- DO NOT** eat solid food after midnight. See eating and drinking instructions on page 10.
- You may brush your teeth and take small sips of water with medications.



Instructions for Using CHG Wipes

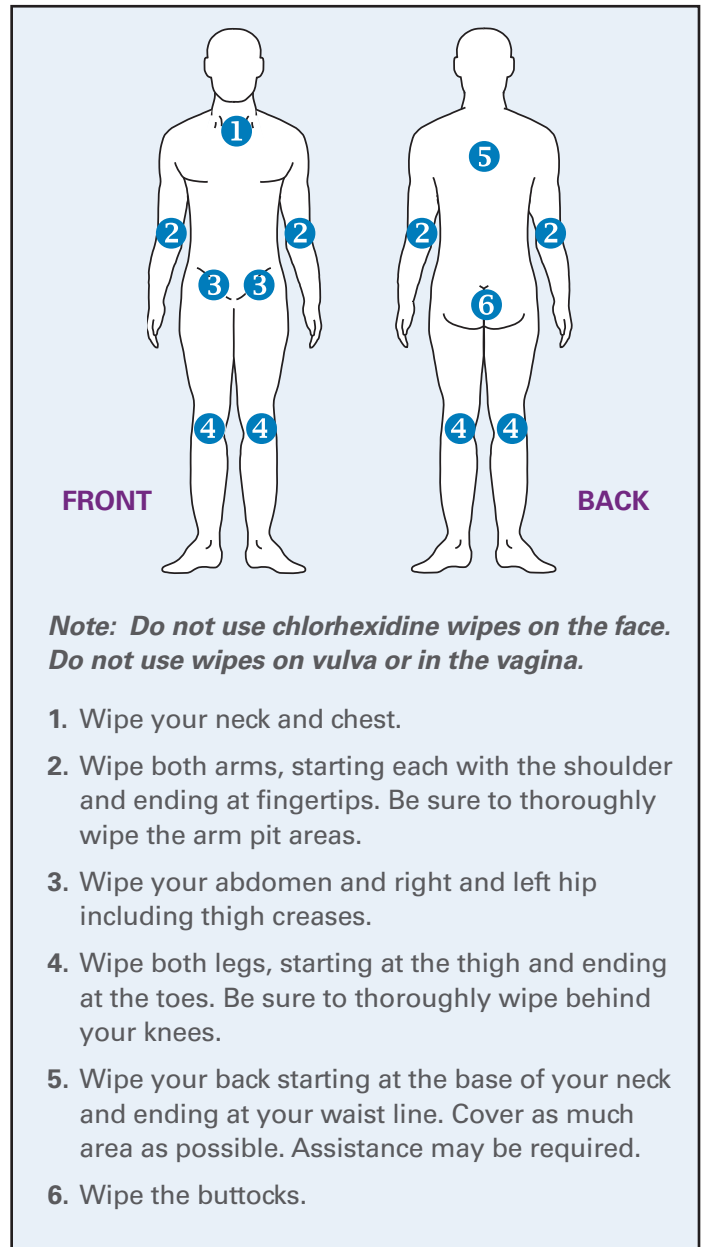
Pre-op Skin Prep Instructions

Night before surgery:

1. Shower or bathe with antibacterial soap (example: Dial®)
2. Wash hair with any shampoo
3. Towel dry with a clean towel
4. DO NOT apply any makeup, lotions, oil, powders, or deodorant on your skin
5. Dress in clean clothes/sleepwear
6. Place clean sheets on bed
7. Wait (2) hours, until skin is cool and dry
8. Proceed with Chlorhexidine Gluconate cloth directions

Chlorhexidine Gluconate cloth directions:

- Open the packages
- Remove the cellophane film and discard
- Using the scissors to cut off the end seal of all (3) packages
- Wash and dry hands prior to use
- DO NOT use the product on your face or private areas
- Use (1) clean cloth to prep each area of the body, in order, as shown in steps 1-6
- Wipe each area in a back-and-forth motion
- Wipe each area thoroughly
- Assistance may be required
- Use all cloths in the packages
- Discard cloths in trash can
- Allow your skin to air dry
- Skin will feel sticky/tacky – DO NOT WIPE OFF
- Chlorhexidine Gluconate cloths will not stain fabrics
- Keep pets out of bed
- Relax or sleep



Morning of surgery:

1. DO NOT shower, bathe or shampoo hair
2. Wash face and private areas
3. Brush teeth and rinse mouth
4. Wear loose comfortable clothing to hospital

Morning of Surgery

Pre-operative Holding

- Arrive at the hospital at least **two hours prior** to your scheduled surgery time. Park in **Lot B** in Ann Arbor and park by the surgery entrance in Chelsea and enter through the main entrance. **See pages 22 and 23 for maps.**
- The same Chlorhexidine wipes used before bedtime will be used again by the pre-operative staff.
- You will put on a patient gown and compression stockings/(SCD) sleeves
- An IV will be placed, vitals will be initiated, and a pre-op antibiotic will be given.
- Betadine will be placed in nose for infection prevention.
- The anesthesiologist or certified registered nurse anesthetist (CRNA) will talk to you in pre-op (prior to surgery) to discuss the type of anesthesia they will use and answer any questions you may have. They may also give you some medication to help you relax.
- Your surgeon will welcome you and discuss any last-minute questions you may have. Together, you will mark the site where your surgery will be.

Operating Room

- Spine surgeries vary in time but may take longer depending on the type of surgery. Your surgeon and the operating room staff will make every effort to keep your family updated during the surgery.
- When the surgery is completed your family will receive a phone call to update them on progress.

Post-Anesthesia Care Unit (PACU)

- The PACU, or recovery room, is the area right outside the surgical unit where patients are closely monitored by a specialized group of nurses. Most patients spend around an hour in this area while they “wake up” from surgery. If you are to be admitted, you will be moved out of PACU once a hospital bed is available.



What to Expect: Pain Management

Pain after spine surgery will vary for each person. We are happy to manage pain medications after surgery, but a patient may elect to go with his or her primary care doctor, or if they are enrolled in chronic pain management, they will have a current pain plan in place. The goal of pain management is not to get rid of the pain completely, but to decrease pain to a level where you are able to participate in therapy. You will be asked many times to rate your pain on a 0 - 10 scale with 10 being the worst pain possible.

How do I improve my pain management?

- Let us know what medications you currently take at home and what helps to control your pain.
- Take pain medication only as needed and no sooner than what is prescribed.
- Set up a pain plan with your nurse -- communication is key.

Different types of pain medications

Opioids

- Examples: Hydromorphone (Dilaudid), Morphine, Oxycodone or Hydrocodone
- These medications can help with acute pain and may be given orally or by IV.
- IV medications are only given on the first day of surgery.
- Once able to take oral medications, type of medications given may be Oxycodone, Hydrocodone/Acetaminophen (Norco) or Oxycodone/Acetaminophen (Percocet).

Acetaminophen

- Examples: Tylenol
- This is used as an adjunct medication to help control pain.

Muscle Relaxants

- Examples: Flexeril, Baclofen, Robaxin
- These can be given by mouth to patients to help with muscle pain, spasms and stiffness.

Regional Block

- New evidence suggest the use of regional blocks on posterior fusion cases.

If you had fusion surgery DO NOT take ANTI-INFLAMMATORY medications for approximately six months. All other spine surgeries should not take anti-inflammatory medications for two weeks.

- Examples: ibuprofen (Motrin or Advil) or naproxen (Aleve).
- They may increase your risk of bleeding and impair healing.

Side effects of opioids:

- Tolerance – meaning you might need to take more of a medication for the same pain relief.
- Physical dependence – meaning you have symptoms of withdrawal (sweating, restlessness, nausea, yawning, anxiety) when an opioid medication is stopped.
- Nausea, vomiting and dry mouth.
- Sleepiness and dizziness.
- Low levels of testosterone that can result in lower sex drive, energy and strength.
- Itching and sweating.
- Constipation.
- Depression.
- Increased Sensitivity to pain.
- Confusion.

What to Expect After Surgery?

Goal planning after spine surgery helps you know what to expect for the first days following surgery. In addition to the goals for each spine surgery patient, please share with us your individual goals for hospitalization.

If you are admitted to the surgical unit our highly specialized, expert staff take great pride in making you feel comfortable while you recover.

On the unit, you can expect:

- Vitals to be taken every four hours, for 24-hours, and then every shift after.
- Physical therapy -- but no bending, lifting or twisting.
- Lab tests will occur between 3 a.m. and 7 a.m. so that results will be available to attending physicians.
- You will be provided a call light. Please call each time you need/or want to get up out of bed.
- We encourage you and visiting family or friends to wash hands often.
- During the first night following surgery, you will be checked on closely by our staff. It is important to monitor your transition from surgery as well as your sedation from pain medication. A good goal for sleep is a couple hours at a time. We encourage naps throughout the day.
- Your surgeon may order a brace for you to wear after surgery. You will be given instructions on how to use the brace if necessary.



Goals for day of surgery:

- Sit in chair one hour after arriving to floor.
- Ambulate within eight hours of surgery end time.
- Eat and drink, all meals eaten in the chair.
- PT, if appropriate.
- Pain control/create pain plan.
- Discuss discharge plans.
- Ask questions about any new medications you will be taking.

Goals for days following surgery:

- Practice using your incentive spirometer (breathing machine).
- Sit up in chairs for meals.
- Three walks per day.
- Discontinue catheter if necessary.
- Stop IV fluids.
- Continue to adjust pain plan.
- Work with the nursing case manager.
- Review discharge plan.
- Drain may be removed.
- Dressing will be removed -- shower with antibacterial soap after.
- PT and/or OT visit.
- Finalize discharge plans.
- Have your coach ready for transportation home.
- Discharge if all criteria is met.



What to Expect for Discharge?

The goal for most patients is to return to home at discharge. Returning to home allows you to recover in the most comfortable, familiar setting with least risk of infection.

Options if you can go home:

- Home with support of your family or friends.
- Home with additional support of therapies, if needed.

If you are unable to safely return to home due to difficulty moving around or lack of support. You may be discharged to one of these settings:

- SAR or ECF – your specific needs will be evaluated after surgery. Depending on your needs, you may qualify for different levels of rehab.
- IPR – Inpatient rehab.

Goals for Discharge

- Be able to log roll in and out of bed independently.
- Walk in the hallway, using your walker as indicated.
- Tolerate eating and drinking.
- Empty your bladder and pass gas.
- Have a healthy blood pressure, heart rate and no temperature.
- Have a healing incision.
- Have a pain management plan that works for you.



Transportation

Most discharges occur early in the afternoon, so please plan so that you have a ride home. You will not be able to drive yourself home from the hospital.



After Visit Summary (AVS)

Your nurse will give to you an AVS and ask you to watch a discharge video prior to discharge. Please ask any questions prior to leaving the hospital. We encourage you to fill your prescriptions at the Towers Pharmacy so that they will be available when you leave the premises.

Home Sweet Home

- **Remember the motto “Move, Move, Move.”**

This will help your recovery. Walk progressively. NO BENDING, NO LIFTING, NOTWISITING.

- **Make the most of your therapy sessions.**

If you are having more therapy after the hospital, ask questions and leave each session knowing what exercises you can do between sessions to make your surgery as successful as it can be.

- **Constipation** after surgery is high risk. It can lead to obstruction or other bowel problems. Contributing factors include anesthesia, stress, dietary changes, decreased activity and narcotic pain medication. Drink six to eight (8 oz) glasses of liquids per day. Eat high fiber foods and exercise to promote GI motility.

- **Eat lots of fruits, vegetables and protein to help your body heal after surgery.**

Avoid any vitamins or medications not cleared by your surgeon.

- **Pain medication is an important part of your recovery.** Our goal is that you should be comfortable enough to move regularly. Remember to take pain medications discussed and prescribed in order to facilitate this goal.

- **Ice packs** can be made at home by combining three cups of water, one cup of rubbing alcohol and ice cubes. Divide the mixture into two large double bagged Ziplock's and place in freezer. Place a towel between your skin and the slush pack. Leave on for 20 - 40 minutes and then remove. Repeat four times per day.

- **Going home can be stressful.** Make sure you have some help at home and remember what you learned in the hospital. You can do this!





- **Stay hydrated.**
- **Use the equipment you took home from the hospital.** Do not stop using equipment until instructed by your surgeon or physical therapist.

- **Maintain your personal hygiene, shower and change your undergarments daily and always wear clean clothes.** Do not immerse your wound (no tub baths, hot tubs, pools or swimming until otherwise instructed). Remember to keep equipment (like commode chairs) clean and disinfected.

- **Avoid fall hazards at home.** Get up slowly from a lying to a sitting position, always sit firm in chairs that have arms, and always wear sliders, socks or shoes that have a non-skid bottom. If you have pets, be sure you know where they are when you stand and take caution of their quick movements.
- In some cases, please expect a call from our transition support call center to check on your status. If you need assistance you can reach out to the nurse navigator or please call our office for help. Please add **734-712-4500** to your phone contacts so you will not miss any phone calls.
- **Follow-up appointments if you have staples or stitches.** Ten to 14 days after surgery, you will have an appointment in your surgeon's office for a follow-up evaluation.

- **Additional post-operative visits** are usually from six weeks to three months, after surgery, and are surgery specific. Your surgeon will then ask to see you on an as needed basis after your spine surgery.
- **Caring for your wound** should be done once specified by your surgeon or nurse practitioner. This typically occurs on the second day post-surgery when your dressing is removed. If you are a same day or next-day discharge, you can change your dressing daily. Once it is no longer draining you can leave the wound open to air. Do not place any creams over the incision unless specifically instructed by your discharge provider.



How to Treat Constipation

Recommended Treatments for Opioid Induced Constipation

Please be advised that you may require pain medications after your procedure. Unfortunately, all narcotic pain relievers cause constipation. To prevent constipation, start taking stool softeners at discharge. Before your hospital stay, we recommend you obtain the following over-the-counter products listed below. If longer than normal bowel habits (typically greater than three days) move to the first line of treatment.

DOSING SCHEDULE	RX/OTC	DOSE
Daily	Senokot (Senna-docusate 8.5/50mg) MiraLAX (Polyethylene glycol 3350 17grams)	2 tablets by mouth twice a day. Mix 1 capful with 8 ounces of water, drink once daily.
As needed 1st line Treatment	Colace (Docusate sodium 100mg) Metamucil (Psyllium Fiber Supplement) Milk of Magnesia (Magnesium hydroxide) Smooth Moves Tea (Senna)	2 tablets by mouth twice a day. Mix 1 - 2 tsp with 8 ounces of water. Drink once daily. 30 – 60 ml at bedtime. 1 cup brewed tea. Drink once daily.
As needed 2nd line of Treatment	Milk of Magnesia, Prune Juice, MiraLAX, and crushed Senna Magnesium Citrate	Mix and drink once at bedtime. Drink 150 - 300mL once during the day.
For SEVERE Constipation	Fleet Enema (Sodium phosphate 118mL) Dulcolax Suppository (Bisacodyl 10mg)	Follow instructions on the pack-age. Perform once daily.

When to Contact Your Health Care Provider

Call the surgeons office if you:

- Have a fever > 101°F.
- Are experiencing pain in your calf, redness, swelling or warmth.
- Are having incision problems with foul smell, yellow or green discharge, the area is hot to the touch and or angry looking.
- Are not able to urinate/have a bowel movement or pass gas as normal.
- Have a hard, distended stomach.
- If you have not had a bowel movement in seven days.

Call 911 or go to the Emergency Department if you are:

- Having shortness of breath, difficulty breathing.
- Having chest pain.

Who to Call for Post-op Concerns?

- After hours, if you have an emergency call 911 or proceed to the nearest emergency department.
- For all concerns call IHA Medical Group, Brain & Spine Surgery
 - Business Hours are Monday – Friday from 8 a.m. – 5 p.m.
 - After business hours, your call will be routed to an answering service.
 - **734-712-4500**

The care team will be happy to answer any questions or concerns.

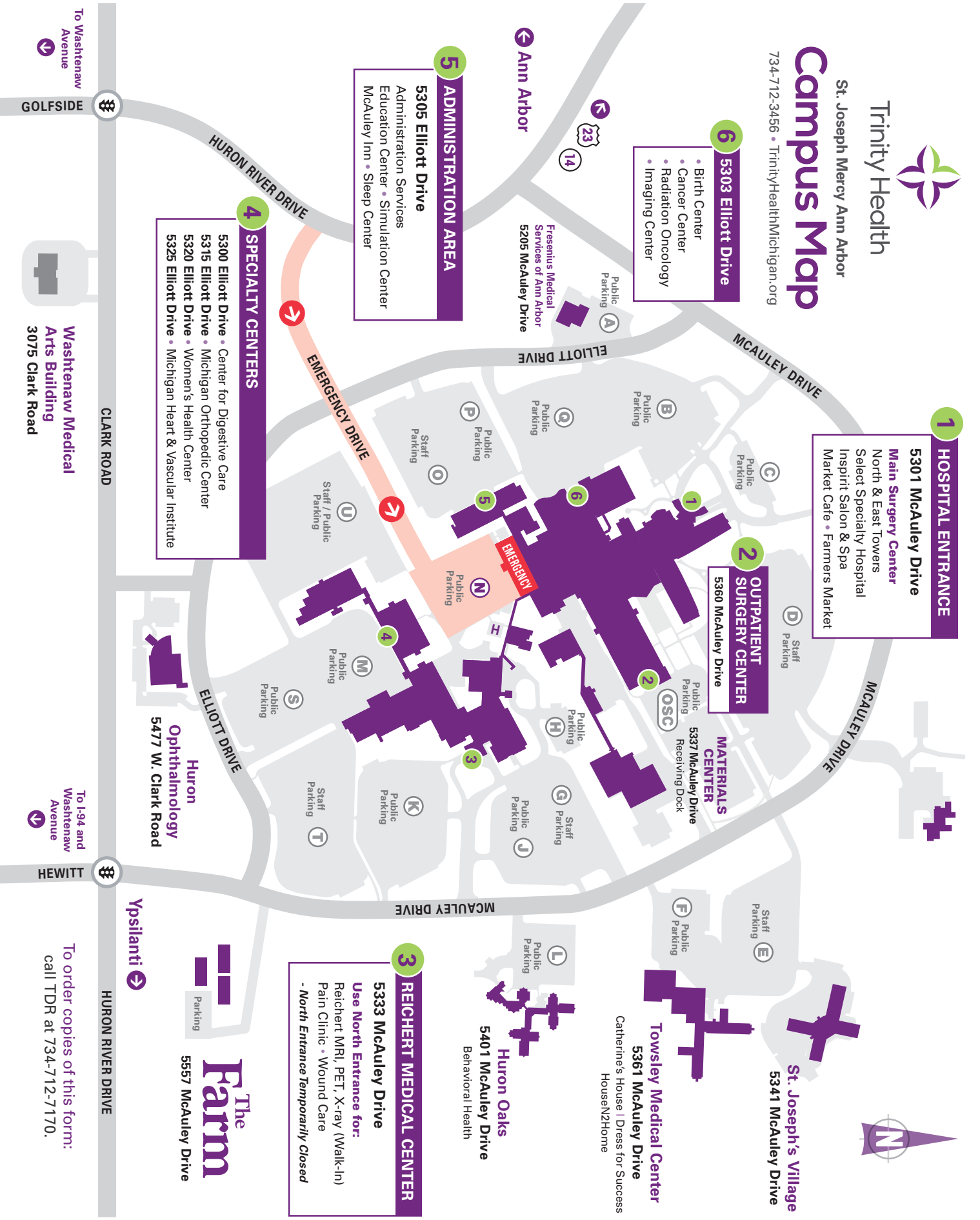


Trinity Health

St. Joseph Mercy Ann Arbor

Campus Map

734-712-3456 • TrinityHealthMichigan.org



1 HOSPITAL ENTRANCE

5301 Mcauley Drive
Main Surgery Center
North & East Towers
Select Specialty Hospital
Inspirit Salon & Spa
Market Cafe • Farmers Market

2 OUTPATIENT SURGERY CENTER

5360 Mcauley Drive
MATERIALS CENTER
5337 Mcauley Drive
Receiving Dock

3 REICHERT MEDICAL CENTER

5333 Mcauley Drive
Use North Entrance for:
Reichert MRI, PET, X-ray (Walk-In)
Pain Clinic • Wound Care
- North Entrance Temporarily Closed

4 SPECIALTY CENTERS

5300 Elliott Drive • Center for Digestive Care
5315 Elliott Drive • Michigan Orthopedic Center
5320 Elliott Drive • Women's Health Center
5325 Elliott Drive • Michigan Heart & Vascular Institute

6 5303 Elliott Drive

- Birth Center
- Cancer Center
- Radiation Oncology
- Imaging Center

5 ADMINISTRATION AREA

5305 Elliott Drive
Administration Services
Education Center • Simulation Center
Mcauley Inn • Sleep Center

The Farm
5557 Mcauley Drive
Parking

To order copies of this form:
call TDR at 734-712-7170.



Trinity Health



CHELSEA HOSPITAL

Chelsea Hospital

775 South Main Street

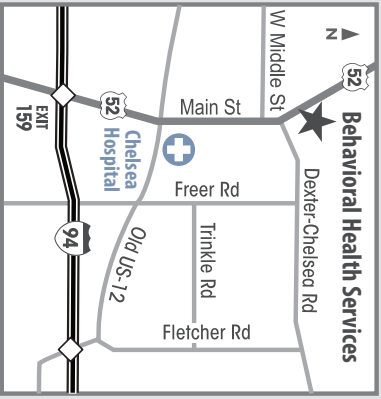
Chelsea, MI 48118

734-593-6000

Professional Office Building

14650 East Old US 12

Chelsea, MI 48118



Behavioral Health Services

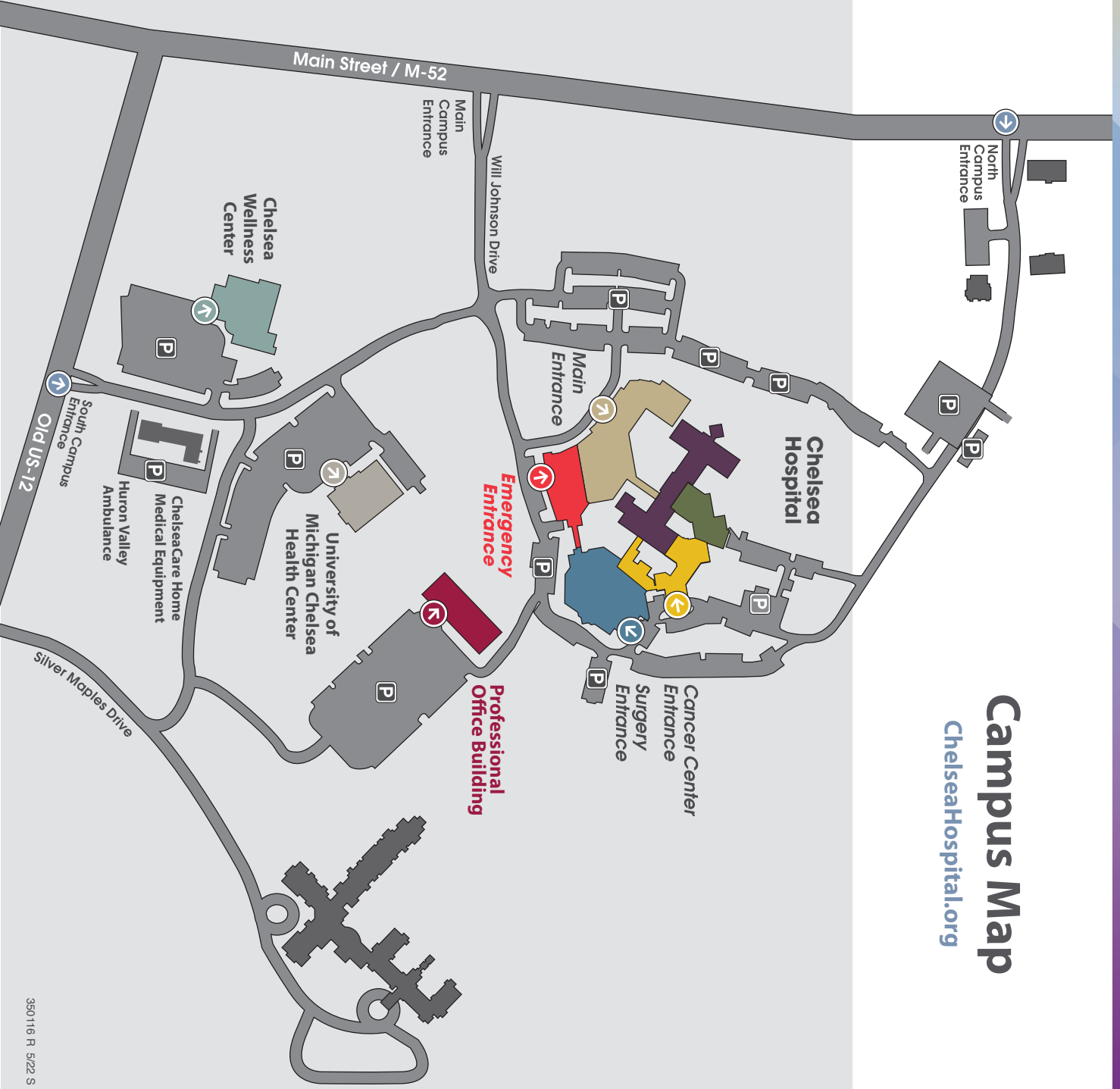
Chelsea Clocktower Commons
350 N. Main Street, Suite 150

Chelsea, MI 48118

734-593-5250

Campus Map

ChelseaHospital.org



Trinity Health Ann Arbor
IHA Medical Group, Brain & Spine Surgery
5315 Elliott Drive, Suite 102
Ypsilanti, MI 48197

Chelsea Hospital
Professional Building
14650 East Old US 12, Suite 302
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