



PATIENT GUIDE TO INPATIENT SPINE SURGERY



SPINE CENTER PHONE NUMBERS

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Ambulatory Surgery
Duracell Center at Danbury Hospital

203-739-7823

Pre-Admission Testing
Danbury Hospital

203-739-7141

Spine Center – 8Buck Pavilion
Danbury Hospital

203-739-7129

Physical Medicine and Rehabilitation
Western CT Home Care
Outpatient Physical Therapy (Danbury)
Outpatient Physical therapy (Southbury)

203-730-5200
203-730-5900
203-262-4230

Surgeons' Offices
Connecticut Neck and Back Specialists
Ortho CT
Elite Brain & Spine of CT
Litchfield County Orthopedic and Spine, PC

203-744-9700
203-797-1500
203-792-2003
860-361-6650

The Spine Team

Over 600 Spine surgeries are performed at Danbury Hospital each year. Our staff has the expertise needed to provide you with safe and comfortable care following your surgery.

Our interdisciplinary team meets daily to discuss each patient to ensure all your needs are met. Patient safety and comfort are of the utmost importance to us. Please advise the staff if you have any special needs or concerns.

Anesthesia Care Team: the Anesthesia Care Team is made up of both an MD and a Certified Registered Nurse Anesthetist (CRNA) who work closely together with your surgeon to ensure your comfort and safety during your peri-operative experience. They will meet with you the morning of surgery to review your health history, discuss the best type of anesthesia for you and answer any questions you may have regarding your care. They closely monitor you during your surgery and oversee your care in the Post-Anesthesia Care Unit (PACU).

Physician Assistant: a Physician Assistant (PA) is a health care professional licensed to practice medicine at the direction of your physician. The PA may assist your surgeon in the operating room during your spine surgery as part of the surgical team and will follow your progress during your hospital stay. You will be seen daily in order to assess your medical condition, monitor your surgical incision and change your dressing. The PA can adjust your medications and is able to evaluate any change in your medical condition. The PA is in constant communication with your surgeon.

Surgical Physician Assistant: hospital based Physician Assistants provide coverage Monday-Friday day and evening shifts and weekend day shifts. The hospital PA will round with your surgeon/PA.

Registered Nurse: the Registered Nurse is an integral member of your health care team and will be involved in your care throughout your entire stay. Your daily plan is coordinated with the team through the nurse assigned to your care. Your nurse is a valued resource for you and your family. The nurses on 8 Buck Pavilion have advanced training in orthopedics and neurosurgery, several with a specialty certification.

Certified Nursing Assistant: the Certified Nursing Assistant (CNA) will be available to assist you in your everyday activities, such as bathing, dressing, setting up meals and toileting. The CNA works closely with the nurse assigned to your care. Our aides receive additional training in caring for patients after spine surgery.

Physical Therapist: a Physical Therapist (PT) will work with you daily to improve your walking and functional mobility and any precautions associated with your spine surgery. The PT will teach you how to use a walker or cane properly, if needed. Your PT will communicate your progress to the rest of the team in order to determine a discharge plan appropriate to your needs.

Care Coordinator: Care Coordinators are specially trained registered nurses who assist with discharge planning to meet your needs after you leave the hospital. A case manager will visit you and your family after your surgery. She will ensure that your discharge needs are met in a timely and efficient manner by communicating with all members of your health care team, including your insurance company. So that you may plan ahead, ask your physician what your anticipated discharge needs will be.

Hospitalist: the Hospitalist is a licensed medical doctor, trained in internal medicine, whose practice is devoted to the unique needs of hospitalized patients. They work with your private medical doctor, your surgeon and the rest of your health care team to deliver the right care at the right time, and they are able to respond quickly and efficiently to changes in your condition that may require a new medication, test or procedure. If your surgeon feels a Hospitalist will be helpful, he will consult with one.

Navigator: Katie Rivero is the Nurse Navigator for 8 Buck Pavilion. If you have any questions regarding what to expect while in the hospital or discharge planning, please don't hesitate to reach out!

Pre-operative Preparation

Select a Coach

- We ask that you select a "coach".
- Your coach can be anyone you are comfortable with- a spouse/significant other, family member or friend. He/she will participate in pre-operative visits and be your "point person" to help you once discharged home.
- Arrange for someone to pick you up from the hospital. Discharge time is typically by 11AM. Please plan accordingly. You will need someone at home for the first few days to assist you with routine activities of daily living, meal preparation and house cleaning.
- Set up your outpatient Physical Therapy appointments if instructed by your surgeon. Arrange for rides to Physical Therapy. You cannot drive until your surgeon clears you.
- If you have difficulty getting in and out of the house, your care coordinator may set up home care therapy for the first week or two after surgery.
- Your surgeon recommends that you stop using tobacco products. For information on "Quit Now", a smoking cessation program at Danbury Hospital, please call 203-739-8161.

Home Preparation

- Clear obstacles in hallways and walking paths. Remove any tripping hazards such as area rugs and electrical wires.
- Make sure hallways and bathrooms are well lit by installing night lights or motion sensor lights.
- Arrange for someone to assist you in caring for your pets. Place bells on small pets to alert you to tripping hazard.
- Rearrange your kitchen, bathroom, refrigerator and closets so the items you use most frequently are easy to reach (waist to chest height).

Bathroom

- Install non-skid strips in the shower or tub you will be using.
- Add a bath/shower seat as needed.

- Replace shower heads with hand held shower heads.
- Install a raised toilet seat if the toilet is low.
- Install grab bars for safety, making sure they are anchored into the wall studs.

Kitchen

- Prepare meals ahead of time and stock the freezer.
- Use paper plates to avoid bending over the dishwasher.

Comfort Area

- Set up a firm arm chair to sit in. Keep a small stool nearby to elevate your legs. If you are having hip surgery, place a pillow or two on the chair.
- Have your phone nearby with a list of phone numbers.
- Set up a small table for your TV remote, books, laptop or tablet. Place a notepad and pen on it.
- Leave room on the table for a water pitcher and glasses or place a small cooler nearby.

Adaptive Equipment

Following spine surgery, you may have difficulty with some activities of daily living. You will also have restrictions in how you can move. You may want to consider purchasing some adaptive equipment to make caring for yourself safer/easier.

Adaptive equipment is not covered by Medicare or private insurance

- If you are having back surgery, you will likely not be able to bend past 90 degrees or twist. You may want to purchase a "Hip Kit". This includes a long handled reacher, long handled sponge, long handled shoe horn and sock aid. Some also include dressing sticks and elastic shoelaces.
- If you need to bend forward to get on or off your toilet, you will need a Raised Toilet Seat.
- You may need a cane, walker or crutches. If you have a walker from a previous surgery, insurance will not cover the cost of another. If you have borrowed equipment, please have someone bring it in so it can be properly sized by one of our staff members.



Pack for the hospital. Make sure to bring:

Your insurance card(s) and one form of photo ID (such as driver's license)

- A current list of ALL your medication, including vitamins and supplements
- Please do not bring your medication with you.** Your medications will be provided through the hospital pharmacy. Check with your provider on which medications you may need to bring with you if your medications CANNOT be substituted. If you do prefer to bring your own medications, they will need to be verified by the hospital pharmacy prior to you taking them. They need to have clear prescription information on the bottle in order for the pharmacy to identify the medication.
- If you use a C-PAP machine to sleep or inhalers, please bring them

- Other Assistive/Medical Devices: Glasses, contacts, hearing aids, dentures etc.
- Bring the incentive spirometer you received at your pre-admission visit (if applicable)
- Pack a small bag with toiletries and things to help you pass the time during your stay. Pack some loose-fitting, comfortable clothing to wear during your stay (gym shorts and t-shirt).
- Please remember that any items you bring in also must leave with you. While flowers, balloons and other gift items are a very nice thought during hospitalization, they can be difficult to transport home along with your other items. Please arrange to have the majority of your belongings brought home PRIOR to discharge.
- Leave all valuables home



Please do not bring any personal electrical appliances to the hospital. While many of these are safe for home use, they are not necessarily safe for use in the hospital.

Parking

Upon arrival to the hospital, you will park in the Duracell Parking Lot. After you have checked in, your family member may want to move the car to the Rizzo Garage, or the valet area located at the main entrance of the hospital by the fountain. It can be difficult to access your vehicle from the main hospital if it is located in the Duracell lot.

Visitors

Please check the Danbury Hospital website for the most up to date visitation information. <https://www.danburyhospital.org/patient-and-visitors-info/visiting-hours-guidelines>

Food/Shopping

The cafeteria is located on 3South. The staff at the information desk in the main lobby can direct you. The Bistro and Gift Shop are located in the main lobby. Any questions regarding hours and locations, please ask the information desk.

Hospital Rooms

After surgery and recovery, you will be transferred to 8 Buck Pavilion. All rooms on 8BP are private rooms. Each room is equipped with a hospital bed, bathroom, telephone for local calls, TV and couch. The couch converts to a twin bed if a family member is permitted to stay overnight. Only ONE family member may spend the night if cleared by management. The hospital does have free Wi-Fi internet. To connect, choose WCHN Guest and it will connect you to a home page.

Special Needs or Interpreters

We do have several rooms close to the nurses station designed for close monitoring for patients with dementia or other special needs. We do have access to equipment for sign language as well as interpreter phones that can be placed in the patient's room. It is required by law for the hospital to provide you or your family member with an interpreter phone to provide the best communication between the patient and health care providers. If the patient is unable to use the interpreter phone, please make other arrangements prior to admission. We will make every effort to accommodate each patient with specific needs. Please be sure to let your surgeon know any special needs the patient may have during hospitalization.

Pre-operative Appointments

Surgeon

- Schedule an appointment with your surgeon to discuss your spine surgery and ask any questions you have about your surgery.
- Bring a list of ALL your medications, including over the counter medications, vitamins and supplements. Ask if and when you should stop taking aspirin, blood thinners and anti-inflammatory medications.
- If you see a pain management doctor, please let your surgeon know

Primary Care Doctor

- If instructed by your surgeon, schedule an appointment with your Primary Care Doctor for a pre-operative medical evaluation. This appointment needs to be within 30 days of your surgery.
- Your doctor will review your medical history and your current medications. (Bring a list with you, include over the counter medication, vitamins and supplements)
- Your doctor may order blood and urine tests, a chest X-ray and EKG
- You may be asked to see a specialist pre-operatively depending on your medical evaluation

Pre-Admission Testing

- In order to make your experience at Danbury Hospital as comfortable and safe as possible, we may schedule a pre-admission testing appointment. This will be at the discretion of your surgeon.
- The Pre-Admission Testing Unit (PAT) is a unique unit that is dedicated to meeting the needs of our pre-operative patients and their families.
- Services provided by the PAT include: MRSA screen, blood drawing (if needed), EKG (if needed), health history screening and anesthesia screening.
- The anesthesia care provider will work with you to develop an individualized post-operative pain plan. Please let the provider know which pain medications have worked in the past.
- If you are seeing a pain management specialist before your surgery, please let your surgeon know.
- You will receive 2 sets of cleansing wipes. These cloths have a cleaning agent in them that reduces the number of germs on your skin. Studies have shown that the cleaning agent is more effective if it is applied more than once. You will use these to clean the area that will be operated on the night before and morning of surgery.
- You will be given a small plastic device with a breathing tube attached to it called an incentive spirometer. Your nurse will teach you how to use it. Using the incentive spirometer will encourage you to take deep breaths and keep your lungs clear. Please use this at least 10 times each hour you are awake. Be sure to bring this with you on day of surgery.
- *This visit is not intended to replace the visit to your primary care physician for pre-operative medical evaluation.*

Day Before Surgery

- A nurse from Ambulatory Surgery will call you the day before surgery. If your surgery is on a Monday, the nurse will call you on Friday. They will tell you what time you should arrive for your surgery.
- The nurse will ask you about your medications and tell you which medications you can take the morning of surgery.

- **Do not eat anything solid after midnight. Clear liquids are permitted up until 2 hours prior to arrival to the hospital.** This will be clarified during that call.
- The nurse will also review your pre-operative instructions and answer any last minute questions.

Please note: If you are not home when the nurse from the Duracell Center for Ambulatory Surgery calls, she will leave a message on your machine. Please call back to receive your instructions and arrival time for surgery.

Pre-operative Skin Cleansing

Antiseptic skin wipes are part of our hospital's program to reduce the risk of infection after surgery. An antiseptic solution reduces the bacteria on your skin.

What are Chlorhexidine Gluconate (CHG) wipes?

2% chlorhexidine gluconate (CHG) wipes are antiseptic (germ killing) cloths used to wash the skin. CHG kills 99% of the germs on the skin to help prevent germs from getting into an open wound or your bloodstream and causing serious infections.

When should you use these wipes?

1. Use them the night before surgery (see the instructions at right).
2. Use them again the day of surgery before you go to the hospital.

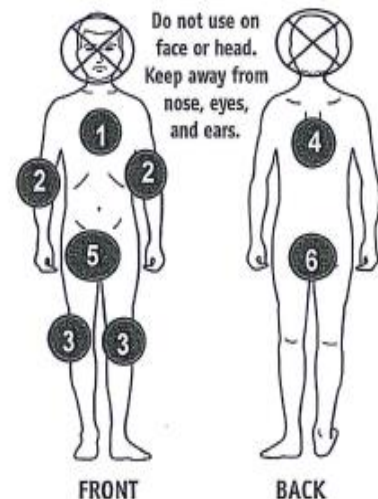
How should you use these wipes?

1. Wash your hands well with warm soapy water or use hand sanitizer.
2. Wipe your skin using a circular or back and forth motion. Wipe each area thoroughly but do not scrub. Do not use the cloths on your face, head, neck, eyes, ears, mouth, or genital area.
3. Use three packages (six cloths) of CHG prep wipes in this order:

The night before surgery:

- Take an evening bath or shower.
- Wait one hour until skin is dry and cool before using the CHG cloths. Cool, dry skin is less likely to get irritated by the cloths.
- If you experience redness or itching, rinse the area with cool water.
- Let your skin air dry for a few minutes.
- Dress in clean pajamas, sleep on clean sheets after use.
- **Do not shave your legs or underarms for 2 days before or after using this product.**

- Cloth 1)** Wipe your **chest** and **abdomen**
- Cloth 2)** Wipe **both arms**, starting with the shoulder and ending at the fingertips. thoroughly wipe the armpit areas.
- Cloth 3)** Wipe **both legs**, starting at the thigh ending at the toes. Be sure to thoroughly wipe behind your knees.
- Cloth 4)** Wipe your **back** starting at the base of neck to your waistline. Help may be required.
- Cloth 5)** Wipe your **right and left hip**. Be sure to the folds in the groin and buttock area, avoiding your genital and rectal area.
- Cloth 6)** Wipe the **buttocks**.



Then
and
your
wipe

4. Wash hands or use hand sanitizer.

5. **Do not rinse, towel dry or wipe off the skin after using CHG wipes. Do not shower or wash again until after your surgery. Do not apply lotions or moisturizers.**
6. Let your skin air dry for two minutes before putting on clean pajamas. Bed sheets should be clean. Skin may feel sticky for a short time as it dries.
7. Throw all cleaning cloths in the garbage. *Do not flush in the toilet.*

Please note: *The cloths are for cleaning external parts of the skin only. The cloths should be stored and disposed of out of the reach of children. Treat the cloths as if they are a medication. If redness, irritation or rash appears discontinue use of the cloth and contact your healthcare provider.*

Day of Surgery

Admission

- Arrive at the requested time.
- The receptionist will greet you and ask to see your insurance card(s) and photo ID. At that time, you will receive your HIPAA form and Patient Bill of Rights to sign.
- You will receive your hospital ID band. This ID band has important information about you. Please check to make sure that your name is spelled correctly and your date of birth is correct. All staff members you come in contact with will be checking your ID band in order to properly identify you.

Assessment

- A nurse will bring you to an "assessment room" (a family member/friend may be permitted to accompany you if cleared prior to day of surgery). They will review your health information and medication list with you and complete any information still needed.
- The doctors and staff Danbury Hospital take your safety very seriously. Throughout your hospital stay several staff members may ask you the same questions. These repetitive questions may be bothersome, but please be assured that the staff is following procedures put in place for your safety.
- You will be given a hospital gown and slippers to change into. Your clothes will be placed in a bag and labeled. If applicable, you will also be given support stockings to put on. These help improve circulation and prevent swelling and blood clots.
- The nurse will then start an intravenous (IV) line and give any "pre surgery" medications the doctor has ordered.
- The nurse will take your family's contact information for your surgeon. Whenever possible please leave a cell phone number.
- Please do not hesitate to ask questions you or your family may have.

Pre-operative Area

- The nurse in this area will review your health information.
- Your surgeon will meet with you. He will verify the type of surgery you are having and he will initial a spot close to the area of your surgery. This is part of a national effort to ensure "correct site surgery". This means that the right type of operation is performed at the correct place on the body of the correct patient. Endorsed by the American Academy of Orthopedic Surgeons, this process promotes communication and ensures patient safety. The marker will come off with alcohol after your procedure.

Anesthesia

- You will meet your anesthesiologist. He will review the options for anesthesia with you.
- A recommendation to maximize your comfort before and after surgery will be made based upon your history and individual needs. Please let the anesthesiologist know what pain medication has worked for you in the past.

Operating Room

- You will be moved into the Operating Room and placed on the operating bed.
- IV antibiotics are used to prevent infection and are administered according to specific guideline. If indicated, you will receive the first dose in the operating room and two more doses afterward. These will be discontinued within 24 hours.
- Your anesthesiologist will give you medication to relax you. Once you are asleep the surgical area will be prepped and a foley catheter may be placed in your bladder.
- After your surgery is complete, your surgeon will call your family.

Post Anesthesia Care Unit (Recovery Room)

Once your surgery is completed you will be moved to the Post Anesthesia Care Unit (PACU). The PACU staff is dedicated to providing you with safe, comprehensive and personalized post-operative care.

- The nursing staff will monitor your recovery from anesthesia closely. They will check your vital signs (blood pressure, pulse, respirations, temperature, oxygen levels and pain) every 15 minutes.
- The nurse will ask you to describe your pain on a scale of 0-10: "0" being no pain and "10" being the worst pain you ever experienced. If you are having pain, the nurse will give you medication through your IV.
- A PCA (patient controlled analgesia) pump may be started if indicated. This will allow you to give yourself pain medication. Your nurse will instruct you on its use. If you experience any nausea or itchiness, please let your nurse know and she will give you medication through your IV.
- You may have an oxygen tube in your nose and a clip on your finger will measure your blood oxygen level.
- A blood pressure cuff is placed on your arm and will automatically inflate and deflate to measure your blood pressure.
- Mechanical pumps will be placed on your legs to prevent blood clots.
- You will stay in the recovery room until you are awake, your vital signs are stable and your pain is well controlled. You will be in the PACU for 2 to several hours after your surgery.
- Your family will be notified when you are being transported to your room.

The Spine Center – 8 Buck Pavilion



- Your hospital bed is fitted with a special mattress to help protect your skin. It also has an alarm that is activated for every surgical patient on the night of surgery. This is simply to remind you not to get up by yourself.
- There is a communication board in your room, listing your nurse, nursing assistant, Physical Therapy times and what time pain medication is available to you. Staff will update this board each shift
- Your call bell is located on the TV remote control. Every staff member carries a portable phone so when you ring your call bell, it will ring directly to your nurse or nurse's aide. Prompt response to call lights is our goal. Please remember that, at times, we may be attending to the needs of another patient and we will accommodate you as soon as possible.
- You will have a phone at your bedside for local calls. You may bring your cell phone in to use. If you choose to do so, please label your phone. The hospital cannot be responsible if it is lost.
- Television service is provided to inpatients free of charge
- Your nurse will ask you about your Flu and Pneumonia vaccination history. If you are a candidate to receive these vaccines you can receive one or both prior to leaving the hospital. The Influenza vaccine is administered seasonally, while the Pneumococcal vaccine is available year round. If you have questions about receiving vaccines, please ask your doctor.
- You will be encouraged to participate in as much of your own care as possible. The therapy staff will work with nursing to instruct you in proper techniques for activities of daily living and the use of your adaptive equipment. Your surgeon will determine when you can shower.
- We will assist you in walking to a bedside commode or the bathroom.

Day of Surgery

- Your nurse will receive a report on your surgery and your stay in the PACU.
- Your nursing assistant will take your vital signs and two nurses will perform a head to toe assessment, including a check of your dressing, IV sites, circulation, motion and sensation in your arms and legs. This is hospital policy and will be performed on admission and with every shift change.
- Your vital signs will be taken every 4 hours for the first 24 hours. After that they will be taken every 8 hours.
- You will have a dressing over your incision after surgery. Your PA will change the dressing for the first time. You will have a waterproof dressing after that unless otherwise indicated.

- You may have a drain near the surgical site. Your surgeon/PA will decide when it can be removed.
- Your nurse will look at the incision area every day to check for redness, swelling and drainage. If you have any questions or concerns about your incision or dressing please ask your nurse.
- Someone from the lab will draw your blood as ordered by your surgeon. They will check your blood levels to make sure everything is okay.
- You will have fluids through your IV. These will be discontinued once you are taking in enough fluids and food by mouth. While you can resume your regular diet as tolerated, we prefer you eat a light meal the day of surgery. You will receive your menu to call and order your meals.
- Your dressing will be checked and reinforced as needed. Please don't be alarmed if you see a little drainage on your bandage, as this is normal.
- You will receive medication for pain, nausea and muscle spasm as needed. These will be either through your IV or by mouth.
- Your routine home medication will be restarted. The nurse will administer these. *Do not take your own medication.*
- Unless otherwise specified, you will be assisted out of bed within 6 hours of arrival to the unit. It is extremely important that you are up and moving as soon as possible to avoid post-operative complications.

Please do not get out of bed by yourself. If you need to get in or out of bed, please push your call light and a staff member will be happy to assist you.

Day After Surgery

- Your diet will be advanced as tolerated.
- The PA will check your dressing and drain (if you have one). If needed, your dressing will be changed and the drain removed.
- You may be disconnected from the IV fluids, but your IV will be left in place in case the nurse needs to give you medication by IV.
- You will receive medication for pain, nausea, spasm or tight muscles. Your pain medication will start to be transitioned to pills.
- If you are using a PCA pump, you will be seen by a member of the Anesthesia Pain Service to ensure your pain is well managed.
- You will be evaluated by Physical Therapy. Your Physical Therapist will teach you how to move properly in bed and how to use a walker or cane, if needed, and will review proper body mechanics and positioning with you.
- Staff will help you get up to a chair and use the bedside commode or bathroom.
- You will be encouraged to be out of bed to a chair in 30 minute intervals as you tolerate. Ideally, you will sit in a chair for all meals as you would at home.
- If you are doing well, you may be discharged home the day after surgery.

Please do not get out of bed by yourself. If you need to get in or out of bed, please push your call light and a staff member will be happy to assist you.

Day Two (If applicable)

- As long as you are passing gas, your diet will likely be advanced. This will be determined by your surgical team.
- Your incision will be checked and your dressing may be changed.
- You will receive medication for pain, muscle spasm/stiffness and inflammation as needed.

- You will be walking in the halls with Physical Therapy. If you have stairs at home you will begin walking on the stairs with therapy.
- You will sit in a chair for all meals.
- You will walk back and forth to the bathroom with staff.
- **“Med to Bed”**: We work with Walgreens Pharmacy located in the Strook Lobby to fill your prescriptions prior to your discharge home if you so choose. If your insurance company has a contract with a different pharmacy, you may not be eligible for this service. The process can take up to several hours to complete on day of discharge. Once your nurse has access to your prescriptions, they will be faxed to Walgreens. Once they are ready, the pharmacist will call your hospital room phone and inform you of any issue or if there is a copay. If this is a service you would like to use on discharge, please either bring payment with you to the hospital, or be sure that the person picking you up for discharge has payment. Once payment has been settled between you and the pharmacy, the prescriptions will be delivered to your room. You may also choose to have the pharmacy include any over the counter medications you may need for discharge such as stool softeners, aspirin, etc.

When you are ready to be discharged you will receive detailed instructions before you leave. These will review activity, what to look for, what medication to take at home and when you need to see your surgeon for a follow-up visit.

Pain Management

Our goal is to help you manage your pain so you can play an active role in your Physical Therapy and nursing care.

- You will be asked to rate your pain on a 0-10 scale: "0" is no pain and "10" is the worst pain you have ever experienced. The numbers themselves are not important. We want to make sure that after an intervention (medication, ice, positioning) your pain level has decreased.

0	No Pain	
1	Minimal	Pain is hardly noticeable
2	Mild	Low level of pain
3	Uncomfortable	Pain bothers me but I can ignore it
4	Moderate	Aware of pain but can continue most activities
5	Distracting	Think about the pain most of the time and it interferes with some activities
6	Distressing	Think about the pain all the time and had to give up many activities
7	Unmanageable	In pain all the time, keeps from most activities
8	Intense	So severe can think of hardly anything else, talking and listening are difficult
9	Severe	Can barely talk or move because of the pain
10	Unable to Move	In bed, can't move due to the pain, need to go to the emergency room

- There will be several different types of medications used to manage your pain. In addition to narcotic pain medicine, you may receive muscle relaxers or medication to prevent muscle spasm.
- Your surgeon, anesthesiologist and nurse will help you decide what medications are best for you. **You will need to ask for pain medication. It does not come automatically.** These medications may be taken by mouth or administered through your IV.
- A PCA (patient controlled analgesia) pump may be started by your anesthesiologist in the PACU. If you take pain medication at home every day, the PCA pump will be adjusted to give you doses comparable to your usual daily dose of medication plus added doses for your post-operative pain. Your pain should be fairly well controlled with PCA. If your pain is not being helped with PCA, please inform your nurse so the dose can be evaluated by our pain specialist.
- You may experience some constipation as a side effect of pain medication, iron supplements, decreased appetite and decreased mobility. You will be given medication to help resolve constipation.

Discharge Planning

A Care Coordinator will meet with you to discuss your discharge plans. Your progress with Physical Therapy, home situation and insurance coverage are factors that influence your discharge plans.

- Most patients go directly home from the hospital.
- You will need someone at home for the first day or two to assist you with routine activities of daily living, meal preparation and house cleaning.
- You will need someone to drive you to appointments until your surgeon allows you to drive.
- If, your surgeon and the team identify a **medical necessity** for you to go to a nursing home upon discharge your Nurse Case Manager can arrange that for you. You will stay at the nursing home for a few days until you can safely return home and to outpatient physical therapy.

Please Note: Even though a referral may be arranged before your hospital admission, based upon your anticipated needs, the discharge plan cannot be finalized until after your surgery.

Insurance

- If you have Medicare, it will cover a nursing home stay if it is **medically necessary** for up to 20 days.
- Medicare will cover home care services, if needed, upon discharge while you are home bound.
- If you have commercial insurance or Managed Medicare, your coverage is primarily determined by two factors: benefit coverage under your insurance plan and medical necessity for skilled care. To determine your benefits for post-acute care, contact the Customer Service or Benefits Department at your insurance company.
- If you choose a home care provider or nursing home that does not have a contract or is out of network with your insurance company, your insurance company may refuse to cover part or all of your care.
- Your Nurse Case Manager will act as a liaison between your physician and your insurance company in order to obtain "pre-certification" for a nursing home.
- Insurance pre-certification for home care or nursing home can only be obtained during your hospitalization.
- Choose home care providers and nursing homes that are in your Insurance Company Network

Transportation

- Your family will pick you up when you are discharged. Let your Physical Therapist know what kinds of cars are available to you. They will help determine which is a safe and comfortable choice.
- If you are going to a nursing home and choose not to have your family drive you, a wheelchair van can be arranged through Clinical Resource Management at your expense.
- Your Care Coordinator will verify coverage with your insurance company if you require an ambulance for transportation.

Day of Discharge

- Your surgeon or PA will round on you in the morning and let you know if they feel you are medically ready for discharge home. This is the time to voice and concerns you may have regarding going home. This is also the time to ask any final questions you may have.

- Discharge time: Once your surgeon has cleared you for discharge, your nurse will touch base with you and together you will make a plan for the day. Discharge time is typically by 11AM unless there are special circumstances or plans made prior by you and your nurse/physician. Please plan accordingly. If you are being discharged to a short term rehab facility, the case manager will tell you what time your discharge is.
- Once your nurse has gone over your discharge instructions with you, hospital transport services will be called to assist you out to your vehicle. It is best to have your family member park the car with the valet at the main entrance of the hospital. Remember to take ALL personal items with you. The staff will assist you to pack up your belongings and dress if your family is not present.
- Be sure you and your family members understand your discharge plan including any dressing changes, physical limitations, follow up appointments etc. Once you have been discharged, contact your surgeon's office for any additional questions or concerns. There will be someone on call 24-7.