



Thoracic and lumbar spine surgery



Baylor Scott & White

MEDICAL CENTER

FRISCO

Joint ownership with physicians



What you will find in this guide

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Welcome

We believe that healthcare should be about you and your family. We strive to deliver healthcare compassionately and to act with absolute integrity. Our team of professionals will work closely with you and your family to provide an ideal patient experience. We want to help you heal quickly and get back to the life you enjoy.

We want to put your mind at ease by including you as an active participant in your care. Our goal is to involve you in every aspect of your care. We will rely on you to give us accurate information regarding your medical history, home medications and pain level and to voice any concerns you may have during your stay. It is important to remember that you play a significant role in your recovery.

Our goal is to make you feel comfortable and secure throughout this process. Please ask any questions or share any concerns with the staff so that we can make this experience the best for you. We are committed to you, our patient, and want you to receive quality care during your visit with us. Thank you for allowing us to care for you. It is our privilege to be your healthcare provider.

The information in this guide will help you prepare for surgery and to recover following surgery. Please read through this material several times. Identify any topics you want to discuss with your physician or with the hospital staff. Write down any questions you have and be sure to ask your nurse and physician. We are here to help you through this experience and to meet your individual needs.

Mission

The mission of Baylor Scott & White – Frisco is to provide the opportunity to every individual within Frisco and the surrounding communities the highest standard of healthcare services, designed with excellence, delivered with dignity, and demonstrated with respect to those we serve.



From your care team

We're pleased that you are considering us for your spine care. We are excited to walk alongside you during this process.

As a patient undergoing spinal surgery with us, we want your experience to be as stress-free as possible. This surgery guide is designed to offer additional information regarding your preparation before surgery, the surgery itself and your road to recovery. Our hope is to help reduce your anxiety around your hospital stay by helping you understand what to expect and when to expect it.

As a patient, you will play an active role during your hospitalization. Our goal is to involve you in every aspect of your care. We will rely on you to give us accurate information regarding your medical history, home medications and pain level and voice any concerns you may have during your stay with us.

It is important to remember that you are in charge of your own recovery. Thank you for your dedication to preparing for your surgery. We look forward to meeting you.

About our hospital

Complimentary valet services – Patients and visitors may use our complimentary valet services at the main entrance of the hospital. Valet services are available Monday – Friday from 6:00 AM – 6:00 PM.

Guest information – Our hospital's main entrance is open seven days a week, 24 hours per day.

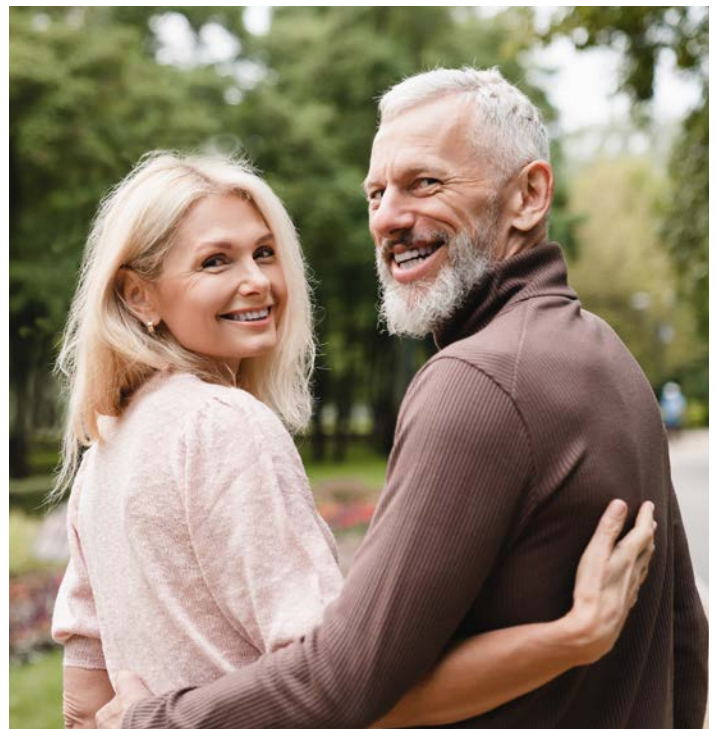
We do not have set visiting hours, but we ask that your family and friends be sensitive to your recovery needs. Children under 12 must be accompanied by an adult.

Inpatient rooms – All rooms are private and furnished with a couch that folds into a bed if an adult family member would like to stay overnight.

Dining – During your stay with us, you will order your food through our Dine on Demand service. A room ambassador will take your order, or you may place an order at any time by dialing extension 5757 on your hospital room phone. Each patient meal also comes with a complimentary guest meal if a family member would like to eat with you.

Tobacco-free campus – Our campus is tobacco-free with no designated smoking areas.

Our goal is to promote a healthy lifestyle for our patients, staff and families.



Useful phone numbers

Registration.....	214.407.5271
Pre-admission testing	214.407.5166
Social services.....	214.407.5437
Spine coordinator	214.407.5169
Manager, post-surgical unit.....	214.407.5188
Chief nursing officer.....	214.407.5428
House supervisor (after hours).....	972.369.2947
Manager, center of excellence	214.407.5168

Complaints and compliments

We appreciate your comments. Our employees believe your comments allow us the opportunity to grow. You will receive a survey about your hospital stay after you return home. Please fill this survey out and return it as indicated. We value your input.

Complaints

We pride ourselves on the customer service we provide for our patients and their families. If at any time you are not satisfied with the care you received, room environment, etc., please let us know immediately. You may file a complaint by contacting any of the following personnel:

Post-surgical unit manager.....	ext. 5188
Patient advocate	ext. 5497
Manager, center of excellence	ext. 5168
Spine coordinator	ext. 5169
Chief nursing officer.....	ext. 5428

Compliments

Our nurses and hospital staff strive to make your stay a pleasant experience. If you feel someone has gone above and beyond to care for you or your family member, please take the time to fill out a Pursuit of Excellence card. These cards are located in the front lobby outside the cafeteria, the nurses stations or may be obtained by asking one of our staff members.

Pursuit of Excellence cards are read by senior administration, the director, department manager and the employee.



Your care team

The following team of healthcare providers is dedicated to helping you have a successful outcome with your surgery:

- Your **surgeon** and **physician assistant** will direct your surgical care and will check on you daily to monitor your progress.
- Your **internal medicine physician or nurse practitioner** will direct your medical care and will check on you daily to monitor your progress.
- Your **anesthesiologist** or **certified registered nurse anesthetist (CRNA)** will provide your anesthesia throughout your operation.
- Your **circulating nurse** and **surgical scrub tech** will assist your surgeon during your operation.
- Your **registered nurses (RNs)** will assess your progress, assist with any needs, give you medication, and provide education before your surgery, in the recovery room and on the surgical floor.
- Your **patient care technicians (PCTs)** will assist with needs, help you walk to the bathroom and take your vital signs.
- Your **respiratory therapists** will monitor your breathing and oxygenation and provide education/assistance as needed.
- Your **physical therapists** will evaluate your needs and help you learn how to safely walk around after your surgery.
- If requested by your surgeon, your **social worker** will evaluate your discharge needs. They can assist you in ordering equipment, discharge planning and follow-up needs.
- Your **room ambassador** will visit you around mealtimes and take orders for your meals for both you and your support person.
- Your **Center of Excellence coordinator** will round on you daily to monitor your progress and review all discharge teaching with you prior to your departure.



Keeping you safe

Keeping you safe is our top priority. We will ask you numerous times throughout your hospital stay to state your name and date of birth and compare it to your identification armband. This ensures that we are providing the right treatment, medication or test during your stay with us.

We want to ensure that we perform the correct procedure on the correct patient at the correct site every time. You will play an active role in this process by verifying your surgery and surgical site with your surgeon as they mark your surgery site in the pre-op waiting area.

Preventing the spread of germs is of utmost importance. Your healthcare team will wash their hands with soap and water or use gel hand sanitizer every time they enter or exit your room. This should also be done by your family members/visitors. If you have concerns that your healthcare provider or family has not washed their hands, please voice your concerns. You will also be provided with hand sanitizing wipes that may be kept at your bedside.

Understanding your spine

Your spinal column consists of 33 bony vertebrae, separated into 5 different regions

- Cervical (neck): seven vertebrae
 - Thoracic (upper/middle back): 12 vertebrae
 - Lumbar (lower back): five vertebrae
 - Sacral (pelvic area): five vertebrae, fused together
 - Coccyx (tailbone): four vertebrae, fused together
- The function of your spinal column is to protect your spinal cord and nerve roots, give your body structure and support, and help you to bend with flexibility.

Intervertebral disks

- Between each vertebra in your spine is an intervertebral disk, which cushions your bones and keeps them from rubbing together. Healthy disks effectively absorb and distribute the spinal stress you have both at rest and while you're moving.

Muscles, tendons and ligaments

- Spinal muscles, tendons and ligaments work together to keep the spine stable both at rest and during activity.



Disorders of the thoracic/lumbar spine

- Herniated disk: A disk can weaken and push outward (herniate). A bulging or herniated disk can sometimes get too close to a spinal nerve. This may cause pain and affect how the nerve works.
- Degenerative disk disease: With age, disks may wear out and flatten, which can cause them to lose flexibility, elasticity and their shock-absorbing ability. This flattening of the disk can irritate and pinch nearby nerves, sometimes causing pain, weakness or numbness.
- Stenosis: Stenosis is narrowing of the spinal canal that can sometimes be caused by an overgrowth of bone or tissue. This narrowing can sometimes cause pain, numbness or weakness due to compression on the nerves.
- Spondylolisthesis (instability of the spine): A spinal condition in which one vertebrae slips forward over the vertebrae below. This can cause irritation to the nerves and joints and can also worsen stenosis of the spinal canal.

Types of thoracic/lumbar spine surgery

- Laminectomy: A laminectomy removes the entire lamina. This helps to relieve pressure on compressed nerves.
- Discectomy: This procedure removes the herniated portion of the disk. Enough disk is left in place to continue to cushion the vertebrae.
- Disk replacement (lumbar): This procedure removes the problem disk, and a replacement disk is inserted. This new disk is anchored into the bone and, over time, bone will grow into and around the new disk to hold it firmly in place.
- Fusion: This procedure removes the disk that is located between the vertebrae and inserts a spacer bone graft to fill the open disk space. This graft serves as a bridge between the two vertebrae to create a spinal fusion, helping to restore height and eliminate motion between the vertebrae.

Preparing for surgery

Find your support person

Spine surgery is a journey, and it is important to have someone with you during this time. Your support person can be your spouse, family member, friend or relative who will help you during recovery.

Pre-certification and authorization

Many insurance companies require pre-certification or pre-authorization for surgery. Please contact your insurance company or notify them of your upcoming surgery. If pre-authorizations or pre-determinations are required by your insurance company, contact your physician's office and have them contact your insurance provider.

- Workers' compensation and some managed care plans require approval for surgery before a surgical date can be selected.
- You may log on to [BSWHealth.com/Frisco](https://www.bswhealth.com/frisco) for a current list of contracts with insurance plans, along with contact phone numbers for individual departments throughout the hospital.
- If you work, remember to notify your employer and have your surgeon's office complete any FMLA or short-term disability paperwork prior to your surgery.

Pre-admission testing and appointments

To make sure you are healthy enough to tolerate your surgery well, your surgeon may require you to be seen by an internal medicine doctor prior to your surgery. At this appointment, you may have tests completed, such as blood, urine or an electrocardiogram (EKG) to evaluate your heart. You will discuss your medical history with the pre-admission nurse and the internal medicine physician. The results of this appointment will let us decide if you are ready for surgery. If necessary, you may be required to see a heart or lung doctor as well. To schedule an appointment for pre-admission testing, please call **214.407.5166**.



Pre-operative education

Prior to surgery, a link to our pre-operative education video will be either emailed to you or reviewed at your pre-admission testing visit. You may also access this video by visiting [BSWHealth.com/Frisco](https://www.bswhealth.com/frisco), select the "Specialties" tab, choose "Spine Care," then scroll down to the "Spine Surgery Education Video" section and follow the prompts to watch the video.

If you have any questions regarding your pre-operative education, please reach out to the spine coordinator at **214.407.5169** or email us at BMCF-TJP@BMCF.com.

Home modifications

To make your home safer and more practical after your surgery, a number of simple changes can be made. Your physical therapist may have additional suggestions for you during your hospitalization.

- Remove any trip hazards around your home (rugs, cords) and move frequently used items to places you can easily reach them.
- Arrange for assistance with household chores, driving and errands.
- Arrange for help with childcare and pets.
- Purchase groceries and prepare meals in advance.
- Make sure lamps can be turned on and off easily, preferably from bed.
- Have available a high, stable chair with a firm seat cushion and armrests.

Pre-operative checklists

Use these checklists to help prepare you for surgery.

Surgical checklist:

- Medical clearance appointment date/time:

- Specialist appointment date/time: (if applicable)

- Call received from pre-admission nurse
- Call received from registration
- Quit smoking
For help, call 1.800.NO.BUTTS (662.8887).
- Medical equipment received (if applicable)
- Discuss my discharge plan with my family and friends
- Surgery date/time:

- Arrival time (You should receive a call the day before your surgery from your surgeon's office.)



Packing checklist

Medical items:

- CPAP or BIPAP machine (if applicable)
 - Medical equipment as instructed by your surgeon
 - Home medications in the original bottles
- Do not bring:
- Anxiety or sleep medications: Lorazepam, Alprazolam, Ambien
 - Pain medications: Oxycodone, Hydrocodone, Morphine, Tramadol, Lyrica
 - Supplements or over-the-counter medications

Paperwork:

- Copy of Advanced Health Directive (if applicable)
- Driver's license or photo ID
- Insurance card

Personal Items:

- Loose-fitting clothes (e.g., shorts, sweats, etc.)
- Underwear and socks
- Personal toiletries
- Eyeglasses, contact lenses with case/solution (if preferred after surgery)
- Dentures or hearing aids with working batteries
- Phone charger

Do not bring:

- Valuables, such as jewelry, credit cards or debit cards

Arriving for surgery

- Please report to the front desk in the main lobby. When you check in at the desk, you will be asked for your insurance card and identification and will receive a pager.
- A staff member will escort you to your pre-op room. You will change into a gown, and a nurse will start your IV.
- You will meet your anesthesiologist. They will discuss the anesthesia with you, options available and the best anesthesia technique for your medical history.
- You will meet with your surgeon. They will talk with you and will answer any final questions you may have.
- Two family members or support people may wait with you before your surgery.

During surgery

While you are in surgery, your family will wait in the front lobby with the pager. Complimentary refreshments and coffee are available in the waiting area. Surgery times vary depending on the type of surgical procedure. If at any time your family would like an update on your status, they can request that information from our team at the front desk. When your surgery is complete, the staff will escort your family to a consultation room where your surgeon will discuss your progress.

After surgery

You will wake up in the Post-Anesthesia Care Unit (PACU) and typically will remain here for one to two hours. During this time, you will be closely monitored until you wake up and your heart rate, blood pressure and breathing are normal. Because this is a small area, your family will remain in the lobby area until you are transferred to your inpatient room.

In the PACU:

- You will have an IV in your arm so you can receive medication and fluid.
- You will have oxygen delivered through a tube



in your nose.

- You will have a blood pressure cuff on your arm to monitor your blood pressure and a monitor on your finger to watch your oxygen levels.
- You will have a compression device on your legs to help prevent blood clots.
- Your nurse will frequently ask you about your pain and will manage your pain as indicated.

When you meet discharge criteria from the PACU, you will be transferred to your inpatient room. A member of the staff will notify your family, and they will be escorted to your room soon after. Some procedures do not require an overnight stay. Some patients may discharge from the recovery area to home.

In your inpatient room

When you are transferred to your inpatient room, your nurse will be monitoring your vital signs (heart rate, temperature, blood pressure and breathing) frequently. You will be placed on a monitor to continuously watch your heart rate and oxygen levels. Our staff will notify your family members and

Your care plan

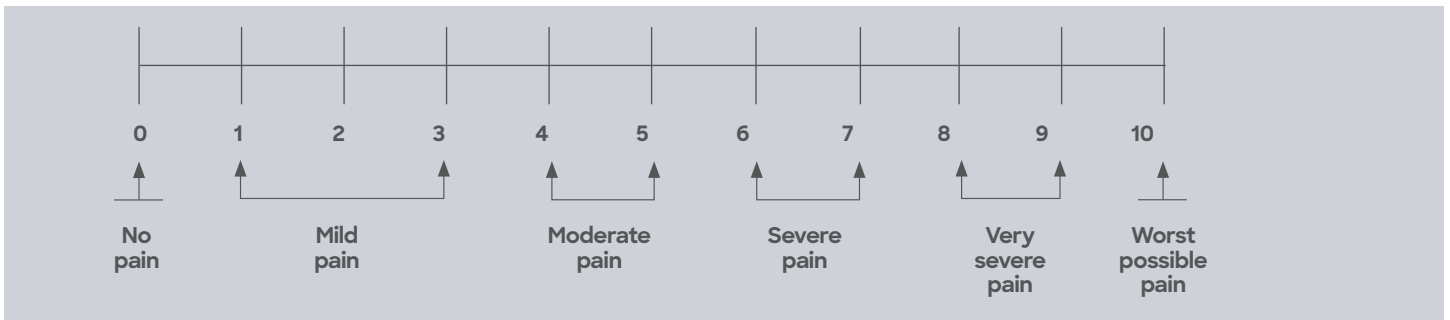
The following is an example of what to expect the first few days after your surgery.

	Day of surgery	First day after surgery	Following days
Surgical care	<ul style="list-style-type: none"> • Use the incentive spirometer 10 times every hour while awake. • Do 10 ankle pumps every hour while awake. 	<ul style="list-style-type: none"> • Plan to sit in a chair for all meals. • Use the incentive spirometer 10 times every hour while awake. • Do 10 ankle pumps every hour while awake. 	
Participate in physical therapy	<ul style="list-style-type: none"> • Sit on the edge of the bed or get into a chair. • Walk a short distance with physical therapy. • Avoid bending, lifting or twisting as instructed by your surgeon. • Do not get out of bed by yourself. 	<ul style="list-style-type: none"> • Participate with physical therapy. • Get out of bed or up to the chair with help. • Do not get out of bed by yourself. 	<ul style="list-style-type: none"> • Continue exercises and slowly increase your walking distance. • Practice skills needed for home.
Diet	<ul style="list-style-type: none"> • When it is time to start eating, you will start with clear liquids (chicken broth, juice, Jell-O). • If you are tolerating liquids, your diet will be advanced to a regular diet if instructed by your surgeon. 	<ul style="list-style-type: none"> • Drink plenty of fluids and include fresh fruits and vegetables. • Continue drinking Ensure shakes if you purchased them prior to surgery. 	
Medication	<ul style="list-style-type: none"> • Begin oral pain medications. IV pain medication may be given if needed. Notify your nurse if your pain is not under control. • Your home medications will be restarted as approved by your doctor and will be given to you by your nurse. 	<ul style="list-style-type: none"> • Continue your home medications that are given to you by your nurse. • Continue to manage your pain with oral pain pills. 	
Bathroom	<ul style="list-style-type: none"> • You may have a Foley catheter to drain your bladder. If not, call for help when you need to get up to go to the bathroom. 	<ul style="list-style-type: none"> • Your catheter will be removed early in the morning. Call for help when you need to get up to go to the bathroom. 	
Dressing	<ul style="list-style-type: none"> • You will have a bandage over your incision. 	<ul style="list-style-type: none"> • You will be instructed on how to care for your dressing at home. 	
Discharge planning	<ul style="list-style-type: none"> • If ordered by your surgeon, you may meet with a social worker to discuss discharge needs. 	<ul style="list-style-type: none"> • Arrange to have someone take you home when you leave the hospital. 	
Drainage tubing	<ul style="list-style-type: none"> • You may have a drainage tube to drain fluid from your surgery site. 	<ul style="list-style-type: none"> • Your drainage tube may be removed today. 	

Pain

It is important to realize that pain is an integral part of the surgical process. Post-surgical pain helps us to understand your limits when working with physical therapy or when you are moving or walking with your nurse. An increase in pain medication can result in decreased breathing and drowsiness. Because of this, it is important that you are not over sedated with pain medication. We will do our best to keep your pain at a tolerable level; however, **it is likely that you will experience some pain after surgery.** Your doctor will prescribe different types of pain medications depending on your type of surgery, medical history and pain level.

You will be asked to rate your pain level on a scale of 0 - 10 multiple times throughout your hospital stay. Please familiarize yourself with the pain scale below.



Do not hesitate to ask for pain medication at the first sign of discomfort. Asking for the medication early is better than letting the pain become more severe. If it is too soon for more medication, or if it is not safe to give more medication because of your vital signs or breathing, the nurse may change your position, turn your pillow or try other alternatives until it is safe for more medication.

Types of pain medication

The type and amount of pain medication you will receive will be determined by your surgeon based on your medication history and pain level. The different methods in which we will give you pain medications are:

- **Oral:** After your surgery, you will be started on oral pain medication as soon as possible. This medication will be continued throughout your hospital stay. Common pain medications include Norco (Hydrocodone) and Percocet (Oxycodone).
- **IV:** The most common IV pain medications that are given after surgery are Dilaudid or Morphine. If oral pain medicine is not controlling your pain, IV medication may be given.

Common side effects of pain medication include decreased respirations/breathing, drowsiness, nausea, vomiting, dizziness, constipation, rash, itching, dry mouth and decreased appetite.

Activity/physical therapy

After your surgery, you will be evaluated by our Physical Therapy Department. They will focus on safe movements and keeping you as active as possible within the limits of your surgery.

Our physical therapy team will teach you how to:

- Log roll in bed
- Sit on the edge of the bed
- Walk from the bed to the chair
- Walk in the hallway
- Climb stairs

Our nursing team will teach you how to:

- Dress yourself
- Shower
- Complete activities of daily living (combing your hair or brushing your teeth)
- Toileting

***Please do not attempt to get out of bed by yourself.** After spine surgery, you have a greater risk of falling. If you would like to get out of your bed, please call your nurse.

Spinal precautions

You may be instructed to avoid these certain movements after your surgery. The length of time for these restrictions varies depending on your surgery. Discuss with your surgeon how long you should avoid these movements.

NO bending at the waist.



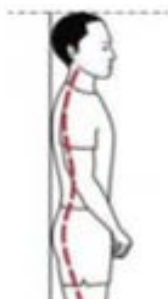
NO lifting greater than 5 - 10 pounds.



NO twisting of your body.



NO sitting for more than 30 minutes at a time.



Maintain good posture.

- Stand straight
- Sit tall
- No slouching
- Keep ears in line with shoulders and shoulders in line with hips

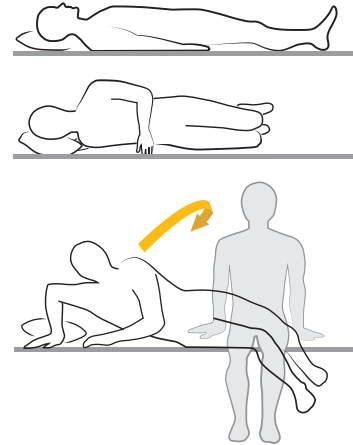
Exercises

Log roll

The log roll is the safest way to get yourself in and out of bed.

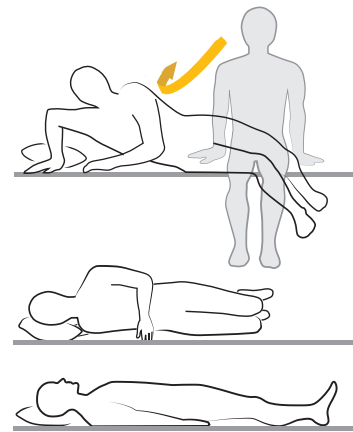
Getting out of bed

1. While lying on your back, bend your knees. Roll onto your side, keeping your hips and shoulders together as one unit.
2. Place your bottom hand underneath your shoulder and your top hand on the bed at chest level.
3. Push up to sitting position while slowly lowering your legs to the floor.



Getting into bed

1. Sit on the side of the bed and scoot back as far as you can.
2. Slowly lower yourself onto your side, using your arms to help guide and control you. At the same time, lift your legs onto the bed.
3. Keeping your shoulders and hips aligned, turn onto your back as one unit.



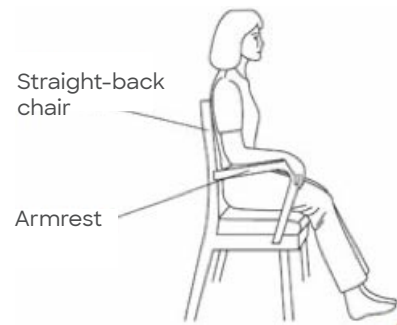
Sleeping

- Position pillows between your legs when lying on your side.
- Use neck and waist support as needed.
- Position pillows under your legs when lying on your back.
- A pillow with neck support is also helpful.



Sitting

You may start sitting in a chair soon after surgery. Limit sitting to 30 minutes at a time and sit in a chair that is supported with arms. Your feet must be flat on the floor and your spine must be supported on the back of the chair with a pillow behind you.



Climbing/descending stairs

Use handrails for support if available.

Move slowly. Have someone with you for safety until you are comfortable. If you have one leg that is weaker than the other, go up the stairs with your strong leg first. When descending stairs, begin with your weak leg. Remember, “up with the good leg, down with the bad leg.”

Ankle pumps - AP

Bend your foot up and down at your ankle joint as shown.

Note: Keep on doing ankle pumps throughout the day, as it is the most important exercise for leg blood circulation and prevents blood clotting and swelling.

Repeat	20 times	Perform	3 times a day
Complete	4 sets		

Quad set - towel under knee - isometric quads

Place a small towel roll under your knee and tighten your top thigh muscle to press the back of your knee downward while pressing on the towel.

Repeat	15 times	Complete	1 set
Hold	3 seconds	Perform	3 times a day

Gluteal set - supine

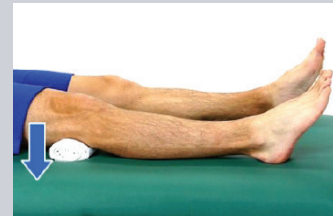
Squeeze your buttocks and hold. Repeat.

Repeat	10 times	Complete	1 set
Hold	10 seconds	Perform	3 times a day

Hamstring sets

Slightly bend your knee, press your heel down into the bed and tighten the muscle on the back of your thigh.

Repeat	10 times	Complete	1 set
Hold	5 seconds	Perform	3 times a day



Recognizing and preventing complications

Complication	Signs and symptoms	What do I do?	Prevention
Blood clot in your leg (deep vein thrombosis, DVT)	(Signs and symptoms are usually located in the calf of either leg) <ul style="list-style-type: none"> • Swelling • Warmth/redness • Pain 	Call your surgeon	<ul style="list-style-type: none"> • Short, frequent walks during the day • Rest with your legs elevated
Blood clot in your lungs (pulmonary embolism, PE)	<ul style="list-style-type: none"> • Shortness of breath • Coughing • Chest pain or chest pain with deep breaths • Rapid heartbeat 	Call 911	<ul style="list-style-type: none"> • Short, frequent walks • Rest with your legs elevated
Infection	<ul style="list-style-type: none"> • Temperature >101.5° (*It is common to run a low-grade temperature (<101.5°) after surgery) • Bright red color around your incision • Increased pain or swelling around your incision • Drainage from your incision site 	Call your surgeon	<ul style="list-style-type: none"> • Follow your surgeon's instructions regarding care of your dressing • Keep pets away from your incision
Constipation	<ul style="list-style-type: none"> • Having fewer than three bowel movements in one week • Straining to have a bowel movement • Stools that are hard, dry or larger than normal • Pain in the lower abdomen 	Call your surgeon or primary care physician	<ul style="list-style-type: none"> • Drink lots of fluid • Eat high-fiber foods (fruits, vegetables, whole grains) • Walk frequently • Take constipation medication as ordered by your surgeon
Hematoma	<ul style="list-style-type: none"> • Trouble controlling your bowels or bladder • Any rapid, expansive swelling in the area of surgical site 	Call 911	

Returning home

When you meet discharge criteria, your surgeon will discharge you from the hospital. Most patients will be discharged home, but if you need help getting stronger before going home safely or if you have a medical condition that requires further care, you may be transferred to:

- Inpatient rehab facility
- Skilled nursing facility
- Home healthcare

This decision is made between you, your surgeon and your social worker. For further questions regarding care at home, please call a member of our social work team at **214.407.5437**.

Transitional care clinic

Our commitment to your care and safety doesn't end at discharge. Our Transitional Care Team is here to help bridge the gap between discharge and follow-up appointments. You will receive a telehealth call from one of our transitional care clinic nurse practitioners within 48 hours of discharge to monitor your progress. To improve overall quality of care and to prevent readmissions, participation in this call is highly encouraged. If you have any questions or concerns, you may call or text **214.247.1670** to reach one of our nurse practitioners. Our Transitional Care Team is available seven days a week during normal business hours.

Remember

- It is normal to feel anxious about returning home after spine surgery. It is OK to ask your support person, family or friends for help.
- Stay active! Continue the exercises that were taught to you while in the hospital and walk frequently during the day.
- Follow any restrictions given to you by your surgeon.

- Keep an eye on your food and fluid intake. Remember to drink plenty of fluids and eat a well-balanced diet.
- Be aware of constipation. This is a common side effect of your pain medication and can cause many problems. Increase fiber and fluids in your diet.

Goals for going home

- Communicate an understanding of spinal precautions and positioning in bed.
- Get in and out of bed without assistance.
- Walk without assistance (with the aid of an assistive device if needed).
- Move from the bed to a chair and walk to the bathroom (with the aid of an assistive device if needed).
- Climb and descend curbs/stairs with the aid of an assistive device and supervision.
- Be able to dress yourself with supervision or with minimal assistance from family.
- Be able to perform your bathing and toileting with supervision or minimal assistance from family.

**Goals may change based on individual patient needs.*

Equipment

Some patients may require medical equipment after their surgery. Your surgeon and physical therapist will evaluate your needs and determine what equipment, if any, will assist in your recovery.

Your surgeon may require you to wear a brace after your surgery. This brace will usually be provided in your surgeon's office before your surgery. Before you are discharged home, our physical therapists will ensure you are comfortable with putting your brace on/taking it off and how to keep it clean at home. It is important to wear your brace exactly as ordered by your surgeon.



Complimentary valet service available Monday through Friday, 6:00 AM – 6:00 PM. Registration desk open 5:30 AM – 6:30 PM. The concierge can direct you to destinations throughout the hospital.

[BSWHealth.com/Frisco](https://www.bswhealth.com/frisco)

1.855.4.FRISCO Main



Baylor Scott & White

MEDICAL CENTER

FRISCO

Joint ownership with physicians

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Frisco, TX 75034

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