Your Guide To Spine Surgery
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You are advised to follow any specific written or oral instructions given to you by your doctor or healthcare worker. Please seek clarification if you are in doubt.

This booklet is produced by the SGH Department of Orthopaedic Surgery, and contains general information and advice regarding your condition. It is designed to provide you with a guide on how to safeguard your health. However, it is not intended to contain exhaustive instructions. In specific cases, you may receive different or additional instructions from your doctor.
Dear patient,

Welcome to the Singapore General Hospital.

This booklet is specially prepared for you and your family to give you some information regarding your impending surgery.

We hope that the information will help you understand what happens before, during and after your surgery. We will guide you through the steps you will be taking on your path to recovery.

Please accept our best wishes, and we hope that you would have a pleasant stay with us.

A/Prof Tay Boon Keng
Chairman, Division of Surgery
Singapore General Hospital
Welcome to the Singapore General Hospital.

Our doctors, nurses and other members of the healthcare team will guide you towards a speedy recovery. If you have any questions, concerns or comments, please feel free to discuss with us.

Your Personal Particulars

Name: ________________________________

NRIC: ________________________________

Date of Birth / Age: _______________________

Sex: ________________________________

Ward Admitted: _________________________

Doctor-in-charge: _______________________

Please call Tel: __________________________
if you have any questions or need any clarifications.
The Spine

The spine is often called the ‘backbone’. It supports your head and upper body and protects your spinal cord and nerves.

Back and leg pain are likely caused by spinal nerves pinched by:

- Herniated or ‘slipped’ disc

![Diagram showing a healthy disc and a herniated disc with pinched nerve]

- Changes in the shape of the vertebrae by some orthopaedic conditions.

![Diagram showing a spine with a pinched nerve]

Your doctor will explain to you what causes your back pain and the need for surgery to relieve the pain and discomfort.
Preparation Before Surgery

You will be admitted to hospital either a day before the surgery, or on the day of the surgery. If you have additional medical problems, admission may even be earlier.

Bowel Preparation
You may be instructed to take some medications to help you clear your bowels. Please seek assistance if you need to visit the toilet.

No Smoking
We strongly discourage smoking one week prior to surgery and especially on the night before the surgery. Smoking makes it difficult for you to clear your secretions after surgery, and may impede your recovery.

Exercise
A physiotherapist may visit you to teach some simple positioning and log rolling in bed pre-operatively. She may also teach you breathing and limb exercises that you may be required to perform before and after surgery.

No Food Consumption
You should not consume any food, not even water, after midnight. This is to prevent any vomiting and subsequent breathing of the vomitus into the lung during surgery, which could be life-threatening.
Get a Good Night’s Rest
Have a good night’s sleep before your operation. Do let your doctor or nurse know if you require some medication to help you to sleep.

Personal Items & Valuables
We advise that you leave all your valuables and personal items at home, and to keep not more than ten dollars with you during your stay in the hospital.
Before you go for your operation
It is advisable for you to take a good shower, brush your teeth and rinse your mouth. You should refrain from drinking anything on the morning of your surgery. However, if you have to take medication for your medical problem, the nurse will advise you to take it with sips of water.

Shortly before the estimated time of your operation, the nurse will inform you to do the following:

• Empty your bladder
• Remove any dentures, spectacles and contact lenses, make-up, nail polish, hairpiece, jewellery and prosthesis
• Change into a gown

Please inform your nurse if you have any personal items requiring safekeeping.

Pre-medications
You may be given medication in the form of tablets or an injection to help you relax. This medication will make you sleepy, and may cause dryness in your mouth.

You should not attempt to get out of bed after taking the medication. Our nurse or health attendant will transfer you to the operating theatre on a trolley.
**Family Room**
Your family members could either return to the ward or wait in the waiting area just outside the operating theatre. Please advise them not to wait along the corridor.

**In the Operating Theatre**
Once you have arrived at the operating theatre, the nurse there will verify your identify and also the type of surgery you are scheduled for.

After verification, you will be transferred to another trolley and wheeled into the induction room to meet the anaesthetist and the surgeon.

The anaesthetist may give you an injection to put you in a deep sleep, so that you will not feel any pain. The operation may be done under general anaesthesia.
Recovery Room
After your operation, you will be taken directly to the recovery room. Your blood pressure, breathing and heart rate will be checked frequently.

Please inform the nurse if you are feeling nauseous or experiencing any pain, so that medication could be given to relieve your discomfort.

You may also be put on Patient-Controlled Analgesia (PCA) to help you control your pain. Your anaesthetist would explain to you before the surgery on the use of the patient demand button. Alternatively, you may be put on an epidural catheter for pain control.

When you are awake and your blood pressure and pulse have stabilised, you will be transferred to the ward.
At the ward, the nurses will check your blood pressure and pulse closely for the first 24 hours. In addition, she will also check your incision site for any bleeding.

**Relief of Post Surgery Discomfort**
Some level of discomfort is to be expected after the surgery. Medication in the form of injection or tablet will be given to you to relieve any pain that you may experience after the surgery.

You are required to lie flat in bed and keep a pillow under your head and both knees. This is to relax your spine. The nurse will assist you to change position until you are able to do it yourself. You will be taught to log roll in bed and turn to the sides. It is important that you do not get up in bed unaided during this time.

**Diet**
An intravenous drip will be inserted into your hand or arm. This will be removed when you are able to take drinks without feeling nausea or vomiting. Subsequently, you may resume your normal diet.

**Wound Care**
Following your operation, your wound will be covered with a dressing, which will be changed to a lighter and more comfortable one within 48 hours.
You may have a drainage tube connected to your wound to drain out any excess blood. This will help to prevent swelling and bruising around the spine by draining excess fluid away into the bottle that will be hooked to the bed. The tube will be removed when instructed by the surgeon.

**Personal Hygiene**
For the first few days when you are confined to the bed, washing will take place in bed.

You will be able to have your shower once you are allowed out of bed. The nurse will assist you initially until you are confident to do it yourself. She will also discuss with you on how to wash and get dressed on your own when you return home.

**Elimination Needs**
A flat bedpan or urinal will be provided for you to clear your bladder. Please inform your nurse if you may experience any difficulties in passing urine due to pain and positioning.

A combination of changes in your diet, reduced activities and medications may result in a change in your usual bowel habits. You will be given laxatives to soften your stools and stimulate bowel action.

**Rehabilitation**
Your physiotherapist will work out a range of light motion exercises for you.

You will be taught how to get out of bed without causing any damage to your wound, and how to
maintain your spine in a straight line. You will have to sit on a high-backed chair and may probably require a corset in order to sit up for meals.

**Length of Stay**
The average length of stay for patients undergoing spine surgery is usually between six and fourteen days. However, the length of stay may vary with each individual.
Discharge Instructions

The following discharge instructions will help you to take care of yourself during your recuperation at home.

**Activity**
You should:
- continue with the exercise regime taught by the physiotherapist.
- increase your activities of daily living as tolerated.
- avoid activities that cause flexion strain on the back, like cycling, sudden twisting of the back.
- have enough rest periods between activities.
- start regular short periods of distance walking the third week after your operation.

**Diet**
- There are no restrictions on your diet unless prescribed.

**Medication**
- Take your medication as prescribed.

**Wound Care**
- Keep your dressing clean and dry.
- Keep your appointment for removal of stitches if required.

**Special Instructions**
Observe the importance of back awareness:
- Lie on a bed with firm base.
- Sit on a chair with firm base with your back straight.
• Pick up objects correctly (bend knees, keep the back straight and avoid lifting anything above the elbows) and keep object close to your body.
• Do not lift any heavy objects when the back is flexed or in a twisted position.
• Avoid prolonged sitting, standing or driving for more than 20-30 minutes at a stretch.

When to consult your doctor
Seek medical consultation with your family doctor or at the Polyclinic if any one of the following conditions occurs:
• Swelling or redness at the operated site
• Discharges from the wound
• Fever of 38°C and above
• Increased numbness and weakness of limbs
• Any other abnormal and/or prolonged symptoms which cause concern

Follow-up Appointment
• Report to the doctor on the appointment date and time.
• Continue follow-up appointments with the physiotherapist as when necessary.

Exercise
Your physiotherapist will prescribe a set of exercises for you to continue at home. The importance of proper lifting technique, good bodies mechanics and postures will be reinforced.

Walking is still the best form of exercise after a back surgery. You should begin with regular short periods of distance walking on the third week after surgery. Slowly increase your walking distance. Usually, most people are able to walk an easy pace for 30 minutes or longer.
Returning to Everyday Activities
It is quite common to get occasional twinges of pain in one leg or both legs, and to have cramps in the calf particularly in the night. Do not be alarmed, as these symptoms will go away themselves. However, if you have a degree of numbness or weakness before the surgery, it may take you several weeks to recover and return to the normal state.

How soon you can return to work depends on your surgery, your recovery and the type of work you do. Please discuss with your doctor on when you are ready to return to work, and if any job reconditioning is necessary.