

Understanding Your Spine Surgery



Your name

Surgery date

Your follow-up appointment with your surgeon is:

Date

Time

Surgeon

Phone number

Please bring this book to:

- all appointments
- your pre-surgery education class
- the hospital on the day of surgery.

Understanding Your Spine Surgery

Seventh edition

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The publisher believes that information in this manual was accurate at the time the manual was published. However, because of the rapidly changing state of scientific and medical knowledge, some of the facts and recommendations in the manual may be out-of-date by the time you read it. Your health care provider is the best source for current information and medical advice in your particular situation.

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Disclaimer

This publication is for general information only and is not intended to provide specific advice or recommendations for any individual. The information it contains cannot be used to diagnose medical conditions or prescribe treatment. The information provided is designed to support, not replace, the relationship that exists between a patient and his/her existing physician.

For specific information about your health condition, please contact your health care provider.



Before Your Surgery

Checklist

- Contact your surgeon's office if you are planning to visit the dentist within 1 month before your surgery.
- Schedule your health history and physical exam. You can read more about this on page 9.
- Make sure to talk with your health care provider about all of the medicines you take and if you need to stop taking them before surgery. Use the chart on page 13 to do this.
- Schedule your pre-surgery education class or watch the pre-surgery video if your hospital does not offer the class. You can read more about this on page 10.
- Review your leaving the hospital (discharge) criteria. You can read more about this on page 41.
- Review and complete any paperwork you received.
- Fill out the insurance coverage worksheet on page 11. Call your insurance provider if you have questions.
- Contact your surgeon's office if you have any health changes (sore throat, cold, fever, dental problem, urinating problem) or skin changes (rash, cuts).
- Select a member of your care circle (family, friends and others close to you) to be your personal support coach. This person will provide support and encourage you to meet milestones during your recovery.
- Talk with your care circle about your needs after surgery.

Did You Know?

Your **care circle** is your family, friends and others close to you. This term will be used throughout this book.

Members of Your Care Circle

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

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Introduction

Welcome

Tip

Please bring this education book with you to the hospital.

How do you make your surgery a positive and meaningful experience? Many people and their care circles (family, friends and others close to you) find it helpful to learn as much as they can before surgery.

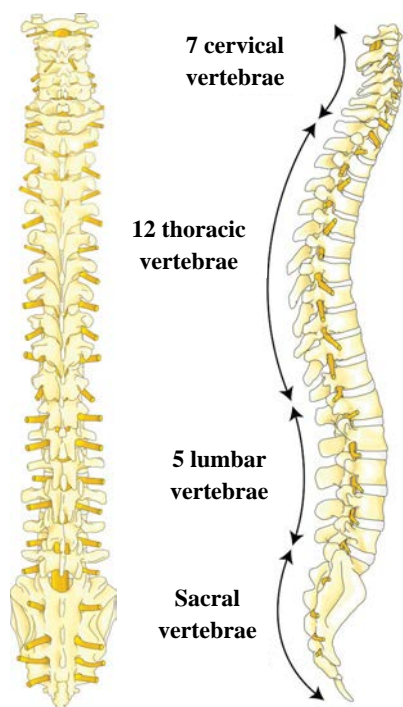
This book was created to help you prepare for surgery and guide you through your recovery. The information is not meant to replace advice you receive from your health care team.

Please try to read the entire book before your surgery. Read it at your own pace and write your questions in the margins.

Bring this book with you when you come to the hospital for your surgery. Your health care team will work with you and your care circle to create a recovery plan that is right for you. They will be available to answer any questions you have.

Your health care team looks forward to caring for you!

Understanding Your Back



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Labeled parts of your spinal column.

Important

Your health care provider will explain your specific spine problem (condition) to you and the surgery to help treat it.

The normal spine

Your back is made up of a spinal column, discs, spinal cord, spinal nerves, ligaments and muscles. A back injury, spine disorder or disease may affect one or more of these parts.

Spinal column (vertebrae)

Your spinal column is an S-shaped chain of vertebrae (bones). Your spinal column serves three basic roles:

The flexible vertebrae start at the base of your skull and end at your hips (pelvis). They are linked together by facet joints and protect the spinal cord and nerves, which run through the center of your spinal column.

They have bony knobs on each side and connect to other vertebrae or muscles and ligaments. When stacked, they form your spinal column.

Discs

Discs are thick pads of soft tissue (cartilage) between the bones that let the bones move and provide “shock absorption” when you move.

Spinal cord and nerves

Your spinal cord contains nerve bundles that carry messages to and from your brain. Nerves leave your spinal column through vertebral holes (foramen). These nerves provide sensation and movement to muscles and joints.

Ligaments

Ligaments are stretchy bands of tissue that support your spine and help keep it in its natural alignment.

Chapter 1: Before Surgery

Your Health History and Physical Exam

Important

Your health history and physical exam needs to be done within 30 days of your surgery.

It is recommended to have the exam done 2 to 4 weeks before surgery.

Reminder

Tell your primary care provider if you are getting up a lot at night to empty your bladder or if you are having trouble urinating.

Before your surgery, your primary care provider should do a health history and physical exam. Call your primary care provider to schedule your appointment.

During the exam, your primary care provider will:

- assess your current health status
- review and perform any tests (such as blood tests) needed before surgery
- make sure you are ready for surgery.

If you currently take any medicines, make sure your health care provider gives you directions for:

- taking your medicines the morning of surgery
- stopping any prescription medicines before surgery
- stopping any over-the-counter medicines before surgery, including herbal medicines.

See page 12 for more information about medicine use before surgery.

Diabetes

Important

Be sure to follow any directions your health care provider who manages your diabetes gives you.

If you have diabetes, it is important to have good blood glucose levels before and after surgery. This will help you heal better after surgery and lower your risk of infection.

It is recommended for you to have an A1c level lower than 8 percent within 3 months before your surgery. The stress of surgery can sometimes increase your blood glucose level after surgery.

Blood Levels Before Surgery

Did You Know?

After surgery, it is common for your blood levels to be low. You and your health care team will work together to find the best way to make sure your blood levels return to normal after surgery.

It is important to have normal blood (hemoglobin) levels before your surgery. If your blood levels are low, your surgery may need to be rescheduled.

Before surgery, talk with your primary care provider about your blood levels. This will give them time to find out why your blood levels are low and give you any treatments needed to get your blood levels back to normal.

Pre-surgery Education Video



You can scan the QR code to watch the pre-surgery education video.

You will learn:

- how to get ready for surgery
- how to prepare for your hospital stay
- how to prepare your home to make sure you are safe after surgery
- exercise and mobility techniques.

Pre-surgery education is an important part of your care. Please visit allinahealth.org/spinesurgeryprep to watch the pre-surgery education class video to learn more about your upcoming surgery.

To confirm you have watched the video, please call or send an email to the hospital where you are scheduled to have your surgery. Please include your name and date of your scheduled surgery in your message.

- Abbott Northwestern Hospital Spine Institute**
612-775-3367 | email: DL.ANWSpinePreop@allina.com
- Mercy Hospital and Mercy Hospital – Unity Campus Spine Centers**
763-236-8860 | email: MercyHospitalScheduling@allina.com
- United Hospital Spine Center**
651-241-5390 | email: jtedunited@allina.com

Hospital Pre-registration

After your surgery has been scheduled, you may be contacted by the hospital 1 to 2 days before your surgery for pre-registration. Have the following information ready:

- full legal name
- home address (including county)
- phone number
- date of birth
- marital status
- Social Security number
- insurance policyholder, address, phone number, employer address and phone number (if insurance is through employer)
- insurance company name, mailing address, policy and group numbers, and copy of insurance card. (Medicare beneficiaries: Medicare requires additional questions.)
- your employer, address, phone number and your job title
- name, address and phone number of the nearest relative or spouse if applicable
- name and phone number of an emergency contact (can be the same as nearest relative).

Determining Your Health Insurance Coverage

Health care benefits change and differ from plan to plan and provider to provider. **Now is a good time to call your insurance provider to find out exactly what is and is not covered under your plan, and how much you have to pay yourself.**

Insurance provider phone number: _____

Policy number: _____

Date/time of call: _____ Person spoken to: _____

1. How long is the typical hospital stay for my surgery? _____

2. Does my hospital stay need to be pre-approved? yes no

If yes, who should pre-approve my hospital stay? _____

What do I need to do to receive the pre-approval? _____

3. Will more hospital days be covered if there are problems (complications)? yes no

If yes, how many extra days are covered and at what rate of coverage (percentage)? _____

Using the table below, review the possible needs and financial concerns with your insurance provider.

Type of service	Number of days or hours covered	Preferred vendors/facilities	Amount insurance pays	Amount I pay	Other
Home health care					
Short-term rehab*					
Occupational and physical therapy					
Medical equipment					
Back brace					
Transportation** (Medi-Van, stretcher)					
Other					

*Short-term rehab is also referred to as transitional care. It takes place in a skilled nursing facility such as a transitional care center or transitional care unit (TCU).

**Transportation services are usually not covered by insurance companies. Plan ahead and arrange for a member of your care circle to drive you home in a comfortable vehicle after you leave the hospital.

Medicine Use Before Surgery

Certain medicines can cause problems (complications) with your surgery unless you stop taking them before surgery.

Important

Tell your health care team which medicines you took the morning of surgery and what time you took them.

Talk with your health care provider about **all of the medicines** you take (including prescription medicines such as diabetes medicines, over-the-counter medicines, herbals, vitamins or other supplements) at least 10 days before surgery. Make sure to ask them for instructions if you take a combination medicine. Then use the worksheet on the next page to write down medicines you need to continue or stop taking before surgery.



Medicines to keep taking before surgery



If you take any of the medicines on the following list, take your morning dose with a small sip of water before you go to the hospital.

- beta blockers such as atenolol (Tenormin[®]), carvedilol (Coreg[®]) or metoprolol (Lopressor[®])
- any heart medicine such as anti-arrhythmics or calcium channel blockers like diltiazem (Cardizem[®], Dilacor XR[®]), verapamil (Calan[®], Isoptin[®], Verelan[®]) or amlodipine (Norvasc[®])
- asthma medicine (including an inhaler, steroids or both)
- acid reflux medicine
- pain medicine if needed
- seizure medicine

Follow any instructions your health care provider gives you.



Medicines to stop taking before surgery



It is important that you stop taking the following medicines 1 week before surgery or as directed by your health care provider.

- aspirin or medicines that contain aspirin
- blood-thinning medicines such as warfarin (Coumadin[®] or Jantoven[®])
- anti-inflammatories such as ibuprofen (Motrin[®], Advil[®]) or naproxen (Aleve[®])

Follow any instructions your health care provider gives you.

Quit Tobacco For Your Surgery

Learn More

Maybe you tried to quit tobacco already. Maybe this is your first time.



The good news is there are many ways to quit. It's important to choose methods that appeal to you.

It may take practice to find the best way for you to quit but keep working on it. You can do this!



Visit allinahealth.org/quit to learn more.

Tobacco and surgery risks

Tobacco products include cigarettes, electronic nicotine delivery systems (ENDS, includes e-cigarettes), cigars, smokeless tobacco (dip or chew), hookahs, pipes, roll-your-own, and oral nicotine products.

Using tobacco increases your risk of the following during and after surgery:

- heart problems
- lung problems (complications) such as pneumonia
- infections such as infections of your surgery site (incision)
- blood clots
- slower healing of your surgery site
- higher levels of pain and more problems with pain control.

Tobacco use keeps oxygen from reaching your surgery site and it can increase your recovery time.

Benefits of quitting

- Research shows that quitting 4 weeks before surgery can reduce any problems after surgery up to 30 percent.
- People who quit smoking report having better pain control.
- Your body responds quickly to quitting:
 - **8 hours:** the carbon monoxide level in your blood drops to normal. The oxygen level in your blood increases to normal.
 - **48 hours:** Nerve endings start to grow again.
 - **2 weeks:** Your circulation improves and your lung function increases. (Source: World Health Organization.)

Did You Know?

Using your surgery as a motivator to quit tobacco increases your success rate of quitting for good.

Nicotine Replacement Therapy (NRT)

NRT can nearly double your chances of successfully staying off cigarettes. It works best if you use it with the help of a doctor or counselor.

Ask your doctor about using NRT around the time of surgery.

Go to quitforsurgery.com to learn more.

When you should quit

Ideally, you should quit as soon as possible. Research shows that:

- the harmful effects from cigarettes begin to go down about 12 hours after your last cigarette smoked
- at least 8 weeks without cigarettes is the best way to reduce problems almost as low as people who do not smoke.

The American College of Surgeons recommends at least 4 weeks without cigarettes.

You should not use tobacco the day of surgery up to 1 week after your surgery. Your doctor may tell you when to quit before your surgery.

If you quit for surgery, you double the chance of staying off cigarettes for good. Many people report they have no cravings while in the hospital.

Not ready to quit? Consider taking a break!

If quitting tobacco makes you feel nervous and seems overwhelming, consider taking a break or a vacation from tobacco use.

- You will get the physical benefits for the period of time that you are not using tobacco.
- You will reduce your risk of problems during surgery and still increase your chances of a smooth recovery after surgery.

If you can, set a goal to stop using tobacco for 1 month after your surgery. This will allow your body to heal the best after your surgery.

Ways to quit or take a break

- abrupt stop (cold turkey)
- nicotine replacement therapy (gum, lozenge, patch or inhaler)
- medicines (varenicline and Zyban®)
- behavioral strategies (such as calling a friend or going for a walk)
- aromatherapy (black pepper oil)
- take a break (vacation) from tobacco.

Any step you take without tobacco is going to help you. Small steps are better than nothing!



Product-specific Resources

- financial aid Nicotrol® inhaler
 - 1-844-989-PATH (7284)
 - pfizerrxpathways.com
- Plant Extracts aromatherapy
 - 1-877-999-4236
 - plantextractsinc.com

Resources to help you quit

Allina Health (for your hospital stay)

- Tobacco Intervention Program at Abbott Northwestern Hospital
 - 612-863-1648
- Tobacco Intervention Program at Mercy Hospital
 - 763-236-8008
- Tobacco Intervention Program at River Falls Area Hospital
 - 715-307-6075
- Tobacco Intervention Services at Allina Health United Hospital – Hastings Regina Campus
 - 715-307-6075
- *United Hospital Lung and Sleep Clinic Tobacco Cessation Program
 - 651-726-6200
- *Penny George™ Institute for Health and Healing (LiveWell Center) tobacco intervention coaching
 - 612-863-5178

Other

- Quit Partner
 - 1-800-QUIT-NOW (1-800-784-8669) or quitpartnermn.com
 - American Indian: 1-833-9AI-QUIT or aiquit.com
 - Spanish: 1-855-DEJELO-YA (1-855-335-3569) or quitpartnermn.com/es
 - asiansmokersquitline.org
- online tobacco cessation support
 - smokefree.gov
- American Lung Association/Tobacco Quit Line
 - 651-227-8014 or 1-800-586-4872
- *Mayo Clinic Nicotine Dependence Center's Residential Treatment Program
 - 1-800-344-5984 or 1-507-266-1930

***There may be a cost to you. Check with your insurance provider.**

Chapter 2: Preparing for Surgery

Strengthening Program Before Surgery

You may have discovered you have been less active because of your spine discomfort. When muscles are not used, they become weak and do not perform well in supporting and moving your body.

Important

Talk with your primary care provider about starting your exercise program.

Having your spine surgery can help to correct the problem, but you will need a regular exercise program to strengthen your muscles and properly support your body.

Beginning an exercise program before surgery can greatly help your recovery.

The following pages list several exercises for you to work on before your surgery. Because everyone responds to exercise differently, you need to be the judge of how much exercise you can do each day. **If an exercise causes an increase in discomfort, stop doing that exercise.**

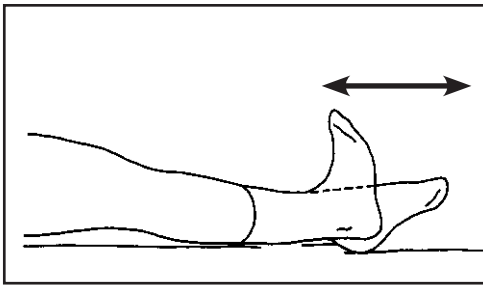
Tip

Turn to chapter 5 for information about body mechanics (posture and movement).

You should try to exercise 1 to 2 times a day, every day, before surgery. Do 5 repetitions of each exercise.

If you are comfortable with the exercise, increase the repetitions by five each week until you reach 20 repetitions (week one: 5 to 10 repetitions, week two: 10 to 15 repetitions and week three: 15 to 20 repetitions).

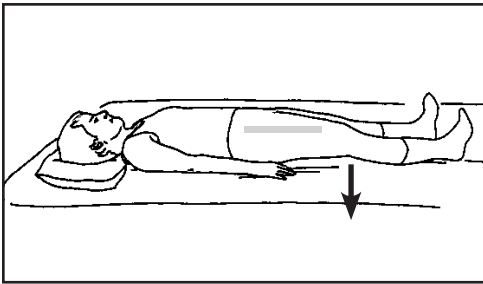
For the most comfort, do the exercises lying down. Your bed is an excellent place to do your exercises.



Exercises — before surgery

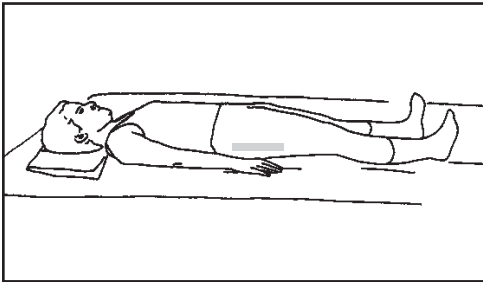
Ankle pumps

Pump your feet up and down by pulling your feet up toward you, then pushing your feet down away from you.



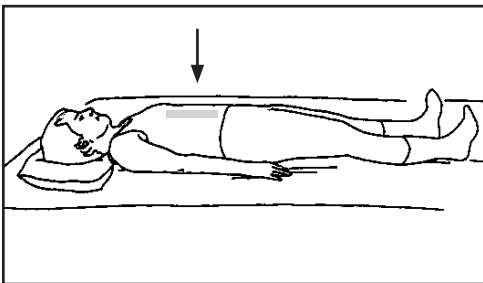
Thigh squeezes (quadriceps sets)

Tighten the muscles on the top of your thigh by pushing the back of your knee down into the bed. Hold for 5 seconds and relax.



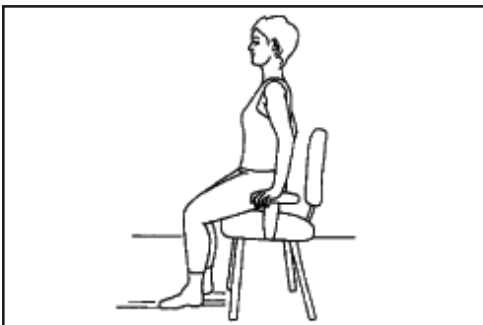
Buttocks squeezes (gluteal sets)

Tighten your buttocks muscles by squeezing the muscles together. Hold for 5 seconds and relax.



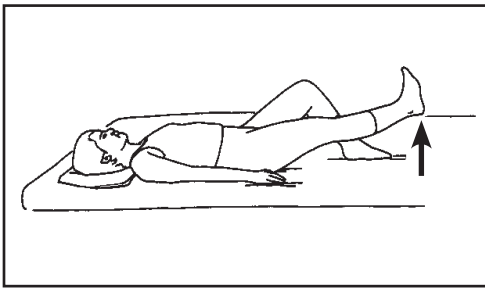
Abdominal sets

Tighten your stomach muscles by pulling your belly button in toward your spine. Do not move your spine. Hold for 5 seconds.



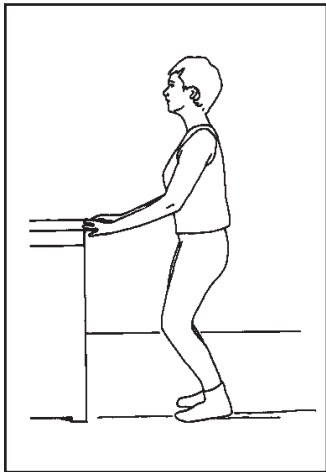
Chair pushups

Sit on a sturdy chair with arms. Hold the arms of the chair. Push down on the chair arms, straightening your elbows so you raise your buttocks off the seat of the chair. Lower yourself slowly back into the chair. If your arms are weak, use your legs to help raise your buttocks off the seat of the chair.



❑ Straight leg raises

Bend your leg with your foot flat on the bed. Raise your leg up about 12 inches, keeping your knee straight. Hold for 5 seconds. Slowly lower your leg down and relax. Repeat with the other leg.



❑ Mini squats

Stand facing a counter. Place your hands lightly on the edge of the counter to help you keep your balance. Bend your knees slightly. Hold for 5 seconds. Straighten your knees to stand up and relax.

Drawings © Allina Health System

Walking

Tip

See chapter 4 for information about starting a walking program.

Walking before surgery can help you have a successful recovery. Regular walking can also help to:

- prevent constipation
- make you feel better
- manage your weight
- improve muscle tone
- keep your joints flexible
- improve healing by promoting blood flow (circulation)
- promote sleep.

It may be helpful to set a time of day such as morning or evening to add a walk.

Before surgery exercise program

Check the box under the appropriate day and week after you perform the exercises selected for you. If you feel comfortable doing 10 repetitions of each exercise, increase the repetitions by 5 each week until you get to 20 repetitions.

Exercise	Week 1							Week 2							Week 3							Week 4						
	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S
Ankle pumps																												
Thigh squeezes																												
Buttocks squeezes																												
Abdominal sets																												
Chair pushups																												
Straight leg raises																												
Mini squats																												
Walking																												

Preparing Your Mind and Body for Surgery

Tip

The Penny George™ Institute for Health and Healing offers services to help you as you prepare for and recover from surgery.

Call 612-863-3333 or visit allinahealth.org/pennygeorge for more information.

Studies have shown that if your mind and body are ready for surgery you may sleep better and have less anxiety and pain. Your hospital stay may also be shorter. Things you can try to help you relax include:

- deep breathing
- guided imagery
- music therapy
- progressive muscle relaxation
- massage.

There are relaxation apps available in app stores (Apple® and Google Play®) too! Find them by searching for words such as:

- sleep music
- meditation
- “white”(background) noise
- nature sounds.

Breathing Exercises (Respiratory Exercises)

Tip

An incentive spirometer is a hand-held breathing exercise device to help you inflate your lungs after surgery. This will help keep your lungs healthy after surgery.

You can read about an incentive spirometer in chapter 3.

Tip

Visit allinahealth.org/relax to listen to guided relaxation techniques.

You can listen to these to help you sleep, or if you are feeling pain or stressed.

Performing respiratory exercises will help you prevent respiratory system problems (complications). Deep breathing, coughing, and incentive spirometer exercises may speed your recovery and lower your risk of lung problems such as pneumonia. Learn the following exercises and practice them every day before your surgery.

Deep breathing

To deep breathe correctly, you must use your abdominal muscles, as well as your chest muscles.

- Breathe in through your nose as deeply as possible.
- Hold your breath for 5 to 10 seconds.
- Let your breath out through your mouth, slowly and completely. As you breathe with pursed lips (like blowing out a candle), your stomach should be going in. Exhale twice as long as you inhale.
- Rest and then repeat these steps with 10 repetitions.

Coughing

To help you cough:

- Take a slow deep breath. Breathe in through your nose and concentrate on fully expanding your chest.
- Breathe out through your mouth and concentrate on feeling your chest sink downward and inward.
- Take a second breath in the same manner.
- Take a third breath. This time hold your breath for a moment, then cough vigorously. As you cough, concentrate on forcing all the air out of your chest.
- Repeat this exercise two more times.

Preparing Your Home for Your Needs After Surgery

Tip

Prepare and freeze a few meals before your surgery.

To help prepare your home for your recovery, use the following guidelines. Check each item box as you complete that item.

- Move items you use a lot to tabletop-height surfaces or to middle shelves.
- Check stair railings to make sure they are secure. It is best if all stairs have railings.
- Be aware of uneven ground around your home and in your yard.
- Be sure your driveway and walking paths are uncluttered.
- Have clear pathways and remove clutter in and around your home.
- Remove throw rugs or anything that may cause you to trip.
- Make your phone accessible to your main sitting area and bed. Cordless phones or cell phones are helpful. Carry a cordless phone or cell phone when you are home alone in case of an emergency.

Living room

- Pick out a chair to sit in when you come home.
 - The seat height of your chair should be at the level of the back of your knee or higher.
 - Do not sit in overstuffed chairs and sofas, or chairs with wheels or gliders. A firm chair with arms and a straight backrest is best.

Bathroom

- Consider a hand-held shower head.
- Consider using a soap dispenser with liquid soap in the bathtub or shower rather than using hand-held soap.

Arrange for Help with Household Tasks

Depending on the type of surgery you have, you may need to follow spine precautions for several weeks. Ask someone to help with the following household tasks if needed.

- Find someone to do your yard work and snow removal.
- Have someone drive you to the grocery store (or ask them to do your shopping for you), community events, family activities and appointments.
- Find someone to help care for your children or pets.
- Find someone to do your house cleaning, vacuuming and bed changing.

What to Bring for Your Hospital Stay

Important

Please do not bring any of the following:

- valuables
- medicines (pills, inhalers)
- large amounts of money
- jewelry (wedding ring)
- electrical items. (Battery-operated items are OK.)

Reminder

Please have a member of your care circle bring your belongings into the hospital after your surgery is done and you have been assigned a room number.

Please bring the following to the hospital.

- this education book
- a current list of your medicines
- a copy of your health care directive (if you have one)
- driver's license or photo ID
- your insurance information (insurance card, Medicare card, work compensation information or all three)
- your back brace (if you have one)
- personal care items such as a toothbrush, toothpaste, denture cleaner, comb, skin care products, deodorant, make-up and shaving kit
- clothing you will wear, including loose-fitting pants (sweat pants, pajama pants, shorts) and a button-down shirt or t-shirt with a wide opening
- flat shoes or athletic shoes (comfortable, supportive with nonslip soles)
- glasses or contacts (if you wear them) and storage containers
- hearing aids (if you wear them), storage container and extra batteries
- CPAP machine (if you use one)
- cell phone charger
- a rolling walker with front wheels (if you have one) so it can be correctly fitted to you (Be sure to label the walker with your name.)
- money to buy equipment to take home if needed. It's a good idea to ask a member of your care circle to bring this to you. Allina Health will not be responsible for lost or stolen items.

Preparing for Surgery

Did You Know?

You can ask your health care provider about getting a temporary handicap parking form.

You will receive information from your surgeon's office, which will include the date and time of your surgery and the time you need to arrive at the hospital.

You will be asked to come to the hospital at least 2 hours before your scheduled surgery. This will give the health care team enough time to prepare you for surgery.

It is important to arrive on time. Your time of surgery could start earlier than expected. If you are late, your surgery may be delayed or it may need to be canceled and scheduled at a later date. Please call your surgeon's office if you have any questions.

The Day Before Surgery

- Tell a member of your health care team if you have any changes in your health (sore throat, cold, fever, dental problem, urinating problem) or skin condition (rash, abrasions). You may need to schedule your surgery at a later date.
- If you take diabetes medicine, ask the health care provider who is managing your diabetes if you should take your medicine before surgery.
- Remove artificial nails and nail polish if you have your fingernails or toenails painted.

Cleansing Your Skin for Your Surgery

Important

If you did not receive Sage® skin cleansing cloths from a pre-surgery education class or your health care provider's office, please contact your surgeon.

Before surgery, you have an important role in reducing your risk of infection at the surgery site. You can reduce the number of germs on your skin by gently cleansing your skin with the Sage® 2% Chlorhexidine Gluconate Cloths. **Do not use these cloths if you have an allergy to chlorhexidine gluconate.**

Important: Do not shave your body below your neck 7 days before your surgery.

The night before surgery, take a bath or shower. Wait 1 to 2 hours. Wipe your skin well with the Sage cloths. They have a special antiseptic solution. Use both of the cloths in each of the three packages.

Please do not follow the instructions on the Sage packages when cleansing your skin. Follow the instructions on the next page.

Night before surgery (at least 1 to 2 hours after taking a bath or shower)

- Gather your supplies: three packages of Sage 2% Chlorhexidine Gluconate Cloths, scissors and clean clothes or sleepwear.
- Open all three packages. Remove the cellophane wrapper and throw it away. Use scissors to cut open the packages. Cut straight across the top of each package.
- Reach into one of the three open packages. Take out two cloths at one time with the foam holder and put them on a clean surface. Repeat for the second and third packages.
- **After you start using the cloths, do not touch your eyes, ears or mouth.**
- Follow the skin cleansing steps on page 29.
 - Gently cleanse your skin using a back-and-forth motion.
 - Be sure to completely cover each area. You may need help wiping some areas of your body.

Tip

If you cannot wash the surgery area yourself, have a member of your care circle help you.

After you gently cleanse each area, let your skin air dry for 1 to 3 minutes. It is normal for your skin to feel tacky or sticky for several minutes after you apply the solution.

- **Do not rinse or rub off the solution.**
- **Do not apply deodorant, perfume, lotions, moisturizers, gels, powders or make-up after cleansing your skin.**

- Throw away the used cloths. Do not flush them down the toilet.
- Wash your hands with warm water and soap.
- Put on clean clothes or sleepwear.
- Put clean sheets on your bed. Make sure pets stay off of your bed to keep it clean.

Chlorhexidine wipes warning

Do not use chlorhexidine wipes or liquid if you:

- are sensitive to surgery skin preps
- know you have an allergy to chlorhexidine.

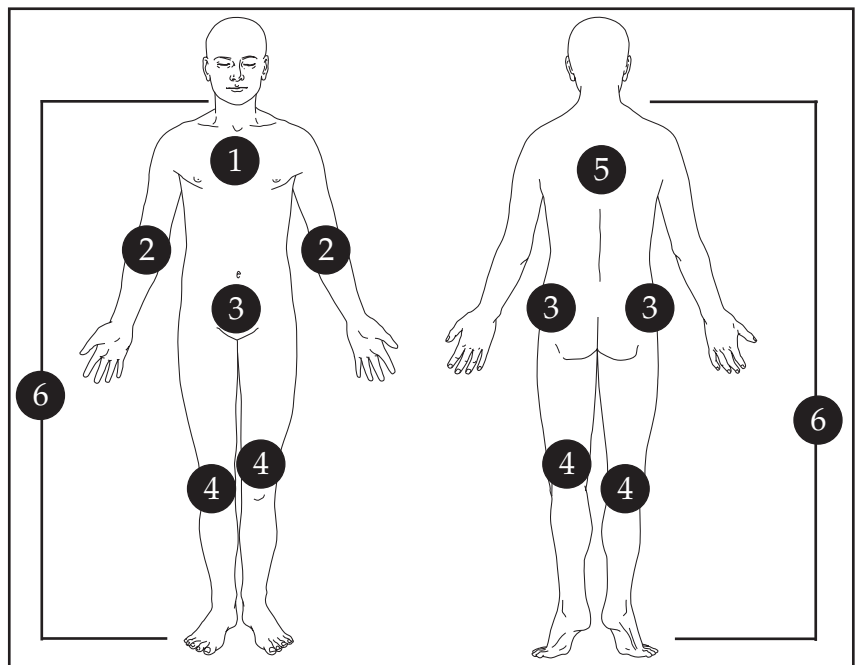
If you notice your skin is irritated while using the chlorhexidine wipes or liquid, remove it gently with a wet washcloth. Tell your pre-surgery nurse you had a reaction so they can make a note of your allergy history and tell others on your health care team.

There are rare cases of this product causing a serious allergic reaction. This can occur within minutes of use. **Call 911 if you have any of these:**

- wheezing or trouble breathing
- swelling of the face
- hives
- severe rash
- shock.

Skin cleansing steps

- 1 Using the first cloth, **wipe your neck and chest.**
- 2 Using the second cloth, **wipe both arms.** Start at your shoulder and end at the fingertips. Be sure to wipe well under each arm and in the armpit areas.
- 3 Using the third cloth, **wipe your right and left hip, then your groin.** Be sure to wipe any folds in the stomach and groin areas.
- 4 Using the fourth cloth, **wipe both legs.** Start at the thigh and end at the toes. Be sure to wipe the front and back of each leg.
- 5 Using the fifth cloth, **wipe your back.** Start at your neck and end at the buttocks.
- 6 Using the sixth (last) cloth, **rewipe the surgery area.**



© Allina Health System

The numbered areas in the drawing show where to cleanse your body using each of the cleansing cloths. The numbers in the text above give you more details on how to cleanse your body.

Food and Liquid Directions Before Your Surgery

These directions are based on your scheduled arrival time. Not following these directions could mean your surgery will be delayed or canceled.

Alcohol and tobacco: 24 hours

- Do not drink any alcohol 24 hours before your scheduled arrival time.
- Do not smoke, vape, use chewing tobacco or use any other tobacco products up to 24 hours before your scheduled arrival time.

Solid foods: 8 hours

- Eat up to 8 hours before your scheduled arrival time.
 - Eat light meals such as oatmeal or toast.
 - Do not eat foods that are heavy or high in fat such as meat or fried foods.

Clear liquids: 2 hours

- Drink only clear liquids up to 2 hours before your scheduled arrival time.
 - Drink water, fruit juice without pulp, black coffee, clear pop or tea.
 - Do not have milk, yogurt, energy drinks or alcohol.

Medicines

- Take your medicines as directed with a small sip of water.
 - Talk with your surgeon if you have diabetes or if you take warfarin (Coumadin® or Jantoven®).

The Morning of Surgery

- If you were given instructions by your health care provider to take medicines the morning of your surgery, take them as directed with a small sip of water.
- Do not take a bath or shower the morning of your surgery.
- Put on clean, comfortable clothes to wear to the hospital.
- Arrive at the hospital 2 hours before your surgery. Allow extra time for walking, bad weather and traffic.

Chapter 3: Surgery, Hospital Stay and Beyond

What to Expect the Day of Surgery

Important

Tell your health care team which medicines you took the morning of surgery and what time you took them.

When you arrive at the hospital

- Go to the surgery registration area.
- After you check in, you will be directed to the pre-surgery care area.

Pre-surgery care area

- After you are settled, the person with you on the day of surgery will be invited back to join you.
- Your anesthesiologist will meet with you. Your anesthesiologist and surgeon will work with you to choose the right type of anesthesia for your surgery.
- Your surgeon will also visit with you. They will mark the surgery site on your body and answer any questions you may have.
- You will be asked to sign a consent form.

Information for your care circle

- While you are in surgery and recovery, your care circle can wait in the surgery waiting room.
- Your surgery time will vary depending on the type of surgery you are having. Your surgeon will talk with your care circle when your surgery is over.

Post Anesthesia Care Unit (PACU)

- After surgery, you will be taken to the recovery room or Post Anesthesia Care Unit (PACU).
- Most people stay about 1 to 3 hours in the PACU. Your time in the PACU will depend on your surgery and how fast you recover from the anesthesia.
- A member of your health care team will monitor your vital signs, help if you have any side effects from the anesthesia and work with you to make you as comfortable as possible.
- You may have a back brace for extra support and protection.
- An X-ray may be taken of your back in the PACU.

Post-surgery unit

- You will be taken to a post-surgery unit when:
 - you are fully awake
 - your medical status is stable
 - your room is ready for you
 - your nursing staff is ready for you.
- When you are in the post-surgery unit, it is important to:
 - do ankle pumps, buttocks squeezes and thigh squeezes. These will help to prevent blood clots from forming in your legs.
 - use your incentive spirometer and do deep breathing exercises.

Anesthesia: What You Need to Know

Anesthesia is a combination of medicines that block the feelings of pain sensation and minimize awareness during surgery. You will receive other pain medicine to give you pain relief during and after surgery.

Before surgery you will meet your anesthesia care team, an anesthesiologist or a certified registered nurse anesthetist (CRNA). They will review your medical history and talk with you about your anesthesia options. Your anesthesia care team will come up with a plan to best take care of you.

General anesthesia will be used, which puts you to sleep during surgery. It is given to you by intravenous (IV) line and by breathing it in (inhaling) through a mask. A breathing tube helps you breathe oxygen while you are under anesthesia. Side effects of anesthesia include sore throat, headache, hoarseness, upset stomach (nausea), drowsiness and dry mouth. Tell a member of your health care team if you have any of these side effects.

Pain After Surgery

You will have pain after surgery. Together, you and your health care team will create a pain plan that is right for you.

You and your health care team will also establish a “pain goal” – the amount of acceptable pain you can handle. Your health care team will help you balance your pain so you are able to do your physical therapy and activities of daily living.

Pain scale

Using a number scale (0 to 10) to rate your pain will help the health care team members know how severe your pain is and help them make decisions about how to treat it.

Allina Health Pain Assessment Scale

Your Pain Goal

(number)

I want to be able to:

10	Worst Pain You Can Imagine
7-9	<p style="text-align: center;">Severe Pain</p> <p style="text-align: center;">Pain keeps you from doing your regular activities.</p> <ul style="list-style-type: none"> ⑨ Pain is so bad that you can't do any of your regular activities, including talking or sleeping. ⑧ Pain is so intense that you have trouble talking. ⑦ Pain distracts you and limits your ability to sleep.
4-6	<p style="text-align: center;">Moderate Pain</p> <p style="text-align: center;">Pain may interfere with your regular activities.</p> <ul style="list-style-type: none"> ⑥ Pain makes it hard to concentrate. ⑤ You can't ignore the pain but you can still work through some activities. ④ You can ignore the pain at times.
1-3	<p style="text-align: center;">Mild Pain</p> <p style="text-align: center;">Pain doesn't interfere with your regular activities.</p> <ul style="list-style-type: none"> ③ You may notice the pain but you can tolerate it. ② You may feel some twinges of pain. ① You may barely notice the pain.
0	No Pain

Adapted with permission by Dr. Armaan Singh, 2015.

Your role in creating a pain plan

After surgery, it is common to have pain. A member of your health care team will monitor your pain level often and help you review treatment options.

All of the following information will help your health care team prescribe the right medicine and therapy for your pain, and prevent problems (complications). Tell a member of your health care team:

- if you take pain medicine(s) on a regular basis
- if you have allergies or reactions to pain medicine(s)
- what methods of pain control have worked or have not worked well in the past
- where you feel pain and how much pain you have (Use words to describe how the pain feels.)
- what makes your pain better or worse
- if your pain starts to get worse or you have new pain
- what vitamins, herbal and natural products you are taking
- if you smoke
- if you drink more than two alcoholic drinks each day
- if you take illegal (street) drugs including medical marijuana
- if you are in a methadone buprenorphine (Suboxone®) maintenance program.

Treatments for pain

When you have short-term pain from surgery, opioid pain medicine may help you to have less pain. Opioid pain medicine is one strategy out of many that you may use to have less pain and a speedier recovery.

The goal of opioid pain medicine is to reduce pain when it is most intense during your recovery. It is important to switch to non-opioid pain medicines as soon as you are able.

Relieving Pain Without Medicine

Your surgeon may want you to try other options not listed here.

How to relieve pain or discomfort without medicine

Medicines are a great way to relieve pain. However, sometimes they don't last long enough or cause too many side effects.

Your nurse can give you many ways to relieve pain or discomfort that don't involve medicine. Please ask your nurse for more information about any of the following treatments.

Aromatherapy

Aromatherapy uses essential oils to encourage your body's natural ability to relax and heal. Studies have shown that using aromatherapy helps reduce pain, anxiety, upset stomach (nausea) and being unable to sleep (insomnia).

Activity

Spending too much time lying down or sitting in one position can cause pain, muscle cramps or fatigue. Going for a walk can help reduce discomfort and upset stomach. By being active, you shorten your recovery time and you lower your risk for pneumonia, blood clots and constipation.

Back rub or massage

Massage helps to reduce pain, anxiety, muscle tension and stress.

Effleurage (gentle massage)

Effleurage is a type of gentle massage that involves little to no pressure. It uses gentle strokes on your skin to relax your muscles and helps get your blood flowing. It is good if you don't like or don't want a regular massage.

Shower

Standing under a hot shower can reduce pain, ease sore muscles and help you relax.

Breathing and relaxation

Your nurse can show you some easy breathing exercises that can reduce pain. This helps lower your heart rate and blood pressure and increase blood flow to your muscles. Relaxation techniques are shown to increase mood and reduce feelings of stress.

Changes to your environment

Simple things like dimming the lights, lowering the curtains, turning off the TV, closing the door or adjusting the temperature in your room can help you rest and relax. These changes can also help if you have headaches or migraines.

Rest

Activity and moving is important for your recovery. However, you may do more activity than your body can tolerate. Allowing your body to rest is also important when recovering from a surgery. Pace your activities and movement with rest. As you recover, slowly do more activities.

Important

- Never put an ice pack or a frozen gel pack directly onto your skin.
- Always follow your surgeon's instructions to help prevent skin damage.

Ice pack or frozen gel pack

Cold therapy reduces discomfort and swelling (inflammation) by numbing nerve endings. It can help ease pain after surgery. It can also be used for back pain, arthritis and headaches.

How to safely use cold therapy

- Use an ice pack or a frozen gel pack for 15 to 20 minutes at a time or as directed by your surgeon.
 - **If you are using an ice pack**, put a clean, dry towel between your skin and the ice pack. **Do not** place the ice pack directly on your skin.
 - **If you are using a frozen gel pack**, put it inside the sleeve pocket given to you before you put it on your skin. **Do not** place the frozen gel pack directly on your skin.
- Wait 90 minutes to 2 hours before you use the ice pack or frozen gel pack again.
- Check your skin color, temperature and sensation before and after using ice packs and frozen gel packs. Do not use cold therapy on red areas or if you have any burning or numbness near the application site.

Please call your surgeon if you have any questions or concerns about your skin or how to safely use cold therapy.

Change positions in bed

You may not be able to get out of bed. Changing the position of your body in the bed often — every 2 hours — can reduce pain and discomfort. Making sure your hips, back and head are in proper alignment can be a great way to prevent muscle strains, joint or back pain. A member of your health care team will help you change positions.

Walking in the Hospital

Did You Know?

Your physical therapist may give you instructions and tips about:

- when to use your walker
- how to develop your home walking program.

While in the hospital, your goal will be to walk at least 4 times a day. Your health care team will:

- help you meet your goals for leaving the hospital
- encourage you to go for walks (with help from staff, a member of your care circle or on your own when you are ready)
- remind you to maintain good posture during your walks
- help you track how many times you go walking each day.

Important

Do **not** walk alone (or with a member of your care circle) until your health care team says it is OK.

Remember to maintain good posture during your walks. It is important that you:

- keep your head up
- wear shoes with good support (no heels)
- relax your shoulders
- do not lean forward.

Preventing Problems (Complications)

Tip

Ask a member of your health care team if you have any questions about the activities to help prevent problems.

Your health care team will do many things to reduce your chance of developing a problem (complication) after surgery.

- Your blood pressure, temperature and pulse will be taken often after surgery.
- You will do deep breathing exercises and use an incentive spirometer to help protect your respiratory system.
- Your dressing may be changed or removed during your hospital stay.
- You may have a small tube that is connected to a wound drain or collection container. It will draw out extra blood and fluid from the area around your incision. This small tube will be removed before you leave the hospital.
- You may have an intravenous (IV) line during your hospital stay.
- Your inactivity and pain medicine can cause constipation. See chapter 4 for more information about constipation.

Ask a member of your health care team if you have questions about these care activities.

Incentive Spirometer

After surgery, you may have trouble breathing as you normally do. You may notice your breathing changes to small, shallow breaths. This can cause fluid and mucus to build up in your lungs, increasing your risk for respiratory system problems (complications).

An incentive spirometer is a hand-held breathing exercise device to help you breathe deeply. Taking deep breaths allows air to inflate your lungs, opening your airways to prevent fluid and mucus buildup.

Using an incentive spirometer may speed your recovery and lower your risk of lung problems such as pneumonia.

Tips to Prevent Falls While You Are in the Hospital

Remember: Certain medicines, general weakness, and new surroundings during your hospital stay can increase your risk of falling.

Tips to prevent falls

1. For your safety, a member of the nursing staff will stay within arm's reach with you in the bathroom and when you are walking.
2. Wear nonslip footwear (red slippers) when you are up.
3. Other things that may be used to keep you safe in the hospital include a bed alarm, chair pad alarm, floor mat or observation camera.
4. Use the call light when you need help.
5. Ask the nursing staff for help to and from the bathroom. This is very important if you are unsteady. The call light in the bathroom may be located on the wall.
6. If you take medicines that cause you to go to the bathroom often, ask for help when you need to get up. Consider using a commode or urinal.
7. Some medicines may cause you to feel dizzy or sleepy. Take your time getting out of the bed or chair. Sit at the edge of the bed for a few seconds before you get up.
8. Wear your eyeglasses, hearing aid(s) or both when you are awake.
9. Walkers and canes can provide support. Other items do not. Do not lean on the bedside table, furniture, IV pole or other items to steady yourself.
10. Ask a member of your health care team to place the call light, phone and personal items within your reach before they leave the room.
11. Tell a member of the nursing staff if you have any concerns about your safety.

Tip

See chapter 7 for more information about special equipment you may need after your surgery.

Your Plan for Leaving the Hospital (Discharge)

Important

Please ask your driver to be at the hospital the day of discharge at the time your nurse shared with you.

Your hospital stay

The number of days you will be in the hospital will depend on how quickly you recover. You will leave the hospital (discharge) when you meet your therapy goals and you are medically stable. This includes:

- being able to tolerate your pain to do your activities of daily living
- being able to pass urine without problems (or having a plan for this)
- being able to tolerate food
- being able or having a plan for activities of daily living (getting dressed, bathing)
- moving safely with an assistive walking device
- understanding how to do your exercises, if needed
- being able to go up and down stairs, if needed.

Remember, each person's recovery will be different. Your health care team will help guide you through your recovery and help determine a safe discharge plan.

Important Things to Know Before Discharge

Make sure you know the answers to the following questions before discharge.

1. How do I care for my incision?

2. What follow-up appointments do I need?

3. Do I have activity restrictions?

4. If I have a back brace:

How do I care for my brace?

When should I wear it?

Is it OK to take the brace off to shower?

5. Do I understand how important walking is in my recovery?

6. Do I understand my new medicines?

7. Do I have my discharge medicines or know where to pick them up?

Chapter 4: Care After Surgery

Returning to Activities of Daily Living After Surgery

Your activities of daily living are important in your recovery. The rate at which you increase your activities after surgery is unique to you. Discuss returning to work and hobbies, and any physical restrictions you may have with your surgeon.

Start with small tasks first. Move slowly and carefully to keep from bending, lifting and twisting. Ask your care circle for help when you need it.

What to Wear After Surgery

- Wear loose-fitting, comfortable clothing.
- Wear supportive nonslip shoes or athletic shoes (no heels).

Walking Program

After you return home, your muscles probably feel weak because you did not use them much before surgery. It is important to follow your walking program.

Tip

You also need to balance walking with rest. Plan on resting at least once or twice a day.

Walking program guidelines

- Buy comfortable walking shoes that provide good support.
- Wear your back brace if you are given one.
- If your symptoms return when you walk or stand for a long time, stop and correct your posture. Do not continue the activity if it causes you pain or discomfort.
- Do not walk outdoors in hot or cold weather or when the ground is icy. Instead, go to a shopping center or mall, community center or school to walk.
- Try to walk on level surfaces.
- If you are having trouble at any point, slow your pace and remain at that pace until you can do more with ease.
- Plan to walk daily. Work it into your schedule as a permanent walking program.
- If you are planning to walk for more than 15 minutes, warm up and cool down by walking at a leisurely pace.

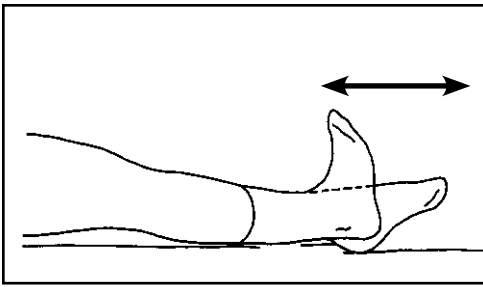
Home Exercise Program

Your success with rehabilitation largely depends on your commitment to follow the home exercise program (on the following pages) developed by your therapists.

Ideally, you should **do your exercises two times a day**, every day, after surgery. Do 10 repetitions of each of your exercises.

If you are comfortable with the exercises, increase the repetitions by five each week until you reach 20 repetitions (week one: 10 repetitions, week two: 15 repetitions and week three: 20 repetitions).

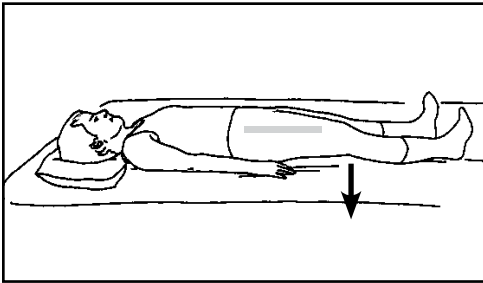
For the most comfort, do your exercises lying down. Your bed is an excellent place to do your exercises.



Exercises — after surgery

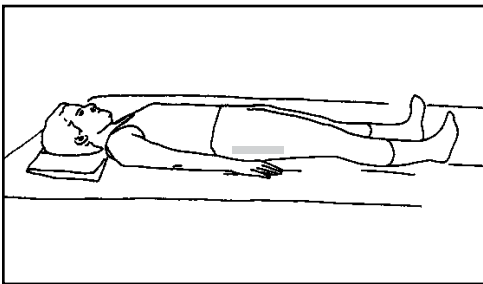
Ankle pumps

Pump your feet up and down by pulling your feet up toward you, then pushing your feet down away from you.



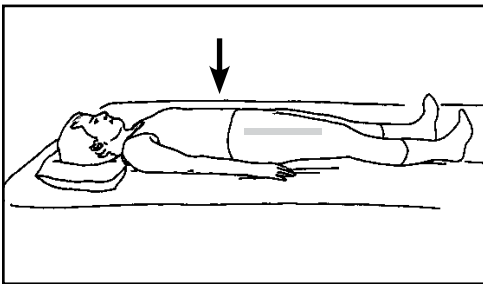
Thigh squeezes (quadriceps sets)

Tighten the muscles on the top of your thigh by pushing the back of your knee down into the bed. Hold for 5 seconds and relax.



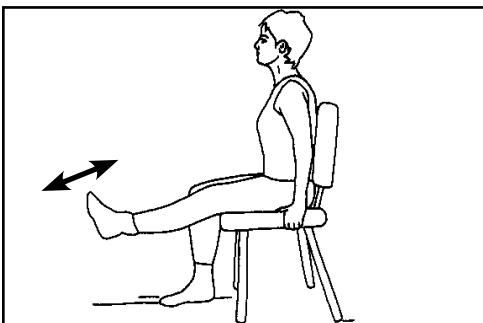
Buttocks squeezes (gluteal sets)

Tighten your buttocks muscles by squeezing the muscles together. Hold for 5 seconds and relax.



Abdominal sets

Tighten your stomach muscles by pulling your belly button in toward your spine. Do not move your spine. Hold for 5 seconds.



Sitting nerve floss

Sit on a sturdy chair. Straighten your knee as much as you can without pain. Bend your ankle up, pulling your toes toward you. Then bend your ankle down, pointing your toes away from you. Repeat with the opposite leg.

Important: This exercise should only be done if instructed by your surgeon. It should not be painful. If you feel pain or a pulling sensation, do not straighten your knee as much. Work toward straightening your knee more each time you do the exercise.

After surgery home exercise program

Check the box under the appropriate day and week after you perform the exercises selected for you. If you feel comfortable doing 10 repetitions of each exercise, increase the repetitions by 5 each week until you get to 20 repetitions.

Exercise	Week 1							Week 2							Week 3							Week 4						
	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S
Walking																												
Ankle pumps																												
Thigh squeezes																												
Buttocks squeezes																												
Abdominal sets																												
Sitting nerve floss																												

What to Expect During Your Recovery

Tip

There are relaxation apps available in app stores (Apple® and Google Play®) too! Find them by searching for the following key words in your mobile app store:

- sleep music
- meditation
- “white”(background) noise
- nature sounds
- Qigong
- acupressure
- stress tracker.

Important

Talk with your health care provider if you have trouble:

- falling asleep
- staying asleep
- staying awake during the day.

After surgery, it may take a while before you feel like your normal self. Recovery is different for each person. The following are a few things you may have after surgery and some ways to manage them.

- You may have discomfort for the first several weeks to months after your surgery. To help manage pain or discomfort after your surgery:
 - take your pain medicine as directed by your health care provider
 - rest between activities as needed
 - apply an ice pack or frozen gel pack as directed to help reduce swelling (Learn how to safely use cold therapy on page 38.).
 - lie down to raise (elevate) your legs several times during the day.
- You may have trouble sleeping. To help get a better night’s sleep after surgery:
 - try not to sleep or nap too much during the day
 - sleep on your back or your side (not on your stomach)
 - When lying on your back, a pillow should be placed under your knees. Keep your toes pointed straight up or slightly outward. Place a thin pillow along each side, just under your shoulders down to your hips. This will lessen the pressure on your incision.
 - When lying on your side, place one to two pillows between your legs. The pillows hold your body in proper alignment.
- Your energy level may be low after surgery. To help manage your energy level after surgery:
 - try to take your pain medicine at the same time each day
 - rest between activities
 - try to get up and move around each hour you are awake.

Commonly Asked Questions

Important

Call 911 right away if you have:

- sharp chest pain that may get worse with deep breathing or coughing
- shortness of breath
- confusion
- any of the above symptoms with sweating.

When should you call your surgeon or primary care provider?

Call your **surgeon** if you have:

- a temperature of 101.6 F or higher
- problems or signs of infection at your incision site such as:
 - pain
 - swelling
 - redness
 - odor
 - warmth
 - green or yellow discharge
- any change in your ability to move such as new weakness, or not being able to move your arm or leg
- any change in sensation such as new numbness or tingling
- severe pain not relieved by medicine, rest or using an ice pack or frozen gel pack as directed
- any problems, questions or concerns related to your surgery.

Call your **primary care provider** if you have:

- any unusual bruising or bleeding
- feelings of being dizzy or lightheaded
- any of the following in one or both legs:
 - swelling, pain, tenderness or weakness
 - warmth, redness or discolored skin
- an upset stomach (nausea) and throwing up (vomiting) that will not stop
- any bowel problems such as:
 - not having a bowel movement in 3 days
 - small, hard stools you have trouble passing
 - having a severe, sudden onset of abdominal pain
 - having blood in your stool
- any problems urinating such as burning, urgency or frequency
- any other problems, questions or concerns.

Call 911 or have someone take you to the nearest hospital Emergency Department if you have any chest pain, trouble breathing, shortness of breath, confusion or sweating.

Important

Please read your discharge instructions for more information about incision care.

Tip

It is important to wash your hands before starting the dressing change and again after you are finished.

Tip

- Laxatives and stool softeners can be bought at most local grocery stores, drugstores and large retailers.
- Read the label carefully and follow package directions. Talk with your pharmacist if you have any questions.
- Stop taking a laxative or stool softener when you stop taking opioid medicines.

How do you take care of your incision and change the dressing?

- You should look at your incision every day and keep it clean while it heals.
- Do not put any creams, salves or ointments on the area.
- Your dressing will likely be removed before you leave the hospital. If you are sent home with a dressing, change it as directed by your surgeon.
- Do not take a tub bath until your surgeon says it is OK. (This also includes swimming in pools or lakes and using hot tubs.)

How do you manage constipation after surgery?

Constipation is common after surgery, especially while you are taking pain medicine and your activity level is decreased.

How to prevent constipation

- Drink six to eight 8-ounce glasses of liquids each day. Caffeine or alcohol can make constipation worse.
- Eat foods with plenty of fiber including whole-grain bread, bran cereals, and fresh fruit and vegetables.
- Be as active as you can each day.
- Try to have a bowel movement when you feel the urge. Do not ignore the urge. Try to set aside some time after breakfast or dinner to sit on the toilet.

Use of constipation medicines

You may need to take a laxative to prevent constipation as long as you are taking prescription pain medicine. Common products include:

- **stimulant laxatives.** These cause the colon to have a bowel movement. This is the best choice when your constipation is caused by a prescription pain medicine. Examples include senna (Senokot®), bisacodyl (Dulcolax®, Correctol®) and polyethylene glycol (MiraLAX®). Follow package directions.
- **stool softeners.** These add moisture to the stools to make the stool softer and easier to pass. These may not be enough to prevent constipation while you are taking a prescription pain medicine. An example is docusate (Colace®). Follow package directions.

When can you return to eating the foods you normally do?

As soon as you are able, eat well-balanced meals and snacks to help you recover more quickly and feel your best. What you eat after your surgery affects your well-being. You need to eat healthful meals and drink lots of liquids (especially water).

When can you drive a car?

Talk with your surgeon about when you can resume driving. If you are not taking opioid medicine, you may be able to drive in about 1 week after surgery.

When can you return to sexual activity?

- You can resume sexual activity when you are ready.
- Right after surgery, you may need to take pain medicine before having sex.
- A firm mattress is recommended.
- Wear your back brace during sexual activity.
- Be the passive partner for the first 6 weeks after surgery.
- Use the missionary or less-dominant position.

When do you need to have your first follow-up appointment with your surgeon?

Call your surgeon's office for a surgery follow-up appointment if you do not already have one, or if you have any questions or concerns. See the worksheet on the next page about questions to ask your surgeon at this appointment.

More Information

Visit recoversex.com for more information about resuming sexual activity after surgery.

Questions to Ask at My Follow-up Appointment

1. If I'm still taking pain medicine, do I know how to cut back (taper)? _____
2. Can I take anti-inflammatory medicines? _____
If I cannot now, when can I start? _____
3. Can I do the following:
 - take a tub bath
 - start driving a car again (if I am not driving already)? _____
4. If I have a back brace, how long do I have to wear it? _____
5. When can I lift more than 5 pounds? _____
6. When can I increase my leisure activities such as traveling, golfing or dancing? _____
7. When can I return to work or school? _____
Should I return full time or part time? full time part time
If I should return part time, when can I work full time? _____
8. What restrictions will I have at work or school? _____
How long will I have these restrictions? _____
9. Are there any other restrictions I should follow? _____

Other questions:

Pain Relief

For More Information

Keeping your pain managed continues when you leave the hospital.

For more information on keeping your pain managed, visit allinahealth.org/painvideos to watch a series of four short videos on pain.

The topics are:

- pain expectations
- how to use the pain scale
- how to treat pain in the hospital
- how to keep your pain managed at home.

You can watch the videos as often as you would like.

Your pain should lessen every week. There are many ways you can ease your pain:

- Go for a walk a few times each day.
- After activity (exercises or walking) lie down and apply an ice pack or frozen gel pack to your incision. This can help reduce swelling and pain.
 - Use an ice pack or a frozen gel pack for 15 to 20 minutes at a time or as directed by your surgeon.
 - **If you are using an ice pack**, put a clean, dry towel between your skin and the ice pack. **Do not** place the ice pack directly on your skin.
 - **If you are using a frozen gel pack**, put it inside the sleeve pocket given to you before you put it on your skin. **Do not** place the frozen gel pack directly on your skin.
 - Wait 90 minutes to 2 hours before you use the ice pack or frozen gel pack again.
 - Check your skin color, temperature and sensation before and after using ice packs and frozen gel packs. Do not use cold therapy on red areas or if you have any burning or numbness near the application site.
 - Please call your surgeon if you have any questions or concerns about your skin or how to safely use cold therapy.
- You may feel some discomfort in your back. You may also have swelling after surgery. This is normal and will gradually go away.
- Take your prescription pain medicine as directed.

Muscle spasms

Having a sudden tightening of the muscle (muscle spasms) is common after surgery. You can treat this by using an ice pack or frozen gel pack as directed. **Do not apply heat to your incision until your surgeon says it is OK.**

Pain Medicine: What You Need to Know

How to take opioid medicine

- Take the medicine as directed by your health care provider.
- Eat before you take the medicine.
- Drink plenty of water with the medicine.
- Write down when you take the medicine and how many pills you take.
- **Do not drive when you are taking the medicine.** The medicine will affect your ability to make decisions or react quickly.
- **Do not drink alcohol when you are taking the medicine.**
- Use it only for the first few days or weeks when the pain is most intense. Talk with your health care provider for a taper plan.
- Put your opioid medicine in a secure place to prevent others from using it.

Important

The longer you take opioid pain medicines the more risk there is of becoming dependent (addicted). While opioid pain medicines can help you feel less pain after surgery, injury or illness, you need to partner with your health care provider and transition to other ways to relieve your pain.

When taking opioid pain medicine, find a balance between the amount of pills you take and the pain level with which you are able to cope. It is better for you to be active and put up with mild pain than it is to take so much pain medicine that you sleep too much or that you are stuck in bed or a chair.

Important

It is important that you call your pharmacy **several days before** you run out of your pain medicine. Your health care provider will need to sign for (authorize) your refill request before it is filled.

Opioid benefits and risks

Potential benefits are:

- The medicine works quickly.
- You will feel less pain.
- You will be able to be active to speed your recovery. For every day you stay in bed, you need 3 days to regain your strength.
- You will be able to rest or sleep better.

Potential risks are:

- Taking an opioid can lead to addiction.
 - On average, more than 130 people die each day in the U.S. from an overdose of opioids, according to the Centers for Disease Control and Prevention.
- The longer you take opioids, the more your body gets used to it (known as tolerance), and two things happen:
 - They may not work as well.
 - You may have more side effects when you stop them.
These are not problems in the first 3 days of use.
- Taking too many opioids can cause side effects, such as:
 - feeling dizzy, itchy or both
 - making you feel groggy or sleepy
 - feeling sick to your stomach
 - throwing up
 - being unable to have a regular bowel movement (constipation)
 - having breathing problems.
- Some opioids contain acetaminophen (Tylenol®), such as Norco® or Percocet®. Acetaminophen is an over-the-counter medicine. Do not take more than 4,000 mg of acetaminophen in 24 hours.
 - Allergic reactions to opioids or acetaminophen include:
 - hives, itching or a flushing feeling
 - swollen lips, tongue or both
 - nasal congestion, feeling like your throat is closing or choking
 - shortness of breath, wheeze or cough
 - feeling faint, lightheaded, dizzy or having a racing heart
 - upset stomach, throwing up, diarrhea (loose stools) and belly pain.

- You may be at a higher risk for side effects (including accidental death) if you have sleep apnea, drink alcohol, or if you take a benzodiazepine (sedative) medicine while taking an opioid.

How to cut back (taper) an opioid

Take your recommended doses when your pain is at its worst. Slowly cut back (taper) on the opioid pain medicine once you can cope with the pain by using other ways to manage your pain. Ask your health care provider for directions on how to taper. Be sure you know how long you should take the medicine.

How to get rid of unused opioids

Do not keep unused medicine “in case” you think you may need it. Having it in the house where other adults, children or pets could reach it is unsafe.

- To get rid of unused opioids, bring them to a drop-off location or to an Allina Health Pharmacy. To find a location near you:
 - Minnesota: Go to pca.state.mn.us and type “household hazardous waste” in the search box.
 - Wisconsin: Go to dnr.wi.gov and type “health care waste” in the search box.
- If you can’t get to a disposal site:
 - Scratch off your name, your provider’s name and the prescription number on the medicine label. Or, scribble the information out with a black marker.
 - Add a small amount of vinegar to dissolve most of the pills. (Do not flush the pills.)
 - Tape the cap of your medicine container shut with a strong tape.
 - Put the taped medicine container in a paper bag or other container that you cannot see through (such as an empty yogurt, sour cream or coffee container).
 - Throw the container in the garbage, not in the recycling bin.

When to call your health care provider’s office

Call your health care provider if you have:

- side effects or problems
- new pain
- questions or concerns.



Chapter 5: Posture and Movement (Body Mechanics)

Lifestyle Changes You Need to Make

Your posture and how you move, bend and lift are not only important for your recovery, but for the rest of your life. You will have to make this lifelong commitment to change. Keep your body in good alignment and use proper movements every day to help prevent spine pain and injury.

Important

Avoid activities that require excessive bending, lifting or twisting.

Please use the following guidelines every day until your follow-up appointment with your surgeon. Use these in all of your work, leisure and home activities.

- Avoid excessive twisting of your upper body.
- Limit bending from your waist.
- Do not lift anything heavier than 5 pounds (or as instructed by your surgeon). One gallon of milk is about 8 ½ pounds.
- Limit reaching for items above your head (top shelves or closets).
- Limit pushing or pulling.

How to Maintain Good Posture

Tips for good standing posture

- Keep your head level and shoulders back.
- Let your arms hang free.
- Keep your stomach in.
- Keep your knees straight with your feet slightly apart.
- Keep a small arch in your lower back.
- Shift your weight from one foot to the other when standing for a long time. This will lower the stress on your spine.

How to Get In and Out of a Chair



A straight-backed chair with arms is best to use when you first return home. It is easiest to get out of a chair that is level from front to back.

To sit in a chair

- Back up until you feel the chair against the back of your legs.
- Reach back with both hands. Grip the arms of the chair and slowly sit down. Scoot your buttocks to the back of the chair.
- Be aware of your posture when you sit.
- Make sure your back is upright and supported, and your feet are touching the ground.
- Keep your knees bent and at the same level or slightly below your hips. You may need to use a stool to adjust the knee height if the chair is too high.

To get up from a chair

- Keep your back in good alignment while you slide forward or walk your hips to the front edge of the seat.
- Put both hands on the arm rests.
- Use your legs as much as possible to push up to standing.

How to Use the Toilet

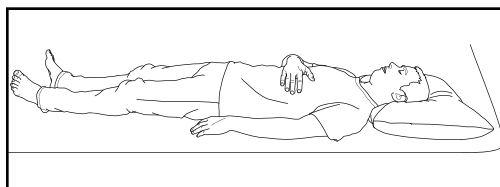
Keep your back in the proper alignment as you sit or stand up from the toilet. Do not use your walker or another unstable object for support. Make sure your feet are touching the ground when you are on the toilet.

How to Do a Logroll

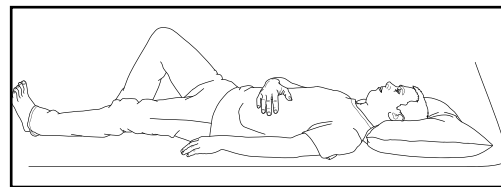
Important

Keep your body in alignment (in one unit) as you move through the steps. Your eyes and toes should face in the same direction.

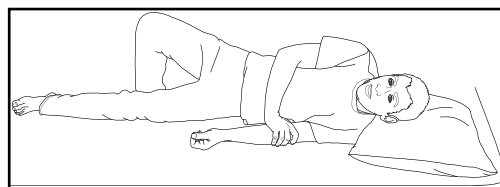
- Lie on your back.
- Bend your right knee or both knees and reach your right arm across your chest toward the side of the bed.
- Roll all in one movement to your left.
- Reverse this for rolling to the right.



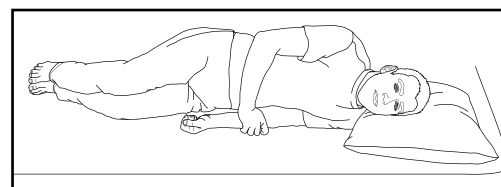
Step 1



Step 2



Step 3



Final position

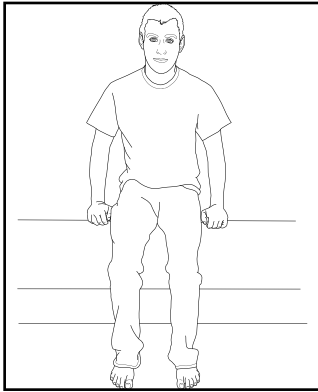
How to Get In and Out of Bed

Tip

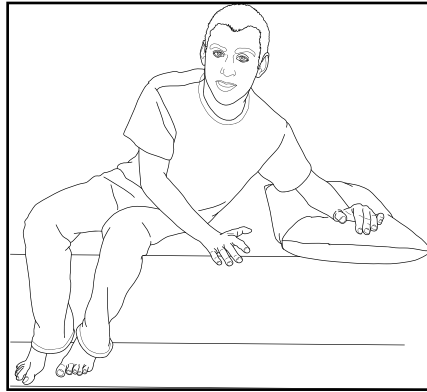
If your bed is too high, consider using a step stool with a wide base. This will prevent it from tipping over.

How to get into bed

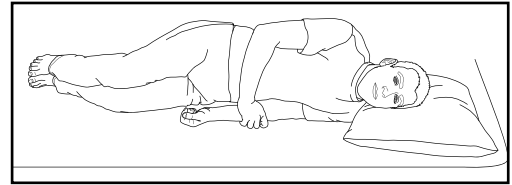
- Step back until you feel the bed with the back of your legs.
- Lower yourself slowly to a sitting position on the side of the bed.
- Lie down on one side by bending your knees and raising your legs and lowering your head at the same time.
- Use your arms to help lower yourself without twisting your back.
- Do a logroll onto your back. Bend both knees to roll.
- Keep your back in a straight line with your legs.



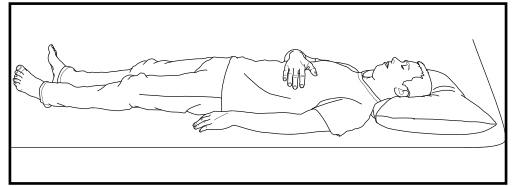
Step 1



Step 2



Step 3



Step 4

Drawings © Allina Health System

How to get out of bed

- Lie on your back.
- Do a logroll toward your side.
- Slide your body close to the edge of the bed.
- Make sure your top hip is pointed straight up or rolled forward. Do not allow your hip to roll back.
- Swing your legs over the edge as you push your upper body up with your arms. It will be easier to get up if your elbow is 10 to 12 inches from the edge of bed.
- Keep your back straight and legs aligned with your upper body.
- Move forward until both feet are flat on the floor.
- Stand up slowly, pushing off with your hands on the edge of the bed.

How to Take a Shower or Bath

Tip

You may have trouble washing your hair by yourself. Ask a member of your care circle for help washing your hair. Do not wash your hair over the tub or sink.

Tips for bathing in a shower or bathtub

- For the first 10 to 14 days, you may allow water to run over your incision without direct water pressure or scrubbing. Pat dry with a clean towel.
- Do not take a bath until your surgeon says it is OK. Use the shower instead.
- Have someone available with you the first few times you shower.
- Use nonslip strips or a bath mat to help prevent you from slipping.
- Store soap and shampoo at a level between your hips and shoulders.
- Try to stand to bathe. If it is not safe to stand, please use a chair.
- To keep from twisting or bending while in the shower, use a:
 - dispenser-type liquid soap bottle that hangs
 - long-handled scrub brush or sponge.

How to Get Dressed Without Using Equipment

1. Sit on the edge of the bed or a chair. Make sure your feet are touching the floor.
2. Bring one leg up and place your ankle on the knee of the other leg. Put your underwear, pants and sock on that leg. Repeat on the other side.

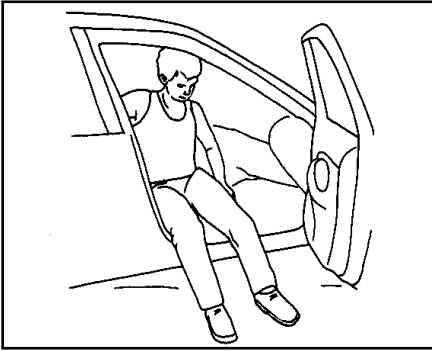
If you are on a hard floor, it's important that you put on your shoes before standing. You can put on your shoes in the same way you did your underwear, pants and socks.

3. Stand and pull up your underwear and pants. Make sure to hold on to your underwear and pants as you stand so you do not need to bend over.

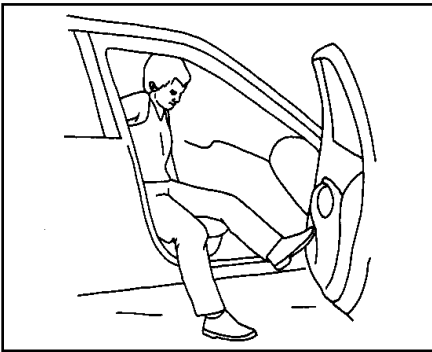
Using Stairs at Home

- Use handrails when going up and down stairs for safety.
- It is OK to go up and down steps at home, but do not stair climb for exercise.

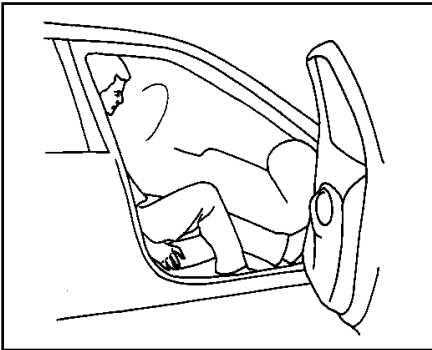
How to Get In and Out of a Car



Step 1



Step 2



Step 3

Drawings © Allina Health System

How to get into a car

- Put the car seat back all the way. Back up to the car seat. Reach for the back of the seat with one hand, the dashboard with the other.
- Slowly bend your knees and lower yourself onto the edge of the car seat. Keep your back in proper posture.
- Bend forward at your hips (not your back) as you slide back on the seat. A plastic bag or sheet placed on the seat may make sliding easier.
- When you are far enough back, bend your knees and pivot on your buttocks to bring in your legs. Do not twist your body.

How to get out of a car

- Rotate your buttocks until your feet are resting on the ground.
- Scoot your hips to the edge of the seat.
- Use the back of the seat and the dashboard to push up with your arms for stability while you use your legs to stand up.

Tips for comfort in the car

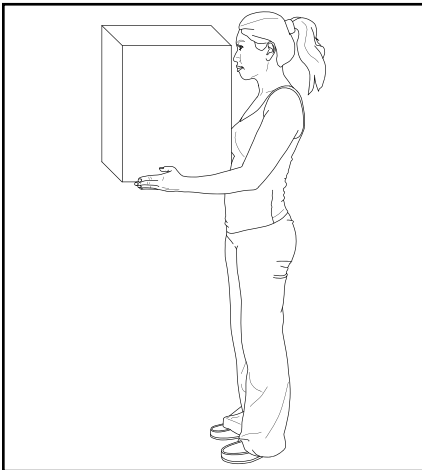
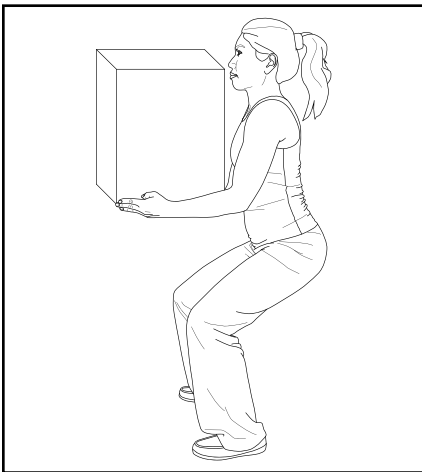
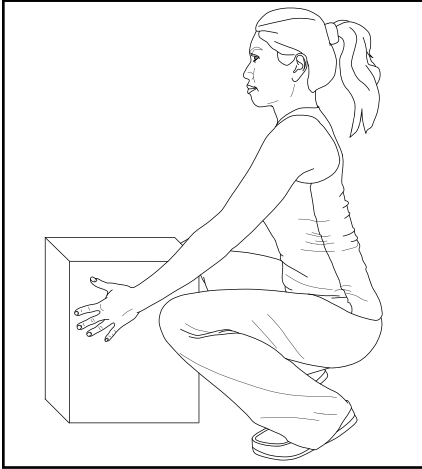
- Wear your back brace if directed by your surgeon.
- Sit in the front passenger seat.
- Adjust your car seat for proper posture and comfort.
- Do not bend your knees more than 90 degrees during long car rides to promote good circulation in your legs.
- If your car has a reclining seat, you may want to use this to be more comfortable.
- Use an ice pack or frozen gel pack as directed.
- Do ankle pumps often as you ride.

When you are driving or riding in a car for a long time, stop and walk every 60 minutes. You may need to do this more often, especially right after surgery.

Important

Do not pull or lift yourself from the door frame or grab bar.

Lifting, Carrying and Reaching



Drawings © Allina Health System

Bend at your knees. Carry items close to and in front of your body.

- Lift no more than 5 pounds (or as instructed by your surgeon) until your surgeon says it is OK to lift more. Ask for help and have others lift when possible.
- Do not twist or turn.
- Do not push or pull any objects.
- Carry items in front of you and close to your body. Try not to carry an object on one side of your body.
- If you need to pick up an item from the floor, use your hips and knees to lower yourself and use your leg strength to lift the item back up.
- Limit reaching above your head and below your waist.
- If you need to reach across a table surface, place your feet shoulder-distance apart with one foot forward. Use one hand to balance yourself on the table or counter.

Lifting Tips

- To lift from the floor, squat down and bring the item close to your body as you lift.
- To keep from twisting, pivot by using your feet. Take small steps.
- Use a reacher to get objects from the floor if squatting is too hard.

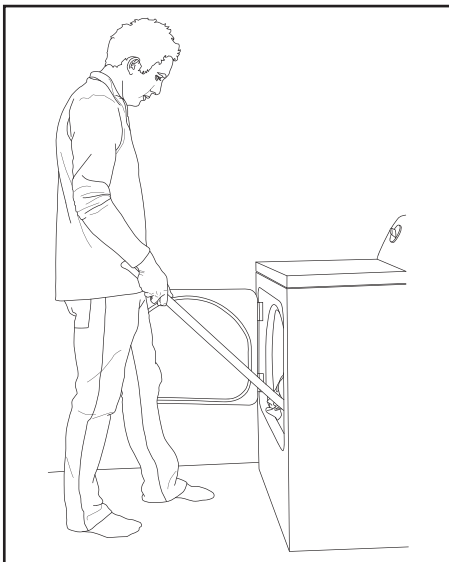
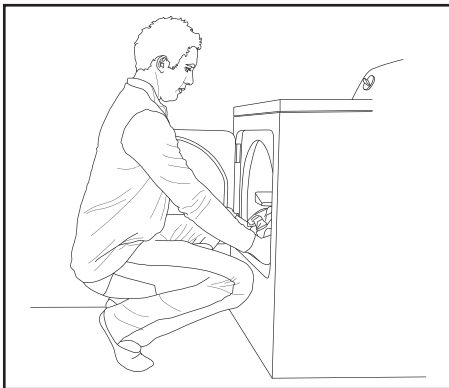
Chapter 6: House and Yard Work

Doing regular work around the house can be hard on your back. If possible, have someone else do household chores until you have fully recovered. Do not do house or yard work until your surgeon says it is OK.

How to Do Laundry

Tip

It is best to do smaller loads of laundry more often. You may consider using a long-handled reacher to load and unload laundry.



Drawings © Allina Health System

Unload and load only a few pieces of clothing at a time.

Top-loading washer

- To load your laundry, put the basket on a table or chair near the washer.
- To unload your laundry, put one leg back and use the opposite hand to lift the clothes out. Lift only one or two items at a time.

Front-loading washer

- To load your laundry, place the laundry basket in front of the washer. You may kneel, squat or use a low stool.
- To unload your laundry, remove only a few items at a time and place them in the basket.

Dryer

- To load the dryer, kneel, squat or use a low stool to place items into the dryer. Remember, wet laundry will be heavier than dry laundry.
- To unload the dryer, squat down to reach into the dryer and place the items into the basket. Fold clothes on a table that is at least waist height.

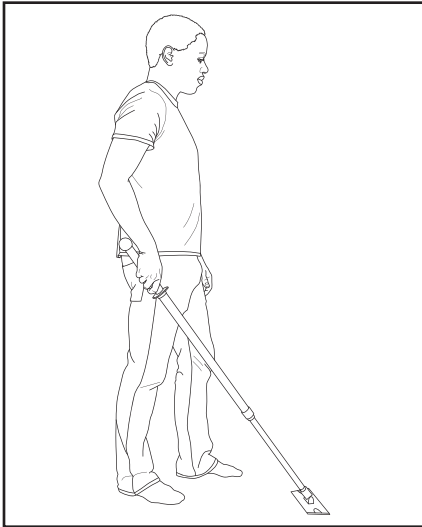
How to Clean and Dust

Tip

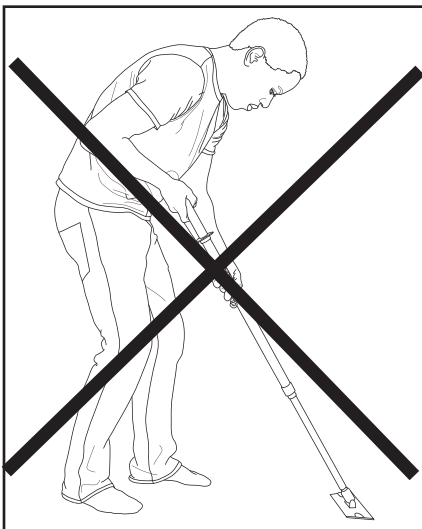
Be as close to the work surface as possible so you do not have to reach.

- To reach high spots, use a long-handled duster.
- To reach lower spots, kneel and keep your back straight.
- Keep your cleaning materials on a chair or a stool so you do not have to bend.

How to Clean the Floors



Stand straight to clean the floors.



Drawings © Allina Health System

Do not bend to clean the floors.

- Use equipment with handles that are long such as a long-handled dust pan so you do not have to stoop.
- Dry cloth sweepers are lightweight and do not require twisting.
- Face the material or area being cleaned. Do the work in front, not to the side, to keep from twisting. Keep your knees slightly bent while you work.
- Do not vacuum until your surgeon says it is OK.

How to Shop for Groceries

Tip

Try to store items you use often in easy-to-reach areas (between waist and shoulder height) when you are putting your groceries away.

- Do not reach for items above your head. Ask for help if an item is too high.
- To reach items that are low, squat or put one leg back and use the opposite hand to reach.
- Pack your grocery bags light.
- Put your legs shoulder-width apart, get close to the grocery bag, grasp it with both arms and lift. Carefully put it into the trunk or on the seat. Do not twist or bend. If possible, have someone from the grocery store carry out your bags.
- Consider using an online grocery service or ask someone to go with you to the grocery store.

Arrangements for Child and Pet Care

Make arrangements for members of your care circle to help with taking care of your child(ren), pet(s) or both. You may not be able to lift more than 5 pounds (or as instructed by your surgeon) during the first several weeks of your recovery.

How to Do Yard Work

Important

Do not drive or use other types of heavy machinery such as ATVs, golf carts, lawn mowers, leaf blowers or weed whackers until you are no longer taking medicines for pain and your surgeon says it's OK. The vibration from the machine may make your pain worse.

- Switch between tasks and take a lot of short rest periods.
- Use special medical equipment such as extended handles to keep from bending.
- Kneel or sit when you weed, plant or pick flowers.
- Keep your back straight and bend at your hips. Do not twist.
- Make arrangements for someone to do your lawn work and snow removal.



Chapter 7: Resources

Medical Equipment

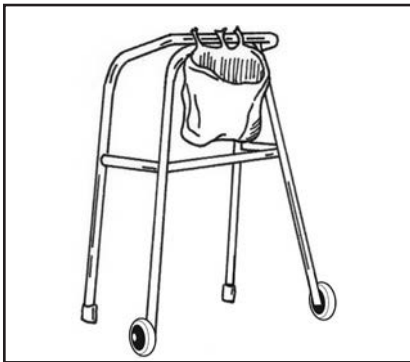
Did You Know?

If you did not need the support of an assistive walking device before surgery, you may not need one after.

To ensure a safe recovery after your surgery, you may need to use some special equipment. This page shows and describes the equipment.

It is recommended to wait until after surgery to buy equipment. If you can borrow equipment, it is helpful to make arrangements before surgery.

Front-wheel walker or cane



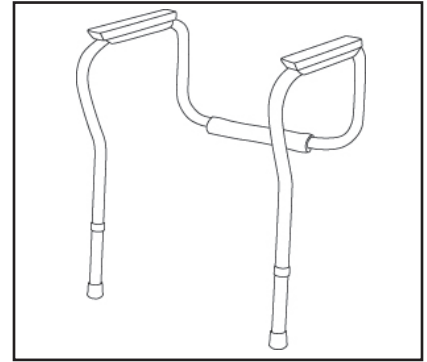
A walker may help you walk after surgery.

Raised toilet seat/commode



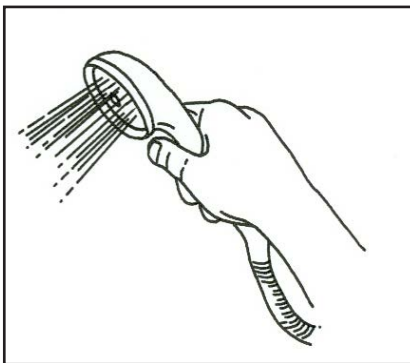
A raised toilet seat may make it easier for you to get on and off the toilet. Your feet should touch the floor when using the toilet.

Toilet safety frame



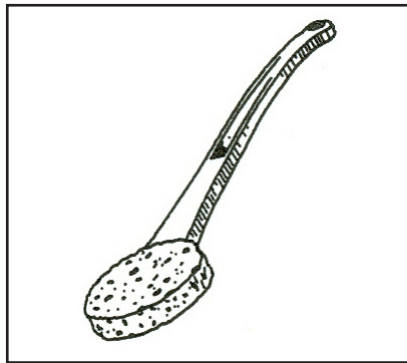
A toilet safety frame may make it easier for you to get on and off the toilet.

Hand-held shower head



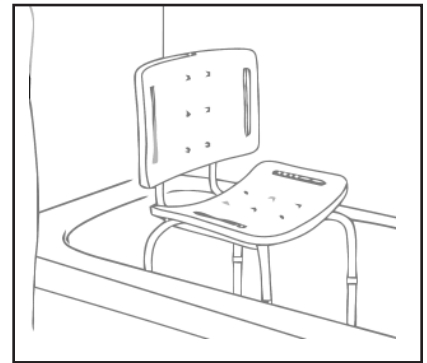
A hand-held shower head allows you to control the spray of water while sitting.

Long-handled sponge



A long-handled sponge can be used to wash your feet when you cannot bend.

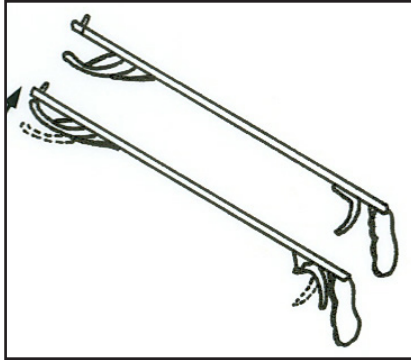
Tub chair



Drawings © Allina Health System

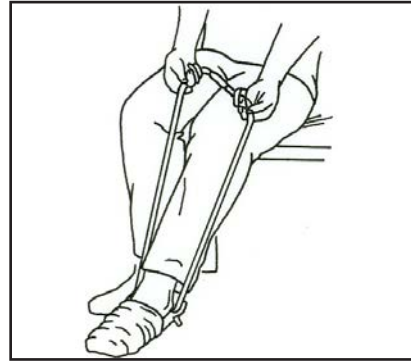
A tub chair lets you sit while taking a shower or bath.

Reacher



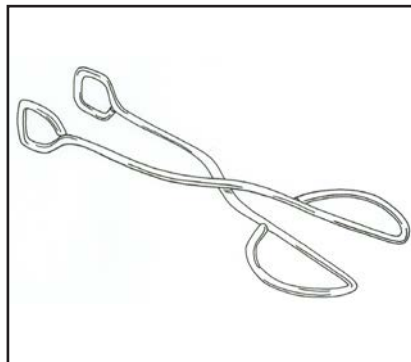
A reacher helps you get things from higher and lower levels. It can also help you put clothes on the lower part of your body.

Sock aid



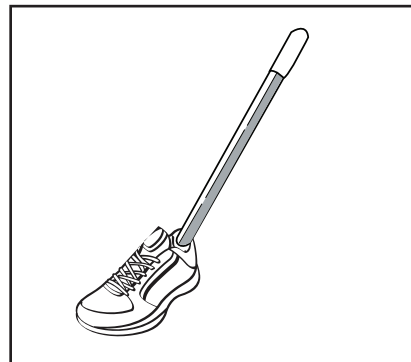
A sock aid helps you put on socks without bending.

Tongs



Tongs can be used in place of a reacher. Or they can help you with your hygiene care after you use the toilet.

Elastic laces or long-handled shoe horn



Elastic laces let you slip in and out of your shoes easily while keeping them tied. The long-handled shoe horn helps you guide your foot into an already-tied or slip-on shoe.

Community Resource Directory

Medical equipment

After your surgery, certain equipment can make your recovery go easier and increase your independence. The following is a list of resources to help you find the equipment you need.

- AdaptHealth Minnesota offers items to buy. Call 651-628-4800 or 1-800-737-4473 for information about medical equipment, supplies and services.
- Call your local pharmacy to see what selection of equipment that store carries.
- WisTech can connect you with resources for medical equipment in Wisconsin. Visit wisconsinat4all.com to find equipment in your area. You will need to create an account to view available items. Once you have an account, you can buy, rent or get free items from state agencies, private businesses, lending programs or individuals. Each group or individual has different criteria for using their equipment. Contact information is listed for each item.

Grocery delivery

- **Twin Cities Metro Area Meals on Wheels**
Volunteers deliver ready-to-eat meals to homes in most of the Minneapolis and St. Paul metro area. You can sign up for short- or long-term meal delivery if you are recovering from surgery or illness. The price is based on your need. Call 612-623-3363 or visit meals-on-wheels.com for more information or to sign up for this service.
- **Home-delivered Meals (Meals on Wheels)**
Wisconsin's Elderly Nutrition Program offers meals to anyone age 60 and older. Meals can be delivered to your door Monday through Friday. Visit gwaar.org to learn more about home-delivered meals. Type "nutrition program" in the search box at the top and click on *Nutrition Program* in the results. Then call one of the numbers listed on the page to ask how to get started!
- Many grocery stores and organizations offer services that will deliver healthful meals to your home. Ask a member of your health care team for more information.

Other Resources

Allina Health resources

- **Allina Health Care Navigation Help Desk**
If you have questions about community resources, medical equipment, home care, a transitional care unit (TCU) or a short-term rehabilitation center call 612-262-2200 or 1-855-227-5111.
- **Allina Health Financial Assistance**
For help in paying for Allina Health services, please call: 612-262-9000 or 1-800-859-5077
- **Allina Health Interpreter Services**
You have a right to a medical interpreter at no cost to you. Please let a member of your health care team know if you would like to have an interpreter available during your visit.
- **Allina Health Spiritual Care**
Chaplains, Catholic priests and a Jewish liaison are available to you and your care circle. If you have questions about spiritual care, please ask a member of your health care team.
- **Penny George™ Institute for Health and Healing**
The Penny George™ Institute for Health and Healing offers services to help you as you prepare for and recover from surgery. Call 612-863-3333 or visit allinahealth.org/pennygeorge for more information, or ask your health care team which services are offered at your hospital.

Other

- **National Suicide Prevention Lifeline**
If you are or someone close to you is in crisis, call the free, 24-hour lifeline at 1-800-273-TALK (1-800-273-8255).
- **United Way 2-1-1**
For information about food, housing, employment, childcare, transportation, health services, senior services and more, please call 211 or visit unitedwaytwincities.org.
- **Senior LinkAge Line (Minnesota)**
mnaging.org
1-800-333-2433
- **Wisconsin Department of Health Services**
Aging and Disability Resource Center
dhs.wi.gov/adrc



Learn more about the Allina Health account



Easy appointment scheduling
In-person and virtual visits,
appointment reminders and updates



Care for the whole family
Gain access to another person's
account (proxy access)



Virtual care options
On-demand urgent care and
scheduled virtual visits



Prescriptions and billing
Manage payments, order refills and
track prescriptions



Info all in one place
Health records, lab results and
appointment notes



**Communicate with your
care team**
Send and review messages

Make health care easier with an online, all-in-one way to manage care.

Get started at
AllinaHealth.org/account

Allina Health 

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Nondiscrimination in Health Programs and Activities

Affordable Care Act – Section 1557

Allina Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender identity or sex. Allina Health does not exclude people or treat them differently because of race, color, national origin, age, disability, gender identity or sex.

Allina Health:

- provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - ◊ qualified sign language interpreters, and
 - ◊ written information in other formats (large print, audio, accessible electronic formats, other formats)
- provides free language services to people whose primary language is not English, such as:
 - ◊ qualified interpreters, and
 - ◊ information written in other languages.

If you need these services, ask a member of your care team.

If you believe that Allina Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, gender identity or sex, you can file a grievance with:

Allina Health Grievance Coordinator
P.O. Box 43
Minneapolis, MN 55440-0043
Phone: 612-262-0900
Fax: 612-262-4370
GrievanceCoordinator@allina.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Allina Health Grievance Coordinator can help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.





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