UCLA Health

Neurosurgery

Pre-Operative Checklist

for Neurosurgical Patients

Did you:

- [ ] **Read the Pre-Operative Instructions?**

- [ ] Follow the guidelines for the medication instructions in your pre-operative packet?
  - **STOP taking Aspirin and other blood-thinning medications/supplements at least 10-14 days before surgery?**
- [ ] Follow the guidelines regarding eating and drinking prior to your surgery **(including not eating anything after midnight or at least 8 hours prior to your surgery check-in time)**?
- [ ] Follow the general skin cleansing instructions for bathing or showers using Chlorhexidine (CHG) shower soap to prevent infections?
- [ ] Fill out the "Admission Medication History" and "Medical History" forms completely?
- [ ] Bring a copy of your **Advance Directive** (if you have one), **insurance card**, and **photo I.D.**?
- [ ] Leave all valuables at home?
- [ ] Call the Procedure & Treatment Unit (PTU) the day before your surgery to find out what time to arrive at the hospital and inform the PTU staff if you need a translator?

  Ronald Reagan UCLA Medical Center: **424-259-8070**
  UCLA Medical Center, Santa Monica: **424-259-8060**
- [ ] Arrange for transport home after your surgery?
- [ ] Arrange for a caregiver/coach and transportation for at least 1-2 weeks after being discharged from the hospital?

Questions/Notes:

UCLA Health
Neurosurgery

UCLA Medical Center, Santa Monica

Pre-operative instructions for adult patients undergoing Spine Surgery

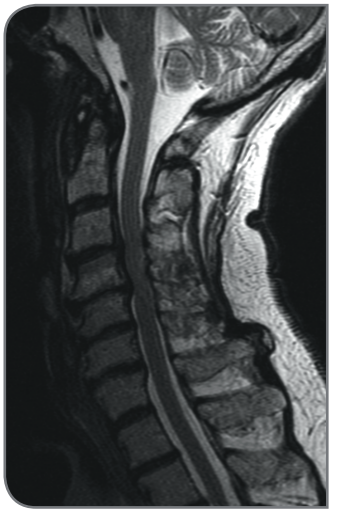
Patient: _____

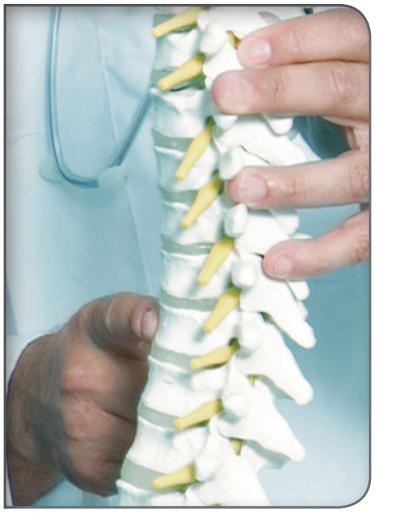
Surgeon: _____

Care Coordinator: _____

Surgery date: _____

Procedure: _____





CONTACT INFORMATION

Care coordinator's office phone number:_____

During business hours, please call UCLA Neurosurgery: **310-825-5111**. Ask to speak with your surgeon.

After business hours, please call the UCLA page operator: **310-825-6301**. Ask to have the neurosurgical resident on call contacted for urgent questions.

Pre-Operative Evaluation and Planning Center (UCLA Medical Center, Santa Monica): **424-259-8060**. Please call between the hours of 2:00 p.m. and 4:00 p.m.

1. IN PREPARATION FOR YOUR SURGERY

Do I need to see any other doctor before my surgery?

- [ ] See your primary care physician (PCP). Laboratory tests and history and physical may need to be done within 30 days of surgery. Verify with your care coordinator if he/she will schedule the appointment (s).
- [ ] Inform your surgeon if you are under the care of a medical specialist (for example a cardiologist, pulmonologist, hematologist-oncologist, or other medical specialist). Additional pre-operative evaluations may be necessary from these specialists.

What paperwork needs to be filled out before my surgery?

- [ ] **Surgical Informed Consent:** This is a document you sign after discussing benefits, risks, and alternatives to surgery with your surgeon.
- [ ] **Blood Transfusion Consent:** You will be asked to consent or specifically refuse blood transfusions. If you would like to donate your own blood for surgery, please discuss this with your surgeon well in advance of your surgery.
- [ ] **Advance Health Care Directive:** This allows you to state your wishes about the medical treatment that you do or do not wish to receive. It also allows you to appoint an individual to make healthcare decisions on your behalf in the event you are unable to do so yourself. Please bring a copy of your Advance Health Care Directive if you already have one.
- [ ] **Disability Forms:** Please let your provider know if you need any disability forms completed. If applicable, you may apply online at **www.edd.ca.gov/disability**.

Do I need to identify a contact person (patient coach) before my surgery?

- [ ] Designate one person to serve as your contact person and "coach" throughout your hospital phase of care for possibly 2-3 weeks post-operatively. Their role will be to support you through this process.
- [ ] Your contact person or coach should also be present on the day of your discharge when you receive final discharge information from the care team.

How do I manage my medications before surgery?

- [ ] If you are taking **blood thinners** such as Plavix (Clopidogrel), Coumadin (Warfarin), Pradaxa (Dabigatran), Rivaroxaban (Xarelto) or Apixaban (Eliquis), **please contact your surgeon's and PCP's office as you may need to stop taking these medications.** Your surgeon and PCP will then need to work together for optimal management of these medications.
- [ ] **Diabetes medications** Please contact your PCP for instructions because you may not need these medications the morning of your surgery.
- [ ] **Blood pressure medications** If you take this in the morning, take it with only a sip of water the morning of surgery. If you take it in the afternoon or evening, take it the day BEFORE surgery.
- [ ] **Seizure medications** If you take this in the morning, take it with only a sip of water the morning of surgery.
- [ ] **Movement disorder medications** (for Parkinson's disease, tremors, dystonia). DO NOT TAKE these medications after midnight the night BEFORE YOUR FIRST STAGE SURGERY (Electrode Implantation).

- [ ] DO NOT BRING MEDICATIONS FROM HOME UNLESS SPECIFICALLY INSTRUCTED.
- [ ] Complete the **Admission Medication History Form** if you have not already done so. Please specify the DOSE and FREQUENCY for each medication, including supplements and herbal medications. Bring this form with you to the Admissions Desk when you are checking in.

PLEASE ask your surgeon when you should stop taking the medications below.

ASPIRIN OR **ASPIRIN-CONTAINING PRODUCTS**

- [ ] Over the counter

  Alka Seltzer, Aspirin regimen Bayer, Ecotrin, Excedrin or Excedrin extra strength, Momentum Backache Relief, Vanquish Analgesic Caplets

- [ ] Prescription

  Easprin, Disalcid, Plavix, Salflex, Trilisate

NON-STEROIDAL ANALGESICS (NSAIDS)

- [ ] Over the counter

  Advil, Aleve, Motrin, Nuprin, Orudis KT

- [ ] Prescription

  Mobic (Meloxicam), Celebrex, Anaprox Nalfon, Arthrotec Naproxyn, Cataflam Oruvail, Clinoril Ponstel Kapseals, Daypro Relafen, Disalcid Salflex, Ec-Naproxyn Tolectin, Feldene Toradol, Indocin Trilisate, Lodine Voltaren

HERBS

- [ ] Echinacea, St. John's Wort, Ephedra, Valerian, Feverfew, Vitamin E, Fish Oil, Vitamin C (large doses above the RDA), Garlic, Gingko Biloba, Ginger, Ginseng, Green tea, Kava kava

If you are unsure if your medication(s) contain aspirin, please consult your pharmacist.

Is there any special skin preparation before surgery?

- [ ] Please do not cut your hair or shave your back/neck before surgery.
- [ ] An antiseptic skin cleanser liquid called CHG (chlorhexidine gluconate) is recommended. Please see informational sheet on page 9.

When is the last time I can eat or drink before surgery?

- [ ] **Do not eat anything** (*including chewing gum or candy*) **after midnight or at least 8 hours prior to your surgery check-in time**. You may **ONLY** have sips of clear liquids (water, Pedialyte, or Gatorade) as needed to take medications until 5:00 am on the morning of surgery. You may brush your teeth and rinse your mouth, but do not swallow any of the water.

What if English is not my first language?

- [ ] **A representative from Interpreter Services is always available at no cost.** Please notify the Pre-operative Evaluation and Planning Center at **424-259-8060** the day before your surgery if you will need an interpreter.

2. PRIOR TO YOUR SURGERY DATE

What do I do if I feel sick before surgery?

- [ ] If you have a fever, flu, or any other concerning symptoms, please notify your surgeon's office as soon as possible prior to your surgery, as your surgery may need to be postponed.

When is the admission check-in time confirmed?

- [ ] **On the business day before your surgery,** you must call the Pre-Operative Evaluation and Planning Center at **424-259-8060 between the hours of 2:00 pm and 4:00 pm** to find out what time to arrive at the hospital. If your surgery is on a Monday, you should call the preceding Friday afternoon. If you are not able to reach the Pre-Operative Evaluation and Planning Center, please leave a message and they will return your call.

Is the planned surgery start time always correct?

- [ ] If your surgery is not the first scheduled operation of the day, your surgery start time may be earlier or later than planned. If this does occur, you will be informed.

What do I bring to the hospital?

- [ ] To avoid lost or misplaced personal items, we recommend that you bring only essential items to the hospital such as glasses, dentures and hearing aids with battery.
  - Leave your valuables, such as jewelry (including rings & watches), cash and credit cards at home or with your family.
- [ ] If you use a walker or wheelchair, **one will be provided to you** during your stay.
- [ ] If you have sleep apnea and use CPAP equipment, please **bring your CPAP device** with you on the day of surgery.
- [ ] If you have a separate insurance card for prescriptions (this is only for some types of insurance), please bring this card when you check in at the Admissions Office. After check in, you can leave the prescription card with your family or coach.
- [ ] Bring your cell phone and charger.

3. THE DAY OF YOUR SURGERY

How do I get to UCLA Medical Center, Santa Monica?

- [ ] *See page 7 for instructions and page 8 for maps.*

Where do I check in?

- [ ] Check in on the morning of your surgery at the **Admissions Office,** which is located on ground level in **Suite G314**. The hospital address is **1250 16th Street in Santa Monica, half a block south of Wilshire Blvd**. *(See map on page 8 of this packet).*

Where will I go after I check in?

- [ ] When your admission process is completed, you will be directed to go to the **Preprocedure Treatment Unit (PTU)**. This area is located on the 3rd floor of the hospital adjacent to the operating rooms. Patient care needs require that we limit the number of persons in this area. Therefore, only one person can accompany you to the PTU area. Anyone else with you could remain in the 3rd floor waiting area.

What paperwork will be verified with me in the Preprocedure Treatment Unit?

- [ ] **Surgical Informed Consent and Blood Transfusion Consent:** If you have not already done so, you will need to sign these documents.
- [ ] **Anesthesia Informed Consent:** You will also be asked to sign an Informed Consent document for your anesthesia.
- [ ] It is hospital policy to perform pregnancy testing in females age 10-53 years old in the PTU.

When do I meet the anesthesiologist?

- [ ] Your Anesthesiologist will review the material that your physician has provided. On the day of your procedure, your anesthesiologist will go over your medical history and the anesthesia plan with you in detail and answer all of your questions. The Department of Anesthesiology may call you the night before surgery, although this is not necessary for all patients.

Where will my family or friends wait during the surgery?

- [ ] The surgical waiting area is located on the 3rd floor of UCLA Medical Center, Santa Monica. This area is designed to be a resource for your family and friends.
- [ ] Please designate a primary contact person (or your personal coach) who will receive updates about your condition. Your designated contact person's name and telephone number will be entered in your electronic medical record. All information will be directed to this contact person during your hospital stay.

What happens **immediately** after the surgery is completed?

- [ ] After your surgery you will either be transferred to the **Post Anesthesia Care Unit** (PACU) near the operating room or go directly to the inpatient unit. Visitor access is restricted in the PACU. Family and friends should remain in the waiting area while you are in the PACU.
- [ ] Hospital staff will keep your designated contact person informed as to where you will be going after your surgery. They will also provide discharge information and instructions if you are scheduled to go home on the day of surgery.
- [ ] If you are transferred to the PACU after your surgery, the length of your stay may be variable depending upon your medical condition and preparation of your room. It is common for patients to spend the first night in the PACU.

I'm having **outpatient surgery**. How will I get home?

- [ ] If you are having outpatient surgery (i.e. microdiscectomy, laminectomy, etc.) performed, you will be transferred to the post-operative recovery area. After recovery of anesthesia, you will be asked to complete certain activities, including drinking, eating, walking, and urinating. Depending on you progress, you will be discharged home with appropriate prescriptions.
- [ ] For all patients requiring an overnight stay on the second floor, the scheduled discharge time is 8:00 am. Please make the necessary arrangements to have someone at the hospital before that time.

4. DURING YOUR HOSPITALIZATION

What can I expect during my hospitalization?

- [ ] Following your recovery in the PACU, you will be transferred to a room, either the intensive care unit or the neurosurgical unit. A multidisciplinary team will be taking care of you. After your surgery, you will progressively regain your baseline activities including drinking, eating, walking, and urinating. Depending on your surgery, you may wake up with one or more drains, and/or a urinary catheter.
- [ ] Depending on your condition, diagnosis, and progress, you may be evaluated by a physical therapist. You may be transferred to another facility to improve your functional outcome following your spine surgery.
- [ ] We will **need your participation** to optimize your road to recovery. Please see the document entitled "Your Road to Recovery" on page 10.

What can I expect regarding pain management?

- [ ] It is normal to experience some postoperative pain. It is our goal to make whatever pain you have tolerable. It will be important when the hospital staff asks you to rate your pain on a scale of 0-10, that you answer with a number (Example: 0 is no pain; 10 is the worst pain you can imagine).
- [ ] During your stay in the PACU and the first night after your surgery, if needed, you will be given pain medication intravenously until you can safely swallow pills. By the day after surgery, you should have transitioned to oral pain medications.

Can a family member stay with me overnight?

- [ ] All hospital beds at UCLA Medical Center are private rooms. Neurosurgical unit rooms include a day bed where one family member can sleep. The intensive care unit rooms do not have day beds.

5. PREPARING FOR DISCHARGE

Will I receive information about the planned discharge on a daily basis?

- [ ] Your discharge plan will be discussed with you on a **daily basis** by the multidisciplinary team to ensure that we take care of all your needs in anticipation of your discharge from the hospital.
- [ ] Using one-on-one education sessions and written documents, we will assure you are ready for a safe return home or transfer to another facility.
- [ ] The team caring for you will let you know the day before discharge that you should be able to be discharged from the hospital the next day.
- [ ] If you have any concerns regarding resuming your normal activities or clearance to work, drive, or for air travel, please contact your surgeon's office.

What do I need to know about the day of discharge from the hospital?

- ☐ ***Check-out time is before 11:00 am:*** If you are being discharged to home, it is important that you make arrangements for your family member or coach to arrive before 10:00 am on the day of discharge.
- ☐ Your team will be reviewing all the important information points with you and your coach prior to your discharge. You will also be receiving a discharge packet that contains all the information for your safe return home.
- ☐ At-home care, rehabilitation, physical therapy and any other outpatient services that you may need following your surgery will be coordinated prior to your discharge from the hospital.
- ☐ Prior to discharge from the hospital, your doctor will provide you with prescriptions for the medication you are to take at home. You may fill your prescriptions at the UCLA Outpatient Pharmacy, or you can have them filled at a pharmacy closer to your home.

DRIVING INFORMATION

UCLA Medical Center, Santa Monica
1250 16th Street, Santa Monica, CA 90404

From the 10 Freeway: Take Cloverfield Boulevard exit, North to Santa Monica Boulevard, west to 16th Street, North to 1250 16th Street. For current parking rates, go to www.transportation.ucla.edu.

From the San Diego Freeway (405): Take Wilshire Boulevard off-ramp West to 16th Street or connect with 10 Freeway and follow instructions above.

From Los Angeles International Airport (LAX): Take the San Diego Freeway Northbound to Wilshire Boulevard West, and continue as described above.

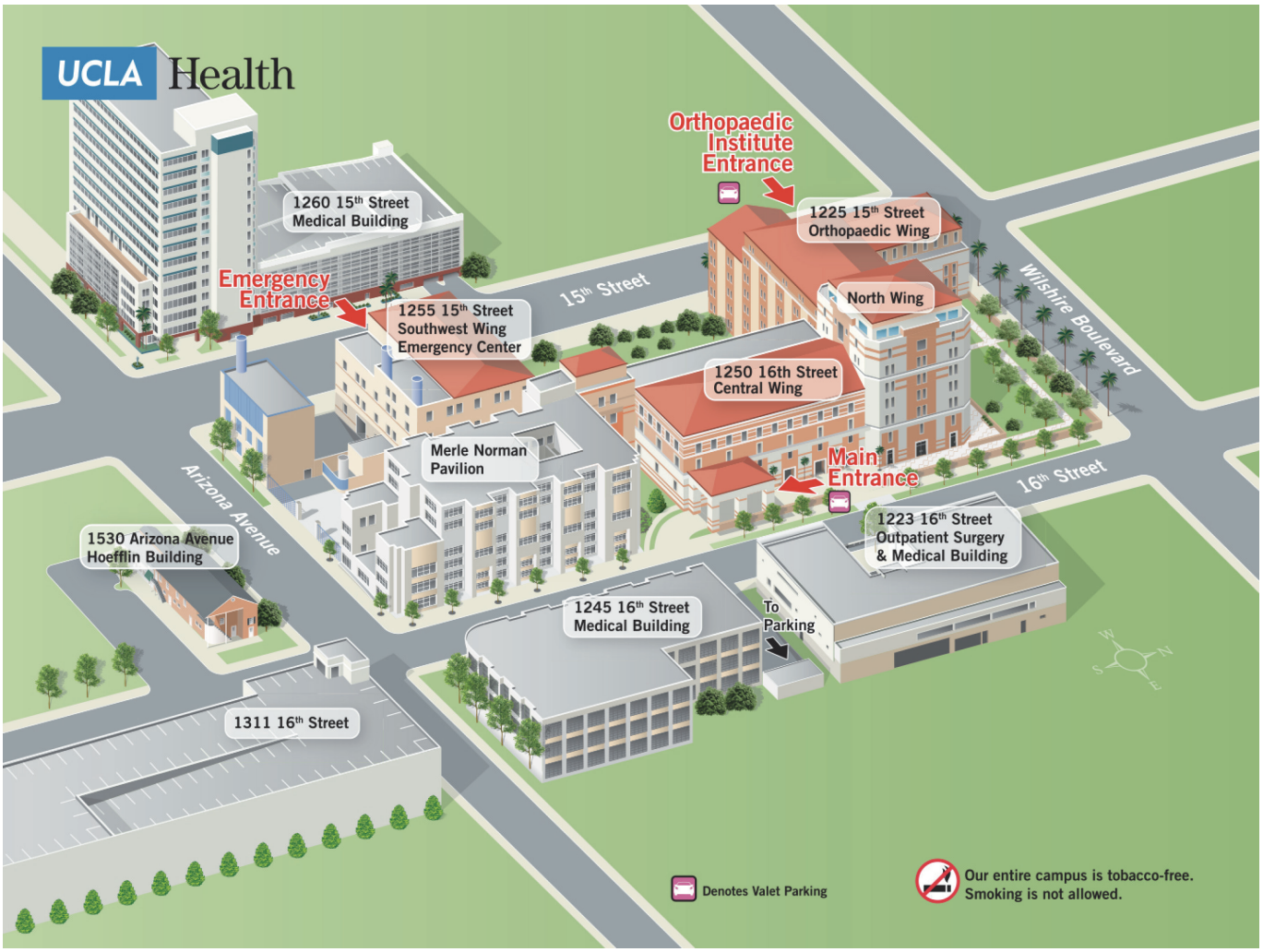
PARKING INFORMATION

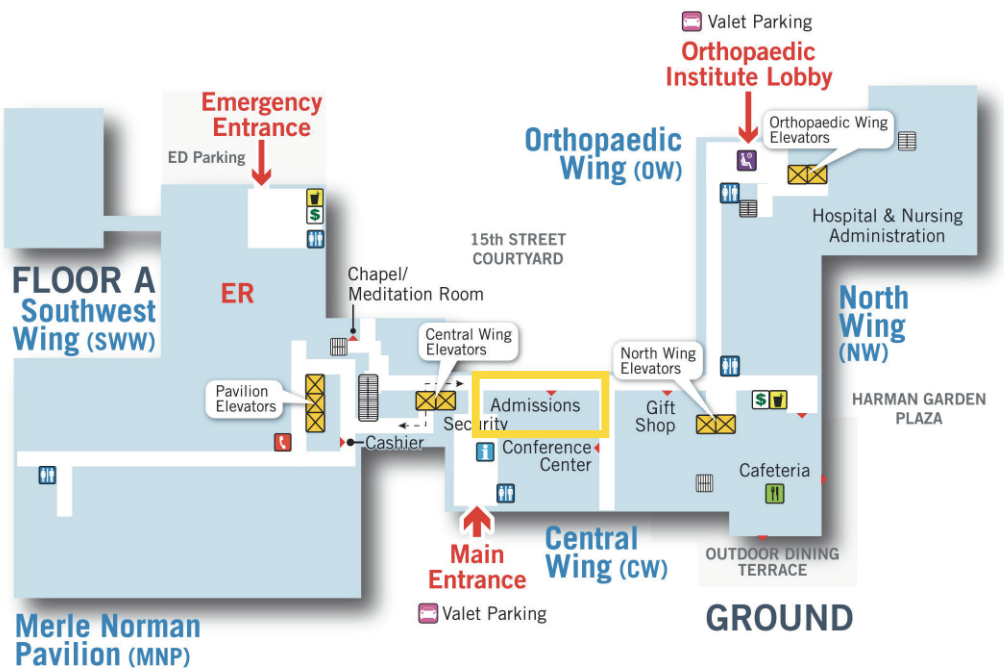
Valet service is available at our main entrance (1250 16th Street) on weekdays, from Monday 4:45 am through Saturday 6:30 am. Rates are posted and available from the valet. Parking garages are available on 15th and 16th Streets.

Visitor self-parking is available evenings, weekends and holidays in our hospital lot at 1311 16th Street. Stop by our Security Desk for details.

Some short-term metered parking is available near the hospital. Please read the signs carefully. Some areas are designated for permit-parking only. **Please add an extra 15 minutes to your travel time to allow for parking.**

UCLA MAPS


UCLA Health
Orthopaedic Institute Entrance
1225 15th Street Orthopaedic Wing
1260 15th Street Medical Building
Emergency Entrance
1255 15th Street Southwest Wing Emergency Center
15th Street
North Wing
Wilshire Boulevard
1250 16th Street Central Wing
Merle Norman Pavilion
Main Entrance
16th Street
Arizona Avenue
1530 Arizona Avenue Hoefflin Building
1223 16th Street Outpatient Surgery & Medical Building
1245 16th Street Medical Building
To Parking
1311 16th Street
Denotes Valet Parking
Our entire campus is tobacco-free. Smoking is not allowed.


Valet Parking
Orthopaedic Institute Lobby
Emergency Entrance
ED Parking
Orthopaedic Wing (OW)
Orthopaedic Wing Elevators
Hospital & Nursing Administration
15th STREET COURTYARD
FLOOR A
Southwest Wing (SWW)
ER
Chapel/ Meditation Room
North Wing (NW)
Central Wing Elevators
North Wing Elevators
Pavilion Elevators
Admissions
Gift Shop
HARMAN GARDEN PLAZA
Cashier
Conference Center
Cafeteria
Main Entrance
Central Wing (CW)
OUTDOOR DINING TERRACE
Valet Parking
Merle Norman Pavilion (MNP)
GROUND

Shower with **Chlorhexidine Gluconate** (CHG) soap to prevent infection

3

At least 3 showers before surgery

two nights before surgery

DATE:

+

the night before surgery

DATE:

+

the morning of surgery

DATE:

Instructions: Shower as many times with CHG soap before your surgery as recommended by your physician. This blocks germ growth and provides the best protection.
Be sure to carefully follow the steps in the graphic below.

Important reminders

- Do not shave or remove body hair. Facial shaving is permitted. If you are having head surgery, ask your doctor whether you can shave.
- Do not use lotion, cream, powder, deodorant or hair conditioner after shower.
- CHG is safe to use on minor wounds, rashes, and over staples and stitches.
- Allergic reactions are rare but may occur. If you are allergic to CHG soap, stop using it and follow the bathing instructions using regular soap. Call your doctor if you have a skin irritation.

Rinse your body with warm water.

Wash your hair with regular shampoo. Rinse your hair with water. Do not apply conditioner.

Wet your shower mitt provided. **Turn off the water.** Apply CHG soap to the mitt. **Be careful not to get CHG soap in your eyes, nose, ear canals and mouth. CHG is for use below the chin only.** Do not use any other soaps or body wash when using CHG soap.

Firmly massage all areas: neck, arms, chest, back, abdomen and hips. Clean your legs and feet and between your fingers and toes. Pay attention to your surgery site and all surrounding skin. Clean your groin, genitals (external only) and buttocks last. Ask for help to clean your back if you are having a spinal surgery.

Apply more CHG soap to your mitt and lather again before rinsing.

Turn on the water and rinse CHG soap off your body.

Dry off with a clean towel each time you shower with CHG soap.

Wear clean clothes and use clean bed linens each time you shower with CHG soap.

YOUR ROAD TO RECOVERY:

This document gives you a preview of how we will work together to enhance your recovery after your surgery. Take note that these are the recovery milestones for most patients. Your care may vary slightly depending on your medical condition. Make sure to discuss the expected length of your stay with your surgeon.

	Day of surgery	First day after your surgery	Second day after your surgery and afterwards until your discharge
Liquids/ Nutrition	After surgery you will be receiving hydration intravenously. Once you are alert and able to swallow safely, we will start giving you ice chips and sips of water. If you are able to tolerate this without any nausea or vomiting, we will advance your diet.	As you start to take in more fluids and nutrition by mouth, we will stop or decrease the fluid you receive intravenously. We will encourage you to eat at least 25% of your meals and take in at least 16 ounces of fluid by mouth every 12 hours.	You will be encouraged to drink and eat normally.
Mobilization	Early mobilization has been shown to be essential in positive outcomes. Four hours after surgery the nurse will be helping you sit up at the side of bed for 5 minutes. You will be medicated for pain or nausea if needed prior to performing this. If your surgery is completed early in the day, the nurse will help you to walk to the chair for a few minutes in the evening.	The nurse will help you walk a few feet to the chair for breakfast. Later in the morning or early afternoon, the nurse will assist you in walking in the hallway of the unit. This should be performed again in the evening. You are encouraged to get out of bed and sit in the chair between your meals and for your meals. You may be evaluated by a physical therapist, depending on your progress.	You will be encouraged to get out of bed to the chair for meals and walking in the hallway with assistance a minimum of twice a day.
Urinating	You can expect to have a catheter in your bladder to drain your urine when you wake up from surgery.	For most patients, the bladder catheter will be removed first thing in the morning. Please notify the nurse or the care partner when you urinate. The team will be measuring the amount of urine you produce.	You will be encouraged to urinate normally.
Pain Management	You will be offered pain medication intravenously or orally once you can swallow safely. You will be offered additional relaxation techniques to help with any pain you may experience including: music, massage therapy, and deep breathing.	You will be offered pain medication preferentially by mouth and given pain medication intravenously for pain if not relieved. You will be offered additional relaxation techniques to help with any pain you may experience including: music, massage therapy, and deep breathing.	You will be offered pain medication by mouth. You will be offered additional relaxation techniques to help with any pain you may experience including: music, massage therapy, and deep breathing.

UCLA Health
Neurosurgery

Care Team Members at UCLA Health

Physician Teams

Your team of doctors is led by an attending physician, who is in charge of your care, along with residents and fellows. These doctors may rotate on and off of your care during your stay, so you may be seen by different doctors throughout your stay. New physicians will introduce themselves as they join the team. These physicians direct your care and treatment in coordination with other providers on your care team. By being treated at an academic medical center, you contribute to the education and training of future physicians.

Nurse Practitioner Team

The nurse practitioners are advanced licensed health care providers who provide continuity of care in your transition from the operating room, to your inpatient hospital stay, and eventually to home. The inpatient nurse practitioner team will see you during your stay to medically assess your progress in conjunction with your physician team, identify and prevent barriers to your care, order diagnostic tests, prescribe medications, and prepare you for safe discharge. They round daily with the physicians, nursing staff, rehabilitation specialists, and other specialties based on individual need to best coordinate your care. Once home, the outpatient nurse practitioner team will be available to answer post-operative questions and discuss medication/care concerns.

Nursing Team

Registered nurses provide a critical link between the patient and the healthcare team. In addition to contributing to your care, nurses communicate your needs to your doctors and other care team members as well as inform you about your medications, in-hospital treatment, and post-hospital care. Registered nurses coordinate your care with other healthcare workers such as care partners, to ensure that your comfort and hygiene needs are met.

Nurse Case Manager

Nurse case managers work with you, your family and your healthcare team to coordinate your hospital stay. They also assist with the planning and coordination of your transition from the hospital to home or to other care facilities: such as acute rehabilitation, long-term acute care, sub-acute rehabilitation, and skilled nursing facilities.

Respiratory Therapist

Respiratory therapists help with any breathing difficulties. They perform tests and speak with you to determine what support you may need, and if any equipment will help you breathe easier. If you need breathing treatments, the respiratory therapist will teach you how to perform them and how to use any equipment that you may need.

Speech Therapist

Speech-language pathologists evaluate a person's ability to swallow and communicate. A communication evaluation includes speech production, understanding and use of language, and assessment of thinking skills such as memory and problem solving. Speech pathologists also assess a person's ability to swallow safely. Your speech pathologist will work with you and your family to help understand these types of problems and provide therapy while in the hospital. They will make recommendations for any services you might need upon discharge.

Care Team Members at UCLA Health *(cont.)*

Physical and Occupational Therapist

Physical therapists will work with you to help regain your strength and mobility. Occupational therapists help regain function in your daily activities such as dressing and grooming. The therapist may develop an individualized treatment plan to help you meet your specific goals and provide recommendations for post-discharge care.

Pharmacists

Pharmacists provide education and counseling for medications that you may receive while you are in the hospital. Pharmacists work with the physician and nursing teams to coordinate care and education so that you are ready when you leave the hospital.

Registered Dietitians

Clinical dietitians work closely with your healthcare team to ensure that you are meeting your individualized nutritional needs. Once your diet is ordered by your physician, the dietitian will review this with you and recommend foods to enhance recovery, educate you on your therapeutic diet, review the need for oral nutritional supplements and monitor the need for texture-modified foods if you encounter swallowing problems. If you are not able to consume adequate nutrition, your dietitian will assess the need for nutrition support to optimize your nutritional status.

Social Worker

Social workers can assist you and your family members with any personal, emotional and/or family problems and difficulties due to your illness or injury. Individual, family and group support for sudden illness, separation from home and job, bereavement, substance abuse, domestic violence and other issues can be arranged, as well as referrals to community resources.

Care Partners

Care partners or certified nursing assistants will assist with tasks such as bathing and oral care, changing linens, and will provide additional support to the nurses.

Spiritual Care

Hospital chaplains are available to meet with you to support your spiritual care needs during your stay. Chaplains can listen to your concerns, share in your faith struggles, assist you and your family members in seeking inner peace and strength, bring you scriptures or holy writings from your specific faith tradition, help you access/receive religious sacraments, assist you in contacting religious leaders from your faith tradition, and/or help with other spiritual needs.

EVS Staff

Environmental Services staff will ensure you room and restroom are always kept clean, safe and sanitary during your hospital stay.

Post-Discharge Facilities: Benefits and Requirements

Your medical team may recommend that you receive services at home or continue your care at another facility when you are ready for discharge. Below is a description of the main types of facilities. Each facility has medical and insurance requirements for accepting patients. Your case manager and social worker will assist you in making arrangements once your medical team determines the best fit for you.

Home

There is no place like home. The care teams at UCLA will evaluate your ability to go home, and will aim to get you there if possible.

Acute Rehab

Acute rehabilitation provides comprehensive and highly focused programs of care designed to restore strength, improve physical and cognitive function, and promote independence in daily activities.

Skilled Nursing

A Skilled Nursing Facility provides a care team for individualized care in a comfortable and friendly environment. The care teams work with patients and families to determine the optimal treatment plan.

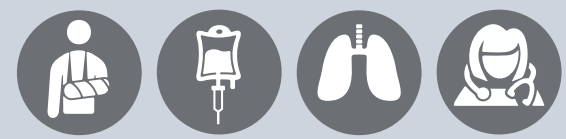
Home Health

Home health provides additional care to you by providing specialized services in your home.

Sub-Acute Rehab

Sub-Acute Rehabilitation facilities provide services that aid in the transition from hospital to home. Care can be provided to patients who require a ventilator or other respiratory support as well as nutritional care.

Long-Term Acute Care



LTACs are facilities that transition care from the hospital for medically complex patients who would benefit from an extended recovery time.

UCLA Health

an informed U

Insurance companies contract with specific facilities, and along with their bed availability at the time of your discharge, will determine what choices you have if you will need further care after your hospital stay. We highly recommend you reach out to your insurance provider and understand your benefits as early as possible. Specialty facilities have specific clinical requirements for the type of patients they accept, shown below.

Home

- The only requirements here are that your physician determines that you can be safely discharged from the hospital and return home, however you may require further services on an outpatient basis, such as physical or occupational therapy

Acute Rehab

- Requirements include active intervention of multiple therapy disciplines (physical, occupational, speech, etc.), generally 3 hours of therapy per day at least 5 days per week, and the patient must be seen by a rehabilitation physician at least 3 days per week
- Patients must make measurable improvements, which must be documented by the care team

Skilled Nursing

- Requirements include the need for daily skilled nursing care from a hospital-related medical condition
- Other services that may be offered in a Skilled Nursing Facility include physical therapy, occupational therapy, speech therapy, and audiology

Home Health

- No requirements (since these services are provided in your home), but services may include skilled nursing, physical therapy, occupational therapy, speech therapy, and social work
- If you receive certain therapy on an outpatient basis you may not qualify for home health services

Sub-Acute Rehab

- Patient medical requirements may include specialty services such as inhalation therapy, tracheotomy care, intravenous tube feeding, and complex wound management
- Other requirements and services may include inpatient physical therapy, occupational therapy, or speech therapy for greater than 2 hours per day, 5 days per week

Long-Term Acute Care

- Patient medical requirements may include respiratory complexity, wound care,complex medical care, multiple chronic conditions, ventilator weaning and pain management
- Patients in this setting typically stay for an extended period of time, on average more than 25 days

UCLA Health

UCLA Health

Neurosurgery

Patient Discharge Instructions:
Anterior Cervical Discectomy and Fusion (ACDF)

Diet

- [ ] You may resume the type of diet you had before surgery. Eating a well-balanced diet is important for proper wound healing. The doctor or nurse will let you know if you need a specific diet or food consistency.

Medications

- [ ] Your doctor will provide you with prescriptions for the medication you are to take at home. You may fill your prescriptions at the UCLA Outpatient Pharmacy, or you can have them filled at a pharmacy closer to your home.
- [ ] Before your discharge, your nurse will review with you and write down your medication dosage, schedule, and side effects. It is important to take your medications as ordered and try to stay on schedule.
- [ ] Do not take aspirin or blood thinners unless ordered or cleared by your surgeon.

Comfort and Pain Management

- [ ] It is common to have pain, some mild hoarseness/difficulty swallowing after surgery, which may last a few days or a few weeks.
- [ ] You will have pain medications prescribed by your doctor for your pain management. The medication may be irritating to the stomach lining, it is advisable to take it with a teaspoon of applesauce or non-fat yogurt.
- [ ] Pain medication (narcotics) may cause constipation. Use a stool softener or gentle laxative if this occurs. If the medications are ineffective, call your doctor's office to discuss on-going pain management.

Expectations for Home

- [ ] You should clarify who will be picking you up on the day of your surgery (if outpatient), or on the day of your discharge (before 11:00 am, if inpatient).

Overview of Daily Activities

- [ ] You may feel more tired for 1-3 weeks after surgery. Make sure to get plenty of rest.
- [ ] You should walk 2-4 times a day, with a short gradual increase in your daily activities.
- [ ] When you see your surgeon in the follow-up appointment, he or she will discuss decreasing the limits on activity at that time. **You must have clearance from your doctor before participating in any strenuous exercises/activity.**

Activity Restrictions

- [ ] Wear your collar as prescribed by your surgeon until your post-operative appointment. You may remove your collar **only** when showering or eating (please be careful to keep your neck straight in a neutral position).
- [ ] Do **not** lift anything over 5 pounds (including pets or children).
- [ ] Do **not** perform any tasks that might involve overhead lifting or reaching.

Resume to Work/Driving/Air Travel

- ☐ **You must have clearance from your doctor before returning to work or flying.** This will be discussed at your post-operative visit.
- ☐ Do not drive until you are cleared by your surgeon. Do not drive while you are on prescription pain medications.

Wound/Suture Care

- ☐ Keep your incision clean and dry at all times.
- ☐ Your incision will be covered by either steri-strips or dermabond (skin glue). You may shower 48 hours after the day of your surgery, and the steri-strips/dermabond, will fall off over the course of the next 2 weeks.
- ☐ Your surgeon may ask you to cover the incision site with Tegaderm film or you can also use Press'n Seal® plastic wrap that can be found at a drug or grocery store. Each time you shower, your incision/dressing must be keep dry. Please be gentle on the skin around the incision and allow the scabs to fall off themselves.
- ☐ No soaking in hot tubs, baths, swimming pools, or Jacuzzi until your incision is completely healed.
- ☐ Do **not** use any ointments (including antibacterial ointments) over the incision site.

Follow-up Appointment

- ☐ You should be seen in our clinic approximately 2 weeks after your surgery. The physician who discharges you from the hospital will make sure you have a follow up appointment scheduled with your surgeon.
- ☐ You may receive surveys from your surgeon and/or hospital. Please take the time to complete these surveys. We appreciate your honest feedback.

Rehabilitation Needs

- ☐ If indicated, our rehabilitation professional will assess you prior to your discharge. We will order any rehabilitation needs and equipment prior to your discharge

Signs to Watch for at Home

- ☐ **Call your doctor or go to the Emergency Room if you are experiencing any of the symptoms below:**
  - Any redness, drainage, heat or pain, or increased swelling around your incision site
  - Sudden weakness in your arms or legs
  - Persistent fever
  - Progressive swallowing problems or voice hoarseness. (It is common to have some difficulty swallowing or hoarseness following your surgery. These symptoms usually will resolve 2-3 weeks after your surgery)
  - For life-threatening emergencies that cannot wait, please go to the nearest Emergency Room for immediate evaluation or dial 911

CONTACT INFORMATION

During business hours, please call UCLA Neurosurgery: **310-825-5111**. Ask to speak with your surgeon.

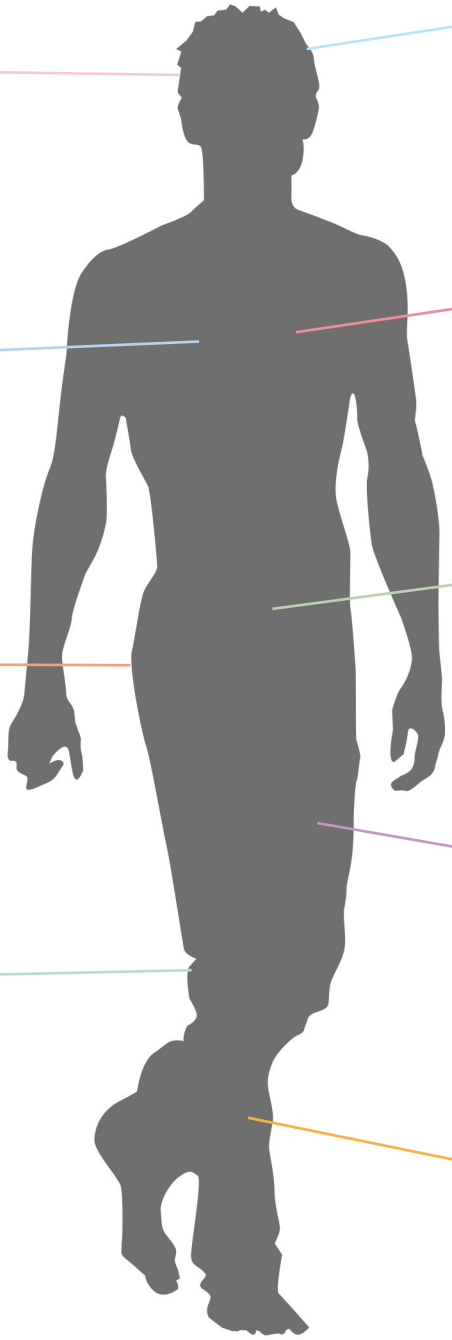
After business hours, please call the UCLA page operator: **310-825-6301**. Ask to have the neurosurgical resident on call contacted for urgent questions.

In case of an emergency, report to your closest Emergency Room or call **911**.

The Benefits of Early Mobilization

This information sheet presents significant benefits of early mobilization.
Additionally, it is important to remember that early mobilization is both safe and feasible.

Makes **U** happy



- Stimulates motivation to recover
- Improves mental state and clarity of thinking
- Helps you breathe more freely
- Maintains heart function
- Reduces pressure that causes skin deterioration
- Helps bowel movement and function
- Prevents achiness, joint stiffness, and contractures
- Increases muscle tone and blood circulation throughout the entire body
- Prevents blood clots (deep vein thrombosis)

Promotes your independence

Improves overall outcomes

Speeds up your recovery