

# Hoag Orthopedic Institute.

SPINE



## Beginning May 1, 2026

### Valet rates

1 minute to 4 hours: \$9

4 to 24 hours: \$12

Three-day maximum rate: \$36

Emergency Department discharge patient receives a \$3 discount

Individuals with ADA placards receive a \$2 discount for valet

### Self-parking rates

1 minute to 1 hour: Free

1 to 4 hours: \$7

4 to 24 hours: \$10

Three-day maximum rate: \$30

### Pay stations

Four pay stations will be located at the Level 1 elevator landings in the P1 and P2 parking structures.

Pay stations will accept cash, credit and debit cards.



# Getting You Back To You: Resources

## HOI Spine Program Manager

Kenna Stone, MSN RN  
[kenna.stone@hoag.org](mailto:kenna.stone@hoag.org)  
949-517-3376



## HOI Spine Booklet

Booklets are available at your surgeon's office



## HOI Website

HoagOrthopedicInstitute.com



# Getting You Back To You: Resources



- MyChart is EPIC's patient portal. EPIC is the Electronic Medical Record used by HOI.
- We encourage you to sign up for MyChart.
- MyChart is available online and can be downloaded from the App Store / Google Play.

<https://www.mychart.org/>

# Your Spine



# The Spine

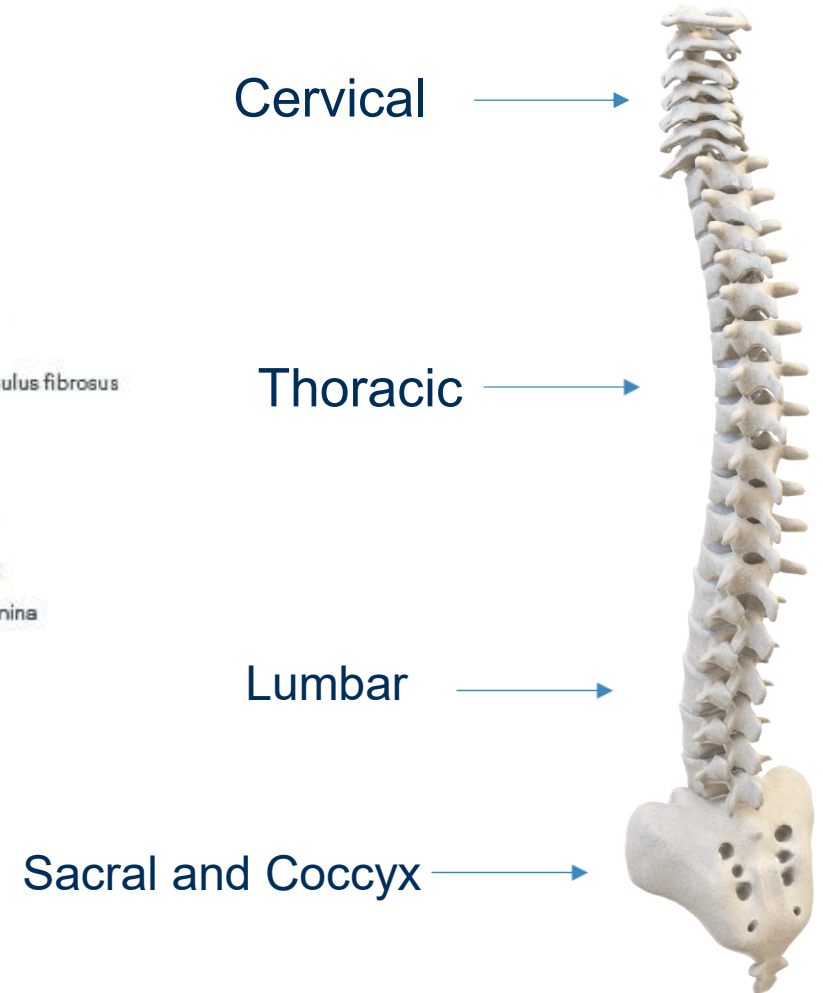
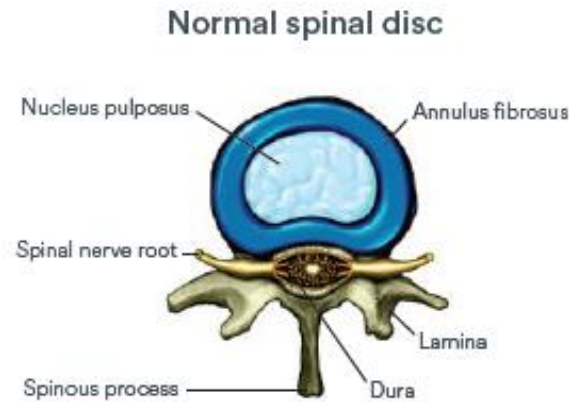
A healthy spine provides support for the body and protection for the spinal cord.

The spine is composed of:

- 24 vertebrae
- 23 intervertebral discs held together by ligaments and muscles

Regions of the spinal column:

- Cervical (C1-C7)
- Thoracic (T1-T12)
- Lumbar (L1-L5)
- Sacral
- Coccyx



# Surgical Terms

## Descriptions for Surgical Approaches

Anterior: “front surface of the body” or  
“in front of”

Lateral: “to the side of” or  
“away from the middle of the body”

Posterior: “the back” or  
“behind”



Anterior



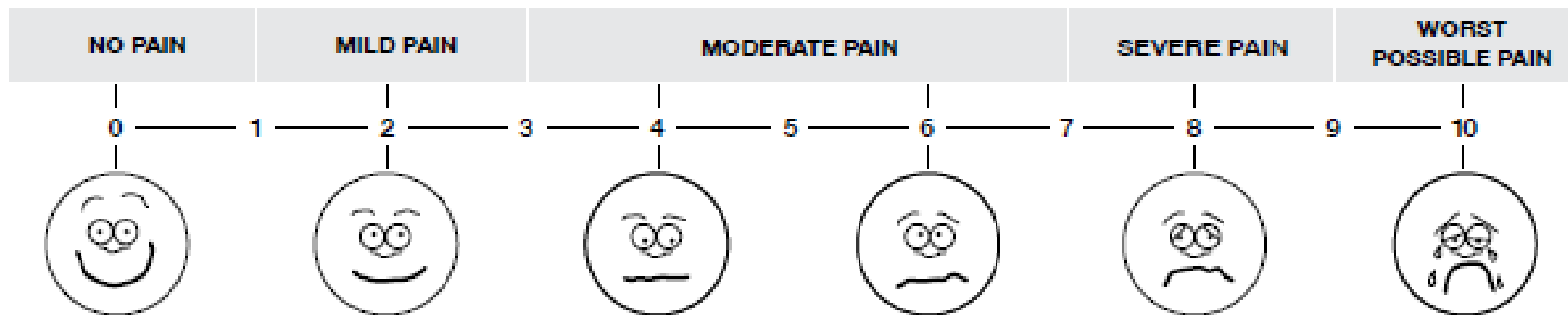
Lateral



Posterior

# Pain: Communicating how you feel

## Describing your pain will help clinicians help you



### Use Descriptors:

Aching

Hot

Burning

Sharp

Stabbing

Cramping

Shooting

Tender

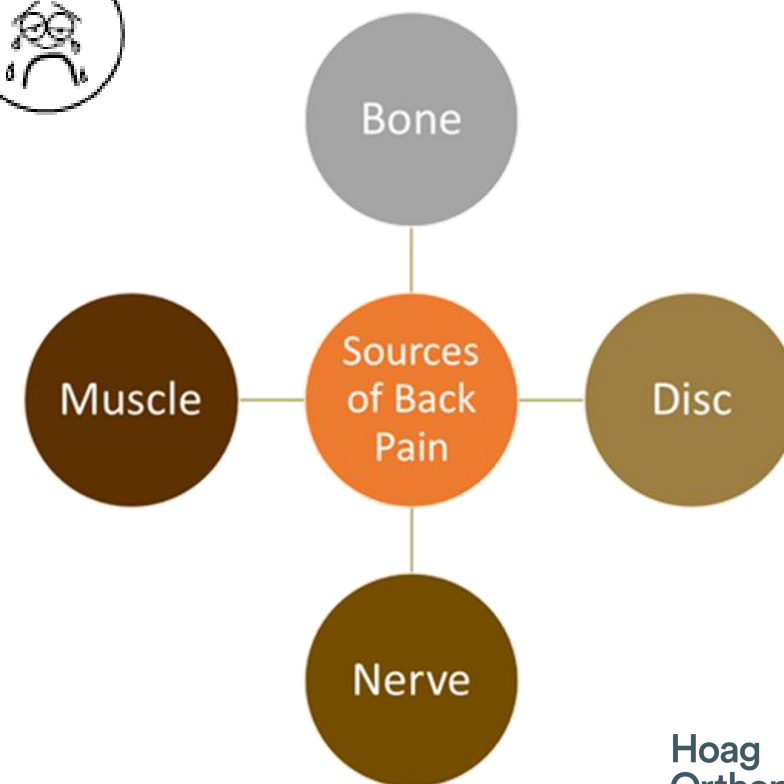
Gnawing

Sickening

Throbbing

Heavy

Splitting



# Types of Spine Surgeries

**Artificial Disc Replacement:** Surgical procedure where damaged or diseased disc is removed and replaced with an artificial disc to preserve movement.

**Decompression:** A surgical procedure which relieves pressure on the spinal cord or nerve roots. The pressure may result from arthritis, disc degeneration, fractures, infections, or tumors.

**Discectomy:** Removal of all or a portion of the intervertebral disc.

**Fusion:** Stabilization of two or more vertebrae to correct instability, fusion can be performed with bone grafts and plates, screws, and rods.

**Laminectomy:** Removal of the lamina. This procedure allows the surgeon to approach the spinal cord and nerves for removal of tumors and herniated discs.

**Laminotomy:** Removal of only a portion of the lamina – the back part of a spinal bone – to relieve the pressure in a specific spot.

Spine surgery is unique to each person



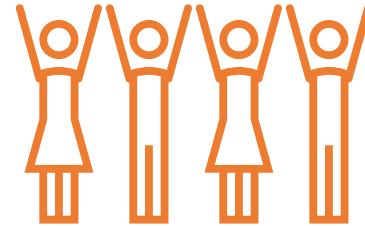
# After Surgery Precautions: Back Surgery

**NO BLT!**

No Bending



No Lifting



No Twisting



Precautions are in place until your surgeons clears you from them

# After Surgery Precautions: Neck Surgery

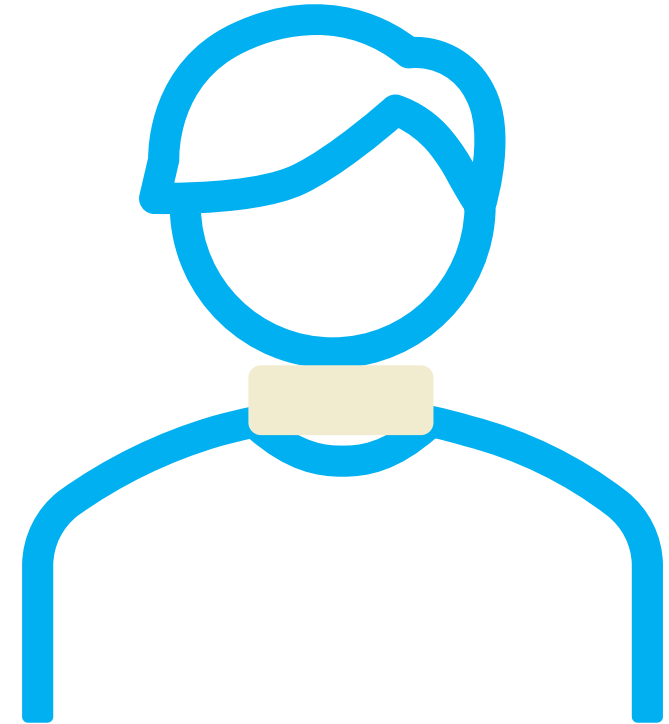
Avoid excessive motion at the neck

- Keep your head and shoulders aligned
- Pivot on your feet and turn your whole body

Avoid reaching

Avoid lifting

Avoid slouching



Precautions are in place until your surgeons clears you from them

# Pre-Surgery Preparation



# Pre-Surgery: Preparation

A Pre-admission Screening Coordinator will contact you after your surgery has been scheduled

- Confirm your personal information
- Assist with scheduling tests (EKG, laboratory tests, urinalysis, possible chest x-ray)
  - Some testing is done outside the hospital where insurance dictates
- Schedule a pre-op call with your Hoag Orthopedic Institute Nurse Navigator

Our Registration team will call you to start the pre-admit process

- Review insurance coverage, benefits, & upfront costs directly related to your hospital stay
- Discuss if you have an Advance Care Directive

Reminders of what to bring on your day of surgery

- Photo ID
  - All patients and visitors to the hospital are required to show photo ID
- Insurance card
- Form of payment if needed
- Advanced Care Directive, if not already in your chart

# Pre-Surgery: Planning for Help After Surgery

## Where will I recover?

### Home:

Home is the best place to recover.



### Rehab Facilities:

Always have a plan for home, even if you desire to recover at a rehab facility.

Admittance to a rehab facility cannot be guaranteed.

# Pre-Surgery: Planning for Help After Surgery

## Short Term:

Make sure you have someone available to be with you the first few days after your discharge. You will need help while adjusting to being home.

## Possible help needed the first few days:

- Dressing change
- Medications
- Getting dressed
- Back brace application
- Showering
- Reminding of restrictions

## While Precautions are in place:

\*No Bend, Lift, or Twist

Plan to have someone available to do the chores you cannot do while required to maintain precautions.

## Help needed while precautions are place:

- Reminding of restrictions
- Carrying of items
- Cooking
- Housekeeping
- Laundry
- Shopping / Running Errands
- Driving
- Pet care

# Pre-Surgery: Plan Your Recovery

## Clothing:

- Wear loose, comfortable clothes that are easy to get on and off
- Choose non-skid, closed toe and back slippers or shoes
  - “Hands free” shoes can be a good option

## Cervical Patients:

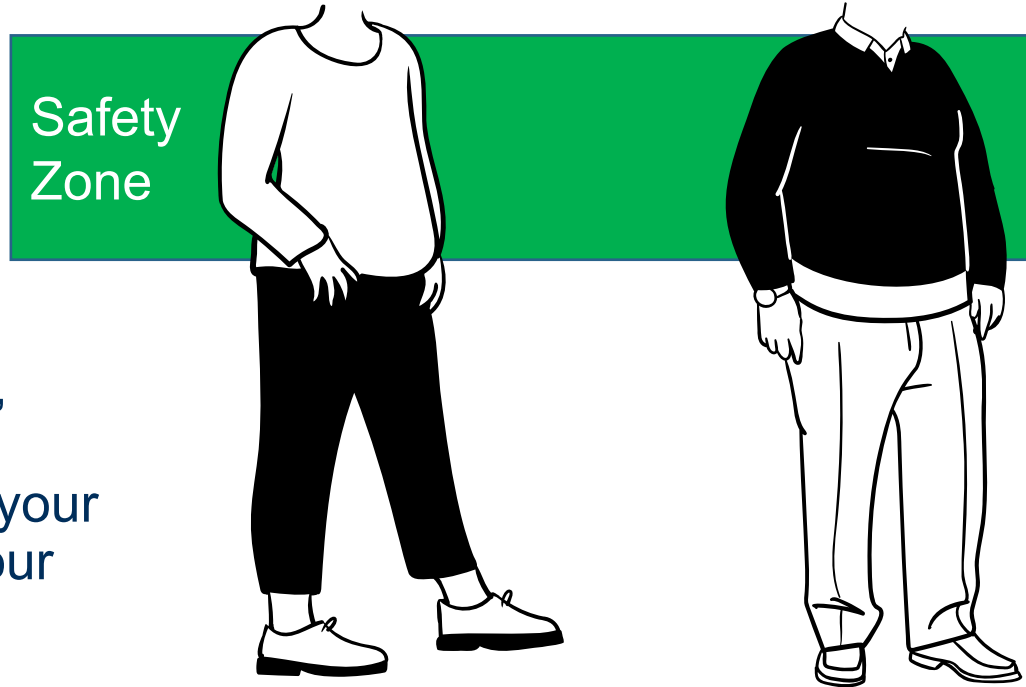
- Wear button-up shirts



# Pre-Surgery: Home Preparation & Preventing Falls

## Your “Safety Zone”

- Your “safety zone” is:
  - **the area between your shoulders and hips**
- Arrange frequently used items in your “safety zone”
- This prevents bending and reaching thus reducing your chances of falling and ensures you can maintain your spine precautions



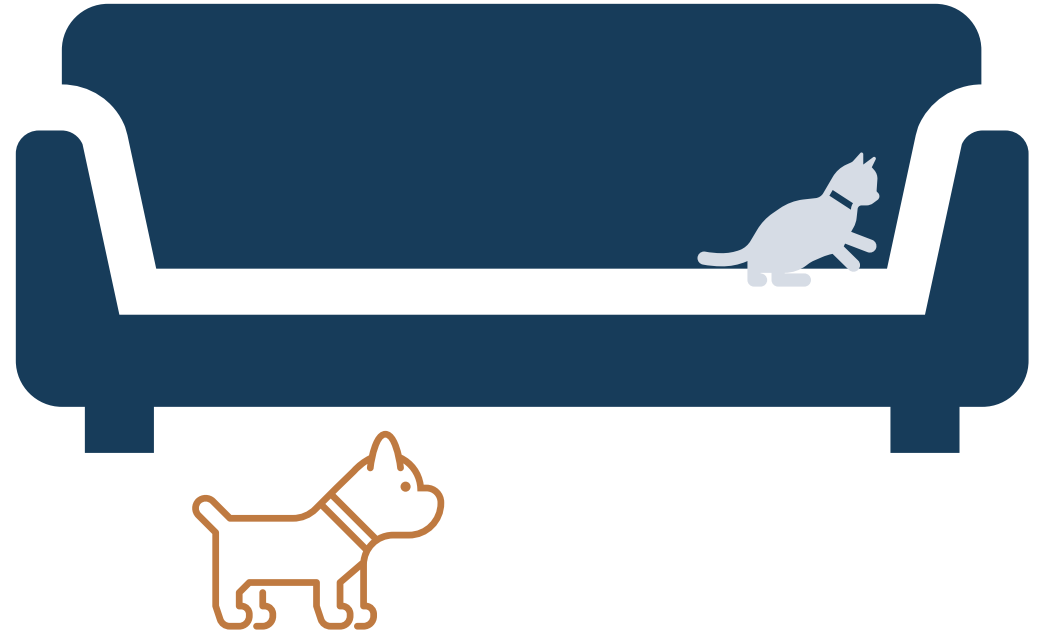
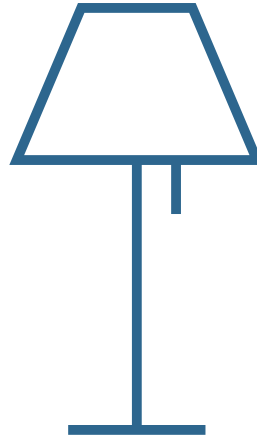
# Pre-Surgery: Home Preparation & Preventing Falls

## You:

- Get up slowly
- Take your time
- Ask for help

## Your environment:

- Create clear pathways in your home
- Remove loose throw rugs
- Use night lights
- Keep electronic chargers near where you sit, rest
- Make sure you have non-skid surfaces in and near the bath / shower
- Make arrangements for your pets (i.e., who will feed, pick up after them)



# Pre-Surgery: Durable Medical Equipment (DME)

## Walkers (back patients)

- Often covered
- Our case managers can help with walker procurement during your hospital stay

## Own / Borrowed Walkers

- If you have or are borrowing a walker or have one from a previous procedure, have it brought to the hospital. Our staff will fit it correctly to you.



Front wheel walker

# Pre-Surgery: Durable Medical Equipment (DME)



**3:1 Commode**



**Toilet safety rails**



**Toilet riser**



**Shower Chair**

## DME

- Think about what you might help you
- Check with your insurance prior to surgery to see what DME is covered
  - 3:1 commodes, toilet risers, shower chairs, toilet safety rails, and beds are rarely covered
  - When purchasing an item that helps you from a sit to stand position, think arms

# Pre-Surgery: Optimize Your Body

## Stay as active as possible

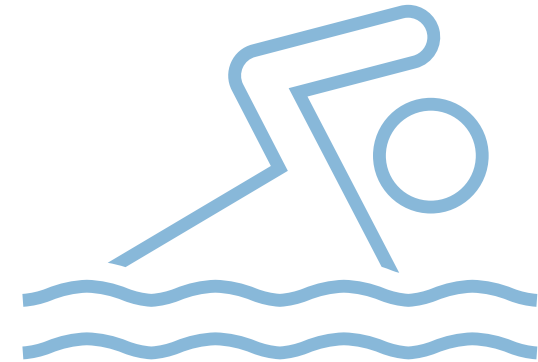
### Regular Bowel Movements

- Stay hydrated, high fiber foods
- Have a plan to stay regular before and after surgery

### Stop drinking alcohol

### Stop smoking or using nicotine products 6 weeks before surgery

- Need help?
  - [www.lung.org](http://www.lung.org)



# Pre-Surgery: Optimizing Nutrition Prior to and After Your Surgery

- Focus on high quality proteins
  - Protein goals vary based on individual needs
  - Goal = 1 to 1.2 grams of protein X kilogram of body weight
  - You may need to go higher after surgery
- Stock up on a wide variety of colorful fruits and vegetables
  - Dark leafy vegetable contain loads of vitamins and minerals including vitamin C, K, and magnesium which are great for repairing muscles, bones, and cartilage
- Include whole grains
- Cut back on junk food
- Avoid crash dieting
- Plan by stocking up on health foods and beverages



# Pre-Surgery: Stopping Medications that Thin the Blood

## PRESCRIPTION blood thinners

- Consult your prescribing physician & surgeon for when to **stop**
- Your surgeons will tell you when it can be resumed

## Prescription Blood Thinner Examples:

- Coumadin (Warfarin)
- Eliquis (Apixaban)
- Lovenox (Enoxaparin)
- Plavix (Clopidogrel)
- Pradaxa (Dabigatran)
- Xarelto (Rivaroxaban)
- Aspirin (\*an NSAID sometimes prescribed to thin the blood)

## NSAIDs

- **Stop 7 days prior** to surgery
- You may not restart them until okayed by your surgeon

## NSAID Examples:

- Aspirin (Bufferin, Ecotrin)
- Aspirin containing drugs (Example – Excedrin)
- Ibuprofen (Advil, Motrin, Nuprin)
- Naproxen (Aleve)
- Diclofenac (Voltaren)
- Meloxicam (Mobic)
- Celecoxib (Celebrex)
- Indomethacin

# Pre-Surgery: More Medications

**Hormone Replacement:** Consult your surgeon for when to **stop and restart**

## GLP-1 agonist Medications:

If you are taking a GLP-1 agonist medication for diabetes or weight loss, talk to your surgeon. These medications need to be stopped before surgery.

## Examples:

- Dulaglutide (Trulicity)
- Liraglutide (Victoza, Saxenda)
- Semaglutide Injection (Ozempic)
- Tirzepatide (Mounjaro)



# Pre-Surgery: Stopping Herbal Supplements and Dietary Supplements

**Stop** taking herbal and dietary supplements 14 days before surgery

**Herbal supplements** are derived from different parts of plant.

They come in many forms including:

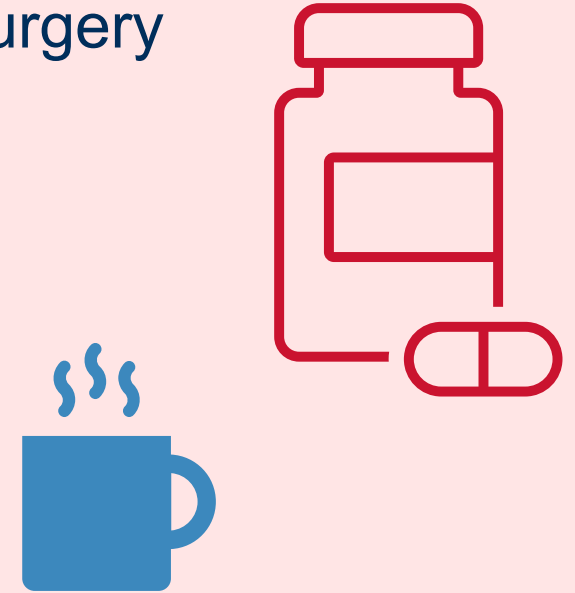
- Powders, tablets, capsules, teas, tinctures, oils, lotions, or ointments

**Examples of herbal supplements:**

- Echinacea, ephedra, feverfew, green tea, garlic, ginkgo biloba, ginseng, ginger, golden seal, kava, licorice, saw palmetto, Valeria root, Saint John's wort, turmeric, flaxseed

**Examples of dietary supplements:**

- Omega-3, fish oil, vitamin E



# Pre-Surgery: Infection Prevention

Your surgeon will provide you with a kit that includes CHG and nasal antiseptic. The kit will include directions for use. Start using your CHG and nasal antiseptic 5 days before your surgery.

**CHG** is both a soap and antiseptic that kills germs on contact

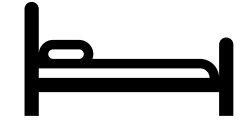
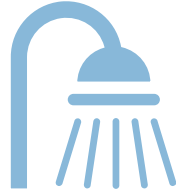
- **CHG** safely binds to the skin and can continue killing germs for up to 24 hours
- **CHG** has a cumulative effect, so the protection against germs increases with repeated use

**Nasal antiseptic**

- **Nasal antiseptic** has been shown to inhibit the growth of bacteria in the nose over a period of up to 12 hours in studies

**Day of Surgery:** Do not apply lotion, creams, powder, or makeup on the day of surgery

# Steps For Showering With CHG



Wash your hair with normal shampoo and rinse well.

Wash your face and private area with your regular soap and water.

Rinse your body well with warm water.

Turn off the water so the CHG soap won't rinse off too soon.

Apply CHG directly onto the provided mitten and wash gently from the neck down (avoid eyes, ears, mouth, or genitals). Using the sand timer, leave the CHG on for 2 minutes.

Turn on the water and rinse with warm water.

**DO NOT USE  
REGULAR SOAP  
AFTER USING AND  
RINSING CHG  
PRODUCT**

Dry your skin with clean towel and dress with freshly laundered clothes after each shower. Use only compatible moisturizers or lotions.

Use clean bed linens (bedding) after the first night's shower and the night before surgery.

# Posterior Approach Decolonization

Make Sure to wash your back with **Chlorhexidine gluconate (CHG)**!



# Pre-Surgery: Hydration, The Day of Surgery

## THE DAY OF SURGERY:

- You may drink clear liquids up to 2 hours before your scheduled surgery time if you qualify.
- The pre-surgery hydration guidelines should be followed unless otherwise instructed by your surgeon or surgery center staff.

## What other allowed CLEAR FLUIDS can I drink the day of surgery?

Please follow instructions carefully or your surgery may be canceled.

All clear liquids must be stopped 2 hours prior to surgery.

Allowed	DO NOT CONSUME
Water	Milk or Dairy Products
Gatorade or equivalent carb containing sports drinks (i.e. Powerade)	Citrus Juices
Ensure® Pre-Surgery Clear Nutrition Drink	Prune Juice
Apple or Cranberry Juice (no pulp)	Juices with Pulp
Plain Coffee or Black Tea. No milk or creamer.	Alcoholic Beverages

**DO NOT consume liquids on the day of surgery if you have:** Hiatal hernia, History of esophageal surgery, GI dysmotility (including GERD, GLP-1 use) or obstruction, Diabetes, History of difficult intubation, Chronic opioid use, Neurologic disease, Obesity/BMI > 35

# Pre-Surgery: Carbohydrate Loading Instructions Before Surgery

## The Night Before Surgery

**Drink one of these options before your surgery:**

- 2 Bottles Ensure® Pre-Surgery Carbohydrate Clear Nutrition Drink

**OR**

- 16 fluid ounces (2 cups) Gatorade or equivalent carb containing sports drink
  - Do NOT eat any solid food after midnight unless otherwise instructed

## The Day of Surgery

**Drink one of these prior to leaving the house to go to the hospital (approximately 2-3 hours before your surgery):**

- 1 Bottle Ensure® Pre-Surgery Carbohydrate Clear Nutrition Drink

**OR**

- 16 fluid ounces (2 cups) Gatorade or equivalent carb containing sports drink

\* Must meet criteria

# Evening Before Surgery: Preventing Constipation

Many patients experience constipation after surgery due to:

- Opioid pain medication
- Anesthesia
- Decreased appetite
- Decreased mobility



What can I do to prevent post-operative constipation BEFORE my surgery?

- **Take a one-time dose of over-the-counter MiraLAX (Polyethylene Glycol 3350) the evening prior to surgery**
  - Dose: Add 17 grams of powder (fill to cap line) to 4-8 ounces of beverage
  - See bottle for instructions
- Stay hydrated
- Maintain adequate daily fiber intake
- Maintain your activity level

Follow the protocol exactly, do not take more as this can cause you to have a bowel movement on the operating table and increase your risk of infection.

Ask your doctor before taking if you have irritable bowel syndrome or known gastrointestinal issues.



# Pre-Surgery Preparation: Nurse Navigator Call

The Nurse Navigator Call takes place approximately one week before your surgery:

Your Nurse Navigator will review your:

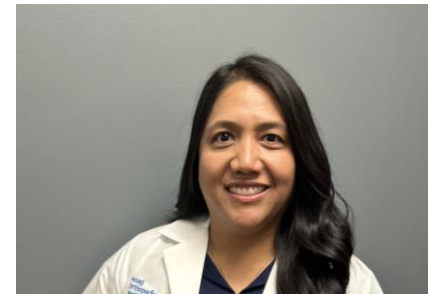
- Health History
- Hydration protocol
- MiraLAX protocol
- Home Medications:
  - You **MAY** be advised to **bring home medications** that are not carried in our pharmacy
    - If advised to bring medication, the medication must be in it's labeled container
  - Otherwise, **DO NOT** bring any medications from home



Beth



Melissa



Rona



Veronica

# What to Bring to HOI



Wear loose, comfortable clothes that are easy to get on and off



Wear closed toed shoes with backs that you can slip on and off



Orthotics, inserts, or special shoes



Bring hearing aids, glasses, and dentures  
\*CPAP, if you have one



May bring cell phone, tablet, ear buds (optional)



Photo ID & Insurance Card.



Copayment for surgery/hospitalization, if needed



DO NOT BRING VALUABLES (jewelry, watch, cash, credit cards, purse)

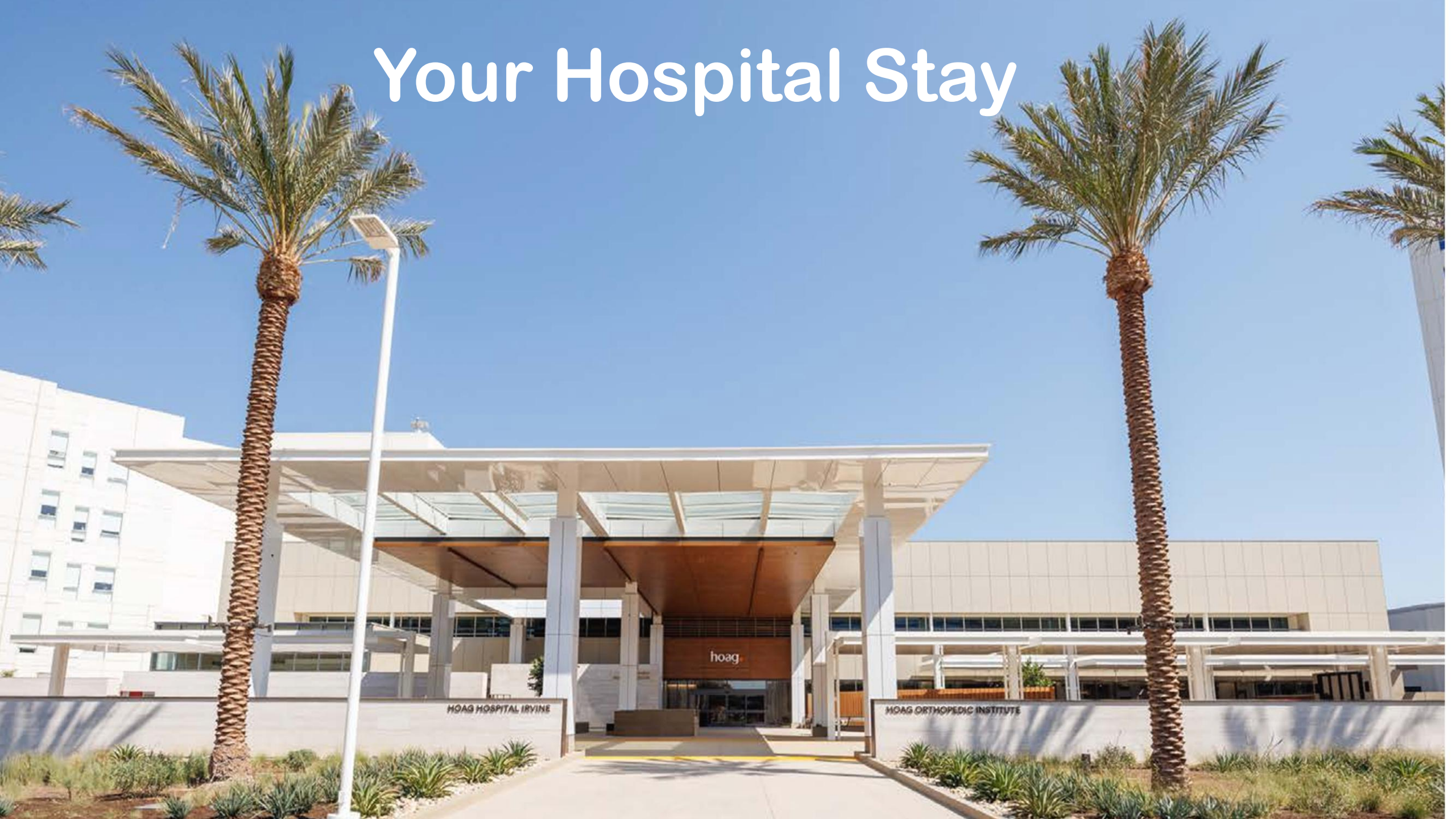


Consider bringing a laptop or tablet, headphones or ear buds if the plan is for you to stay multiple nights.

## Things to Know

- Your surgeon will tell you the time to stop eating and drinking
- Arrival time to the hospital will be given to you by your surgeon's office
- If you are unable to make your surgery time due to unforeseen circumstances, call the pre-op department at: **949-727-5027**

# Your Hospital Stay



# Day of Surgery: Arrival at Hoag Orthopedic Institute (HOI)

- Enter the hospital off Sand Canyon Avenue
- Valet parking is recommended
- Check in at the registration office



# HOI Pre-Operative Room

- You will be escorted to pre-op while your family remains in the waiting area
- You will change into a patient gown
- An IV will be started
- Your support person may join you after you've been prepped and stay until you are taken to the operating room
- Consents will be reviewed
- The pre-op nurse will be asking your family/support person for contact information

## Hints:



- Bring your reading glasses
- Have your support person keep your valuables (electronics) while you're in the operating room
  - They can bring your valuables up to your room after you arrive from the recovery unit



# Anesthesia

Will I talk to my anesthesiologist before my surgery? Yes, you will speak to them in pre-op

You and your anesthesiologist will discuss:

- The type of anesthesia you will receive
- Your medical history
- Pain management
- Chronic use of pain medications (if applicable)
- Prior experiences with anesthesia
- Side effects of anesthesia that can include:
  - Nausea & vomiting
  - Sore throat
  - Confusion
  - Muscle aches
  - Itching



Side effects typically resolve quickly

You may have a higher or lower risk for side effects based upon your health & history

Make sure to tell your anesthesiologist about side effects you experienced with prior procedures

# HOI Operating Room

- Anesthetic medication will be given
- You will be positioned on a bed or table that is specially designed for spine surgery
- Your surgical area will be scrubbed with surgical prep
- If your surgeon feels it is necessary, a urinary catheter will be placed in your bladder



# HOI Post Anesthesia Care Unit (PACU)

## The PACU nurse will:

- Continuously monitor your vital signs (temperature, pulse, respirations, blood pressure)
- Check circulation and nerve function
- Monitor and treat your pain
- Your surgeon will contact your family or designated person to discuss your surgery
- Patients are transferred to the orthopedic unit when medically stable
- Pre-planned **Day of Surgery discharges** leave from the PACU.
  - These surgeries are discussed at the pre-op visit
  - Please make sure to have your pain medications filled pre-operatively



# Recovery: Cervical Collars



**Hard Collar**



**Soft Collar**

# Recovery: Back Braces



**LSO Brace**  
Lumbar-sacral orthosis





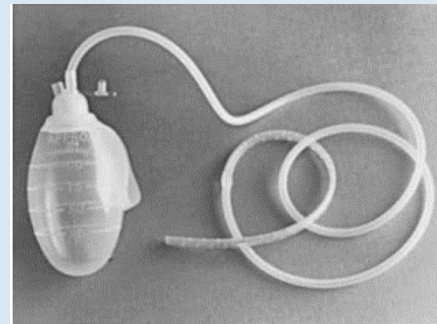

**TLSO**  
Thoracolumbosacral orthosis

# Your Hospital Stay Experience on the HOI Orthopedic Floor



**Be ready to move  
and  
out of bed for meals.**

# Equipment and Attachments Used During Your HOI Stay

Everyone	Some Patients	Few Patients
 <p><b>IV Fluids</b></p>  <p><b>SCDs (sequentials)</b></p>	 <p><b>Drains</b></p> 	 <p><b>Indwelling Urinary Catheter</b></p>

# Noise

We will **ALWAYS** make every effort to provide a quiet and relaxed atmosphere.

On occasion, you may experience common hospital noise from equipment and/or other patients and visitors.

Ear plugs and relaxation videos are available.  
Let your nurse know if you are being disturbed.



**Quiet time reinforced from 2pm–4pm & 10pm -6am.**

Staff may limit the number of visitors to adjust the noise level for others to sleep and rest.

# The Hospital Stay

Let us be of service to you.

When a staff member is in the room:

- Ask for what you need
- Ask for what you might need

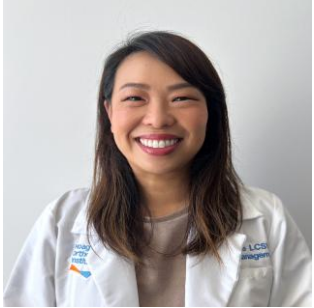
## Call Don't Fall!

Please call to have staff assist you:

- ✓ To the restroom
- ✓ Get out of bed
- ✓ Ambulate
- ✓ Stand
- ✓ Sit in chair



# The Care Management Team



Julie



Lisa



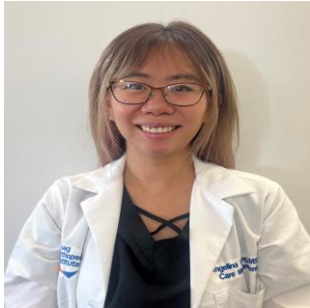
Charlene



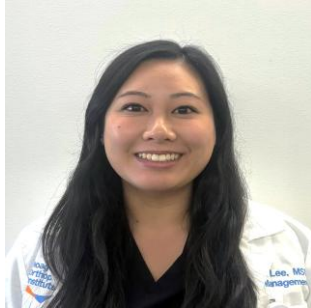
Marcia



Minnie



Angie



Emerald



Kelly

## Care Managers:

- Work with you and the healthcare team to assess, plan, and coordinate services to ensure a safe discharge

## This may include:

- Planning for appropriate help at home
- Ordering medical equipment
- Setting up home services or transitioning you to the next level of care

For questions: **949-727-5439**

# The Nurses Practitioner Team



Betsy



Missra



Jung



Lina



Vanessa



Katie



Mat



Christine



Morgan



Crystal

## NPs

- Advanced practice clinicians specializing in orthopedics
- Extension of your surgeon
- Collaborate with your surgeon to ensure you receive the highest quality of care during your hospital stay
- Daily rounding includes:
  - Physical assessment
  - Diagnosis and treatment
  - Ordering needed tests
  - Prescribing of needed medications
- Discharge
  - Work with your bedside nurse to ensure you understand your recovery
  - Answer questions you may have about your recovery

# Anterior Cervical Patients: Post-Operative Diet

Your RN will assess your ability to swallow each day

- You may be on an altered textured diet (pureed / ground foods) after surgery due to swelling
  - This assists with swallowing
- Order hospital food “strategically” if you are a visual person
  - Think yogurt, pudding, pureed soup



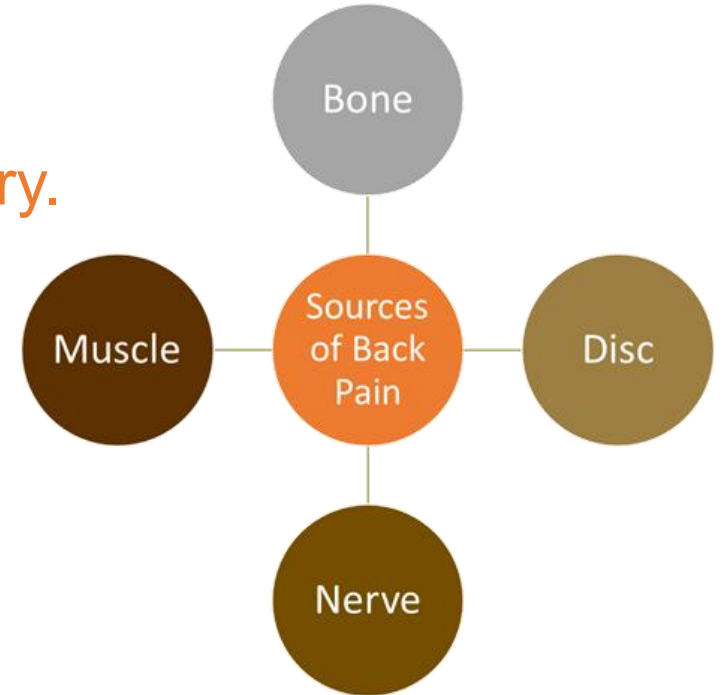
Have your refrigerator stocked with moist, easy to swallow food for your recovery

# Pain after Surgery

Expect pain.

It is normal to have pain and discomfort after spine surgery.

- **Please be aware that you will not be “PAIN FREE”**
- It is **ALWAYS** our top priority to assist you in managing your pain
- Your nurse will review the pain management plan, set goals, and dispense pain medications accordingly
- Pain management physicians are available if you suffer from chronic pain



# Pain Medication

- You Need To Ask For Pain Medication
- Most Narcotics and Muscle Relaxants are prescribed as needed
- This means these medications are not “Due” they become “Available”



# Multimodal Pain Management: Your Tools

## Movement

- Slow and safe
- Move in your bed
- Get out of bed for meals

## Correct Positioning

- Remember your precautions
  - No bending, lifting, or twisting
  - Use equipment to help maintain precautions

## Ice

## Distraction

## Medication

- Different types of pain medication will be used



# Recovery: Deep Breathing Exercises / Incentive Spirometer

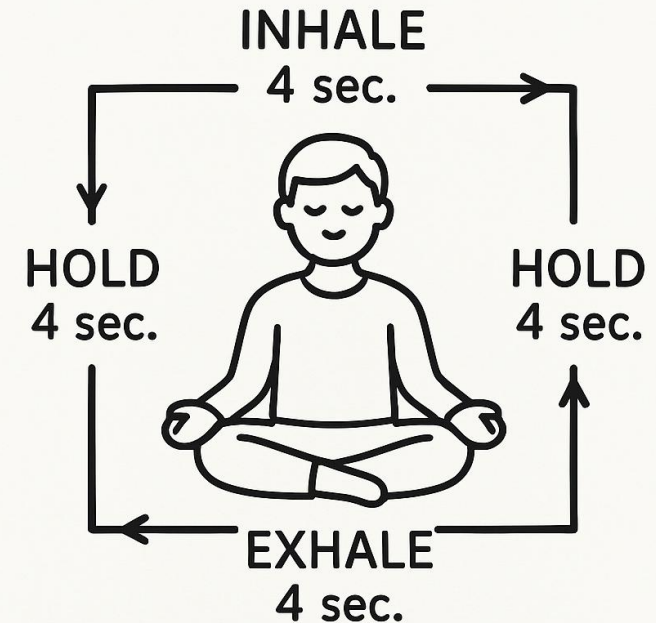
## Using an Incentive Spirometer



1. Sit up straight and tall and hold the spirometer in your hands.
2. Take a deep breath in and let it out.
3. Place the mouthpiece in your mouth. Make sure your lips completely cover the mouthpiece.
4. Breathe in slowly through the mouthpiece (like sucking through a straw)
5. Keep the range indicator (little marker on the side chamber) in the target zone.
6. Breathe in until the piston gets to your mark.
7. Hold your breath in for 3 seconds and then let it out.
8. Repeat as prescribed, about 10 breaths every hour, but not 10 times in a row.

## Deep Breathing Without an Incentive Spirometer

### BOX BREATHING



# Recovery: Physical Therapy



Bindi



Jamie



Justin



Kris



Michelle



Now



Sharon



Tay



Val

## Physical Therapy Goal: Safe Discharge

### Exercises at HOI

- Maintaining precautions
- Log Rolling
- Getting in and out of bed
- Getting up and down from a chair/bed
- Walking
- Use of stairs
- Getting in and out of a car
- Application of brace (if applicable)

Rigorous exercises are not performed until you have been cleared by your surgeon and are done in the outpatient setting.

**Walking is the best form of exercise.**

A family member/caregiver is to participate in at least one physical therapy session.

# Recovery: Occupational Therapy



Mark



Sorina

## Occupational therapy:

- Focuses on improving activities of daily living
  - Brushing teeth, getting dressed, cleaning yourself
- Offers ideas to assist you in creating a safe home environment

## Adaptive equipment:

- Reacher Grabber
- Sock-aide
- Long-handled bath sponge and shoehorn

Obtained equipment online, at medical supply stores, or pharmacies.

**If** you know you need equipment, please purchase it before surgery.

Consider purchasing wipes for personal hygiene needs.



# Discharge

You will receive clearance from your surgeon, physical therapist, and hospitalist (if assigned one) prior to discharge from the hospital.

You will be swabbed for MRSA if you stayed overnight.

Please view the discharge video on TV.

Please plan accordingly to have your ride available.



# HOME



# ONE RECOVERY TO DO IT RIGHT

# Home: Your Incision & Dressing

## Dressing Changes

- Dressing change instructions will be given to you at discharge
- Wash hands

## Monitor Your Dressing then Incision:

- Look, don't touch
- Make sure your dressing is clean, dry, and secure
- Identify if you are seeing changes:
  - Drainage amount, what the skin looks like around the dressing

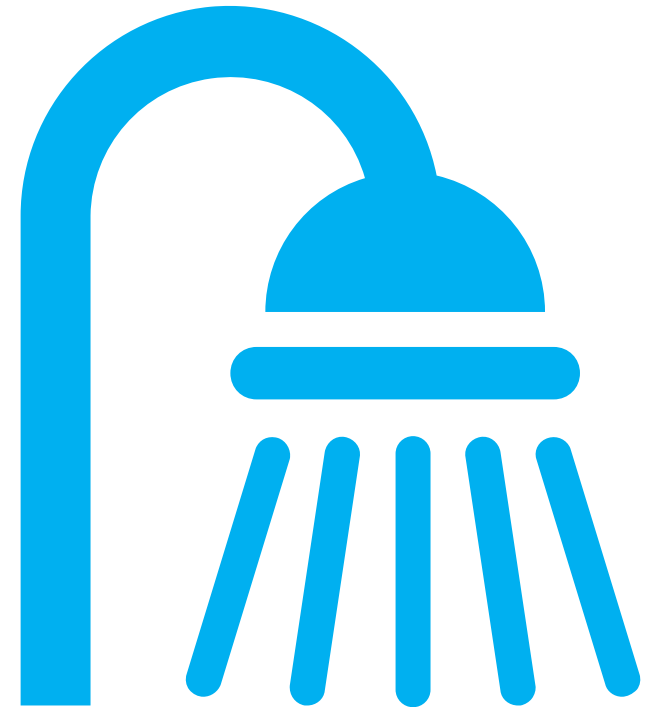


Sylke dressing example: Do not peel off →



## Showering

- You will be told in your discharge instructions when you can shower
- You will be instructed on if your dressing needs to be covered or is showerproof
- Covers for dressings that are not showerproof will be provided to you



# Home: DVT (Blood Clot) Prevention

A DVT (deep vein thrombosis) is a rare surgical complication.

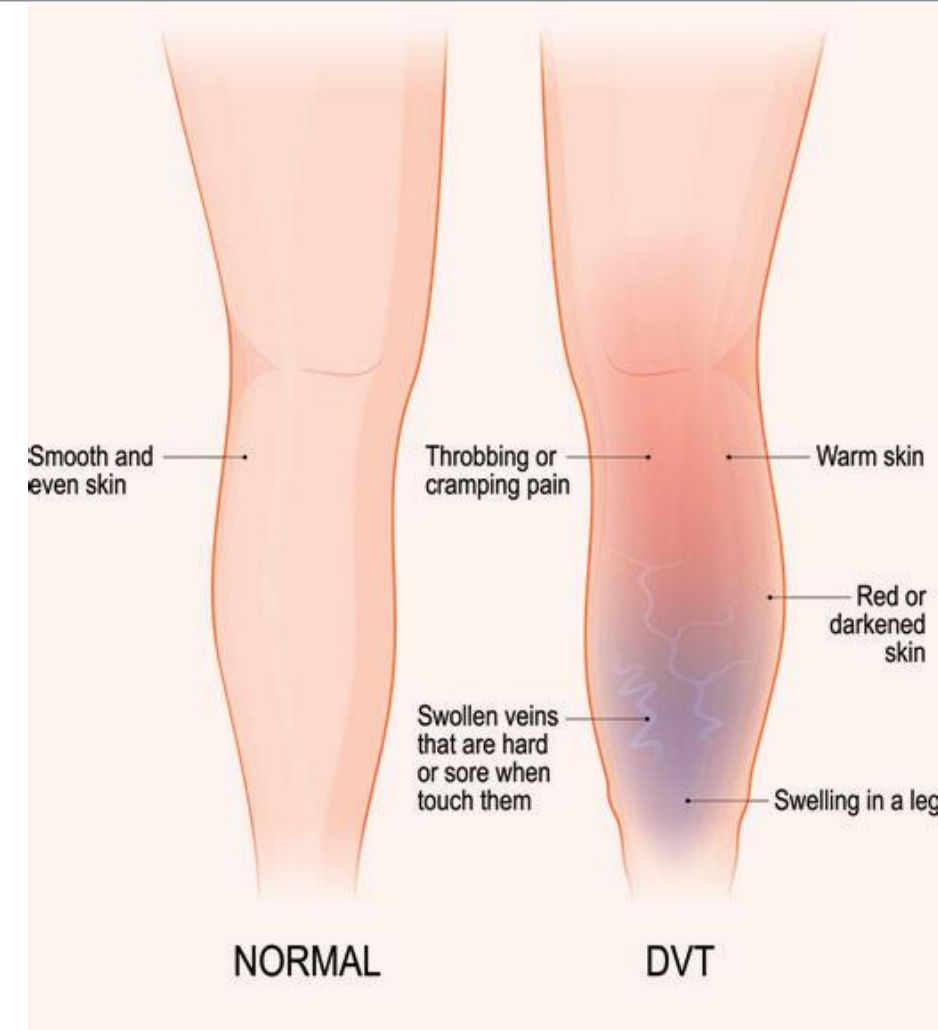
It is important to know the signs

Let your surgeon know if you:

- Have new swelling in one leg not related to an injury, and
- Your calf (back of lower leg) is tender or painful when you push on it, or
- Your calf feels warm or hot to touch compared to the other leg

Prevent Blood Clots:

- Get moving
  - Take short, frequent walks
  - Perform ankle pumps when sitting or lying down



# Home: Constipation Prevention

## Have a Plan

Establish a plan with your surgeon before surgery

- Pick up medication to prevent constipation before your surgery
- Laxatives will be started at HOI
  - We use MiraLAX
- Follow your discharge constipation prevention instructions
- Drink 8-10 cups of water a day
- Increase your fiber intake
- Get Moving – take short, frequent walks



# Home: When to Call the Surgeon

## When to Call Your Surgeon's Office

- Signs of Infection
  - Temperature Greater than 102 degrees F
  - Redness, warmth around the incision
  - **Increased or persistent drainage**
  - Vomiting, unable to keep food down
- Signs of a Blood Clot
- Changes in sensation
- Changes in bowel or bladder function

### Cervical patients

- Persistent / worsening difficulties with swallowing



# Thank You for Choosing Hoag Orthopedic Institute

## Patient Satisfaction at HOI – Always striving for a 10 out of 10!

To continually monitor and improve the experience of our patients, we have partnered with Press Ganey to conduct patient satisfaction surveys.

If you are one of the patients randomly selected to participate, we appreciate your time in completing the survey and returning it in the accompanying postage paid envelope at your earliest opportunity.

We read every survey and rely on this feedback to make any changes that may benefit future patients.



**WE GET YOU BACK TO YOU!**

# Resource List

Resource	Phone	Email / Web Address
Kenna Stone, RN MSN Spine Program Manager	949-517-3376	kenna.stone@hoag.org
HOI Case Management	949-727-5439	
HOI Pre-Op (call if you need to cancel your surgery or will be late)	949-727-5027	
HOI Registration	949-727-5060	
Advance Health Care Directive Form (CA)	n/a	Use your browser search with the words "California Advance Care Directive Form"  A PDF form will be available