



Your Lumbar Fusion Planning Guide

Patients, please be sure to

- Attend all appointments
- Bring this planning guide with you to all appointments
- Bring your coach to all appointments

Steindler's Spine Surgeons



Dr. Evan Larson



Dr. Benjamin MacLennan

Since 1950, Steindler Orthopedic Clinic has remained the region's most preferred orthopedic practice. Our experienced team of neck and spine specialists work with local hospitals to provide excellence in total joint care and will get you back to doing the things you love.

**To schedule your spine evaluation,
call Steindler Orthopedic Clinic at (319) 338-3606.**



STEINDLER
ORTHOPEDIC CLINIC

Please review the following information prior to your surgery at University of Iowa Health Care Medical Center Downtown.

- Read all the instructions in your packet carefully and take the packet with you each time you go to UIHC Medical Center Downtown.
- Complete the patient Health History form and mail it to UIHC Medical Center Downtown in the enclosed envelope within 48 hours.
- A preadmission interview (PAS) appointment may have been scheduled for you. Steindler Surgery Scheduling will pre-certify your surgery with your insurance company. If you do not have a preadmission appointment, you must be sure to call the hospital to pre-register. The telephone numbers for this are listed in the pamphlet entitled "A Patient's Guide to Surgery".

In addition to the above instructions, the following instructions will apply.

- Be sure you **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE DATE OF SURGERY UNLESS INSTRUCTED OTHERWISE.**
- We are in the process of confirming arrival times 1-2 days prior to surgery. If you have not gotten a confirmation call by the day before surgery, please call to confirm your arrival time. Please keep in mind that your surgery time MAY change due to cancellations or urgent added cases.

IMPORTANT NOTICE REGARDING THE PAYMENT FOR YOUR SURGERY:

Not all insurance companies will cover all areas of your care. The Steindler Orthopedic Clinic surgeons utilize physician assistants, co-surgeons, and first assistants to perform your surgery. You may be responsible for non-covered charges if your insurance company does not cover the use of certain surgical assistants.

Please feel free to call Steindler Orthopedic Clinic if you have any questions regarding the above information.

Important Phone Numbers

Hospital Pre-Admission Services	(319) 358-2688
(Hours: M-F 8:00AM - 4:00PM)	Nurses Line
Hospital Home Care.....	(319) 358-2740
Steindler Orthopedic Clinic.....	(319) 338-3606
Steindler Physical Therapy	(319) 354-5114
Hospital On Call (After Hours).....	(319) 358-2767

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Lumbar Fusion Planning Guide

Please bring this guide to all appointments as well as to the hospital.

Your Pre-Surgical Schedule

We're pleased that you have chosen Steindler Orthopedic Clinic for your surgery. To prepare you for a successful surgery and outcome, you will be scheduled for several appointments 10-14 days before your surgery (pre-op). It is **HIGHLY RECOMMENDED** that a friend or family member (your COACH) attend each appointment with you. Once scheduled, your appointment times will be sent to you. Your appointments will likely include:

Pre-Admission Screening (PAS)

Location: University of Iowa Health Care Medical Center Downtown

Please complete the requested forms and medicine list in your packet and mail them to the Pre-Admission Screening team before your first appointment. The Pre-Admission Screening nurses will review your medical health, history and medicines. Additionally, routine blood tests, and, possibly, other tests such as an EKG, may be performed. You will be given instructions to follow in the days leading up to surgery. This is also an appropriate time for you to express requests or concerns about your upcoming surgery.

Occupational Therapy

Location: Steindler Orthopedic Clinic

The Occupational Therapist will go over the post-operative precautions and provide training of the assistive equipment needed to remain independent while observing these precautions. Therapy staff will see that you have the self-care equipment that is needed.

Durable Medical Equipment (DME)

Location: Steindler Orthopedic Clinic

You may be directed to Steindler Durable Medical Equipment (DME) Staff to be sure you have all appropriate home equipment ready. DME may be sized and prepared for you before your surgery.

Medical Clearance Clinic

Location: Primary Care Physician

Your surgeon may request a pre-op medical clearance appointment with a medical specialist. This is a time to make sure all of your medical conditions are reviewed so that you are ready for elective surgery. Additional tests may be scheduled, based on your medical conditions, prior to your surgery.

If you do not have a primary care provider, you will instead be referred to Dr. Larew at Larew Internal Medicine.

We ask that you, your family and/or COACH read the enclosed materials, especially the Frequently Asked Questions (FAQs). **Reminder: Please bring this packet of materials to all appointments.** You may find it helpful to save the FAQs for later reference during your recovery.

Our protocols and treatments constantly evolve, it is best to be familiar with the enclosed material as your post-op plan, length of stay and discharge-planning continue to evolve.

Getting Ready For Your Surgery

Your COACH

Your coach is a person to support you in your recovery in the hospital and at home. A coach can be a spouse, a family member, a friend, a neighbor or a companion. Ideally, this person should stay with you for the first few days after you return home. After the first few days, your coach should be available to check on you and help with transportation to physician appointments.

We all need encouragement at times to help us along the way. Your coach can provide this by being present and taking part in your recovery. Because more than 90 percent of our patients go directly home after surgery, it is important to plan ahead to have a helping hand(s).

Checklist for your COACH:

- _____ Attend the Pre-Admission Screening (PAS) visit in the hospital and the pre-op physical therapy appointment to learn about the procedure and more information
- _____ Be present at discharge to learn home instructions
- _____ Check in on you during your recovery process
- _____ Run errands, prepare meals, and help with household chores

Watch Out! (Things to think about)

If you use tobacco (or nicotine of any kind), stop prior to surgery.

- Smoking reduces your lung function
- Nicotine reduces circulation and healing, increasing risk of poor healing and infection

If you drink alcohol, be honest with your doctors about how much you drink.

- Alcohol impairs liver function
- Going through withdrawal during your stay can be serious

You will have to follow these precautions for 8 weeks after surgery:

- No bending at your waist; you may bend at your hips with a straight back or at your knees
- No lifting more than 5-10 pounds (1/2 a gallon of milk)
- No twisting at your back (move your feet when turning)
- Use a log-roll technique for transferring in/out of bed

Think ahead about the space you live in.

- You may want a safety bar or handrail for your bath or shower
- Use a toilet riser with grab bars
- Stairs with a secure handrail
- May want to remove all loose carpets, rugs and cords
- A recliner to elevate your legs could be helpful
- Consider a temporary living space on your first floor to avoid frequent stair climbing

In the days leading up to surgery, any colds, fevers, nausea, vomiting, or infections should be brought to our attention immediately. Please call Steindler at (319) 338-3606.

What to Bring to the Hospital

- _____ This Planning Guide
- _____ Your COACH
- _____ Loose-fitting clothes
- _____ Your lumbar brace, if you have been provided one prior to surgery
- _____ Your front-wheeled walker and/or cane
- _____ Self-care equipment as directed by occupational therapy (OT)
- _____ Toiletries (deodorant, toothbrush, comb, etc.) and personal items
- _____ Slip on shoes
- _____ Glasses/glasses case
- _____ Hearing aid, extra batteries, case
- _____ CPAP or BiPAP from home
- _____ Copy of Living Will, Durable Power of Attorney, etc.

For your Family

Please designate one family member (perhaps your COACH) to coordinate information about your hospital stay for other family members.

It is most convenient for you to receive personal phone calls in the late afternoon or early evening to avoid disruption of your care. The best visiting hours are noon to 8:00 pm.

Consult with hospital staff for wireless internet access.

Guest Lodging

Staying at University of Iowa Health Center guest lodging the night before surgery is an option. Family members may also stay in your room. For a reservation call Volunteer Services at (319) 339-3658.

Lumbar Fusion Surgery

Frequently Asked Questions (FAQs) and answers.

PRIOR TO SURGERY

Questions 1–8

DAY OF SURGERY

Questions 9–17

GOING HOME

Questions 18–29

1–2 WEEKS FOLLOWING SURGERY

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6 - 8 WEEKS FOLLOWING SURGERY

Questions 35–39

12 -16 WEEKS FOLLOWING SURGERY

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WHAT ABOUT THE FUTURE?

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PRIOR TO SURGERY

1. Q: Do I need to stop taking certain medications prior to surgery?

A: Possibly. It depends on your circumstances. These questions are answered at your pre-admission screening appointment which is why you should provide a complete and detailed medical history during your pre-admission screening appointment.

2. Q: What if I get an infection prior to surgery?

A: You must call the office if you develop any infection, such as a cold, sinus infection or urinary infection prior to surgery. We handle this on a case-by-case basis.

3. Q: What equipment will I need?

A: You may need a front-wheeled walker. A stool riser may be helpful unless you already have elevated toilets. Specific equipment needs and sizing for you will be addressed at your Occupational Therapy pre-instruction appointment. Occupational Therapy will see that you have needed self-care equipment, and this can be purchased at your pre-instruction appointment. You may also need a single tip cane for stairs or later in your recovery. It may be wise to have at least one railing installed for stairs inside your home. A recliner works well to elevate your legs.

4. Q: How long will I be in the hospital?

A: On average, you will stay in the hospital 1-2 nights.

5. Q: Will I need to have someone at home with me when I am discharged?

A: When you leave the hospital, you will be able to get in and out of bed, get in and out of a chair, walk to and from the bathroom, and be able to go up and down stairs. It is best to have someone stay with you the first few nights at home, though it is unlikely that you will need someone with you continuously. Physical/Occupational Therapy may be ordered for you while in the hospital to work on mobility, self-care (including using the toilet), dressing, and bathing/showering. You may need some initial help at home for showering, as well as laundry and meals. If family or friends are not able to assist, some outside help can be arranged, usually at your cost. Occupational Therapy will address this with the discharge planner.

6. Q: I live alone, will I need to rely on others?

A: Because we live in rural Iowa, this is an understandable concern. We suggest you utilize friends and family through this process. Lumbar fusion is best accomplished when you have a COACH and others help you. Success is best achieved by going to your home after surgery, following your spine precautions, and frequent walking. Home Physical Therapy and skilled care units are used as a last resort. You are free to contact a nursing home to pay privately when you are discharged from the hospital. You must contact the nursing home pre-op to initiate intake and provide insurance information. YOU MUST then contact the hospital discharge planner on the surgical floor (319) 887-2933 prior to surgery for recent updates on insurance coverage.

7. Q: Do I go to Physical Therapy once I return home?

A: No. Your surgeon may initiate further outpatient physical therapy if needed.

8. Q: I get very nauseous and vomit after surgery, what can I do?

A: Let your surgeon and anesthesiologist know beforehand, and medicine can be prescribed to take the morning of surgery.

DAY OF SURGERY:

9. Q: What will happen the day of surgery?

A: You will be informed of what time to arrive the day of surgery (about 2 hours before the scheduled surgery time) and will be admitted to the Surgical Care Unit/ Pre-Surgery Unit. Nurses will record basic information, you will get into a surgical gown and an IV will be started. The anesthesiologist will meet with you to discuss your anesthesia and answer any questions. Your surgeon will speak with you to answer questions.

10. Q: Will I be asleep for surgery?

A: You will be under general anesthesia (completely asleep). You will not be awake for the surgery. We may also use a local anesthesia to decrease pain the first 24 hours. All of this is done to keep you the most comfortable and have the least amount of pain.

11. Q: How long is the surgery?

A: The surgery itself takes about 2-5 hours.

12. Q: Will I have stitches?

A: There will be steri-strips on the skin over the incision. The incision will be closed with buried stitches and then sealed with steri-strips and you will be instructed to cover the incision for showers.

13. Q: Will I have a catheter in my bladder?

A: Sometimes a catheter is needed.

14. Q: Will I get out of bed the same day of surgery?

A: Yes, if medically stable. Nursing and/or Physical Therapy will assist you getting in and out of bed, walking to and from the bathroom and sitting in a recliner. You will also start learning motion/activity precautions. You will also learn to log-roll, get in and out of bed, and to use your brace whenever out of bed.

15. Q: What will I use for pain control?

A: IV pain medications or oral pain pills, similar to the ones you will take at home. Nursing and Physical Therapy will routinely assess your pain, and there is a range of medical options to be sure your pain is controlled. You will also be instructed on alternative, non-medicinal ways to control your pain. Ice packs will also be routinely offered while in the hospital.

16. Q: I have sleep apnea, should I bring my CPAP?

A: Yes. Please inform nursing when you reach your room post-op so that engineering can complete an electrical safety check.

17. Q: How often will I have Physical Therapy while in the hospital?

A: You will usually start with Physical Therapy the same day as surgery. You will do sessions 1-3 times/day until discharged home.

GOING HOME:

18. Q: How will I get home?

A: On the day of discharge, hospital rehab staff will teach you and your family and/or coach how to get you in and out of a vehicle while maintaining your spine precautions. Hospital transport staff will assist you into your vehicle.

19. Q: What will I use for pain control when I get home?

Your prescription will be sent electronically to your pharmacy. Any refills can only be done during Steindler business hours. Your prescription will likely be Tylenol with hydrocodone or oxycodone. Each tablet of hydrocodone contains 325mg of Tylenol (acetaminophen). At home, you can take 1 or 2 tablets, separated by the **time instructions on the prescription**. Narcotics can affect your alertness, can be constipating and can be addictive. **You should try to get off of them as soon as you can** by cutting back from taking 2 tablets at a time to only 1 tablet at a time and increasing the time between doses. You can substitute plain Tylenol (acetaminophen). You can safely take up to 3000mg of Tylenol (acetaminophen) a day. Plain Tylenol contains 325mg of acetaminophen and some narcotics also contain Tylenol (325mg of acetaminophen), so be sure to count both medicines in your daily limit. If you do need a refill on your pain medicine, that can only be done during Steindler business hours. Please try to plan ahead so that you do not run out on the weekend. You should allow 2-3 business days to complete a refill, so your surgeon has time to receive your request. Ice packs are also VERY helpful, and several should be purchased and frozen pre-operatively.

20. Q: How long will it take to recover?

A: When you get home, you will be able to navigate around the house by yourself. You will be able to do stairs. You will know and be reliable with your spine precautions. You may use a walker for approximately 2 weeks. Driving and returning to work will be discussed with your surgeon at your 2 week appointment. The bottom line is you CANNOT drive until you can do so safely. You need to have good muscle and reflex control. You cannot drive if you are taking narcotics. Returning to work is the most variable depending on your occupation. The earliest return to work would be a strict sitting job at 2 weeks or longer. You will need to wear the brace and follow spine precautions for 8 weeks. Labor work and construction work may require 3-4 months. Again, your surgeon is your best resource for these questions.

21. Q: Can I take over the counter ibuprofen or Aleve (naproxen) with my pain medications?

A: Do not take NSAIDs for 3 months after your lumbar fusion surgery. Again, discuss this with your surgeon and you will be provided with specific written instructions at discharge.

22. Q: Should I be using ice on my back?

A: YES. This is done frequently throughout the day to alleviate pain and swelling. This should be done for 15-20 minutes every hour as needed. You can start timing once you feel the coolness on your back. You will need several ice packs and you should purchase these prior to your surgery.

23. Q: What is the most important thing for me to do once I am home?

A: It is important to be reliable with your spine precautions and walking around every 1-2 hours while awake.

24. Q: Narcotic pain meds can cause constipation, what should I do?

A: Fruit and fiber intake should be increased. Frequent walking and drinking a lot of water will also help manage constipation. You can also use a laxative, such as Miralax or Colace. These are available at your pharmacy. Call Steindler at (319) 338-3606 from 8:00 am-4:30 pm or talk to your pharmacist if you have any questions.

25. Q: What if I have questions about my home medications after surgery?

A: Call Steindler at (319) 338-3606 from 8:00 am-4:30 pm and discuss with a medical assistant.

26. Q: What are the signs of infection?

A: Although a low-grade temperature (100 degrees) is common for a few days after surgery, an increasing temperature, chills, shakes, increasing pain and worsening redness are signs of possible infection. If you are concerned about infection, please call **Steindler** weekdays 8:00-4:30 at (319) 338-3606 or (800) 373-6417 and **the hospital On Call** after hours at (800) 358-2767.

27. Q: How can I prevent blood clots?

A: Foot pumpers and support stockings (TED's) will be used in the hospital. Early and frequent mobilization like walking and changing positions is recommended. Frequently move your ankles and toes.

28. Q: What are the signs of a blood clot?

A: A blood clot or deep vein thrombosis (DVT) begins in a vein in your calf muscle. It usually starts with a sharp pain in the calf that is different than the usual swelling. Sometimes swelling below the calf will increase. Other signs can be shortness of breath and an irregular or fast pulse. These can be signs that a clot has gone to the lungs. If you experience changes in your leg, you should immediately call **Steindler** at (319) 338-3606 or (800) 373-6417. **Shortness of breath, changes in your pulse or heartbeat are cause for calling 911 immediately.**

29. Q: Can I shower over the incision and let it get wet?

A: It is essential that you keep your surgical incision dry. Most of the time, it will be closed with dissolvable stitches. The incision will be covered with “steri-strips” or skin glue, these will fall off on their own within several weeks, usually before your follow-up appointment. Take sponge baths for the first 3 days after surgery, this will allow a scar to form over the incision. It is okay to shower over the dressing 3 days after surgery. It is okay to leave the incision open to the air 1 week after surgery. The steri-strips will fall off on their own.

1–2 WEEKS FOLLOWING SURGERY:

30. Q: Is it normal that I am not hungry?

A: Yes. Many people get post-surgical anorexia (lack of appetite). This will pass on its own. It is suggested that you supplement your diet with protein shakes (like Ensure) or Carnation instant breakfast drinks.

31. Q: Why can't I sleep?

A: Surgery definitely interrupts your sleep-wake cycle. Also, the pain from the recovery is often more noticeable at night. It is recommended that you take your pain medicine before bed and ice at bedtime. Limiting daytime naps to 20 minutes is also helpful. Call **Steindler** weekdays 8:00-4:30 at (319) 338-3606 or (800) 373-6417 if you are having trouble sleeping. Sometimes a sleeping medication can be prescribed for a short period.

32. Q: Is it normal that my back is red/swollen/hot?

A: A light pink is very common after surgery. Spreading redness that is accompanied by increasing pain and fever is a sign of infection. Swelling may continue for up to a year. It will get better, but it may take months.

33. Q: Will I be able to sleep on my back?

A: You may sleep without the brace on your back or on your side with pillows between your knees. You may be more comfortable sleeping in a recliner initially. When getting up from lying down, use the log rolling technique you learned in the hospital; remember not to twist your spine.

34. Q: What is my goal in therapy?

A: It's MANDATORY you remain reliable with your spine precautions for the first 8 weeks and then your surgeon will instruct you when and how to gradually decrease the need for these. You need to be walking around every 1-2 hours while awake until your 2 week appointment.

6-8 WEEKS AFTER SURGERY:

35. Q: Is it still supposed to be swollen?

A: Yes, this is still normal.

36. Q: Is it still supposed to be stiff?

A: Yes, stiffness is still common (especially after sitting).

37. Q: Is it still supposed to ache and hurt and feel restless at night?

A: Yes, this is common.

38. Q: Shouldn't it be completely healed by now?

A: No, complete healing takes several months.

39. Q: Can I stop maintaining the spine precautions?

A: No. Your surgeon will let you know when you can safely stop.

12-16 WEEKS AFTER SURGERY:

40. Q: Is it normal for my back to still be stiff?

A: Yes. This is most noticeable first thing in the morning and when you have been sitting for a length of time.

41. Q: Is it normal for my back to be sore and ache later in the day?

A: Yes, this is normal.

42. Q: What can't I do?

A: You can't run or jog, but walking, biking, and hiking are OK. You should not jump off the last few rungs of a ladder, the tailgate of a pickup or farm machinery. You should not do high risk activities like water skiing. Discuss with your surgeon any other questions you might have about your activity levels.

43. Q: What about going through the airport after my lumbar fusion?

A: Inform the TSA staff as you enter security. Your surgeon may provide you with an ID card but you will still need some level of security screening.

44. Q: Can I go to the dentist now?

A: Yes, now that it has been 4 months since your surgery.

WHAT ABOUT THE FUTURE?

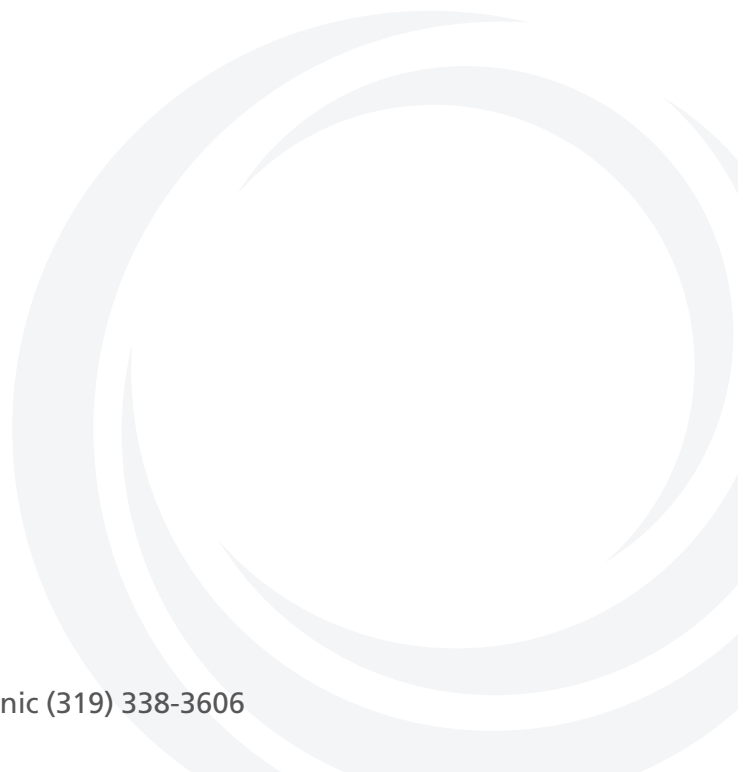
45. Q: What do I do if I think I am getting an infection such as a skin, sinus, dental, or urinary tract infection?

A: You should call your primary physician as you normally would.

46. Q: What are the symptoms of infection?

A: These may include drainage, increased swelling, redness, and pain not associated with increased activity. You should call Steindler 8:00-4:30 at (319) 338-3606 or (800) 373-6417 at the earliest signs of infection.

Contact Steindler at any time if you are unsure if you should continue with pre-dental antibiotics or have any other questions/concerns at (800) 373-6417 or (319) 338-3606.



What Are the Risks of Lumbar Fusion?

- **Infection.** We prevent infection by giving you antibiotics during and after surgery. Infections can occur at the site of your incision and in the deeper tissue. Most infections are treated with antibiotics, but a major infection might require surgery to remove and replace the hardware.
- **Blood clots.** Clots can form in the deep veins of your leg after surgery. This can be dangerous because a piece of a clot can break off and travel to your lung.
- **Medical complications.** All surgeries carry the risk of medical complications. These are rare, but include stroke, heart attack, lung problems, or other issues.

More rare complications:

- **Loosening.** Although this complication is rare with newer implants, your new hardware might not become solidly fixed to your bone or might loosen over time, causing pain in your back. That part may need to be replaced through further surgery.
- **Fracture.** During surgery, healthy portions of your spine might fracture. Sometimes the fractures are small enough to heal on their own, but larger fractures might need to be stabilized with wires, screws, and bone grafts.
- **Nerve damage.** Rarely during surgery, nerves in the area can be aggravated or even injured. This can cause numbness, weakness, and/or pain. This is a risk of surgery.

Infection Control and Showering Before Surgery

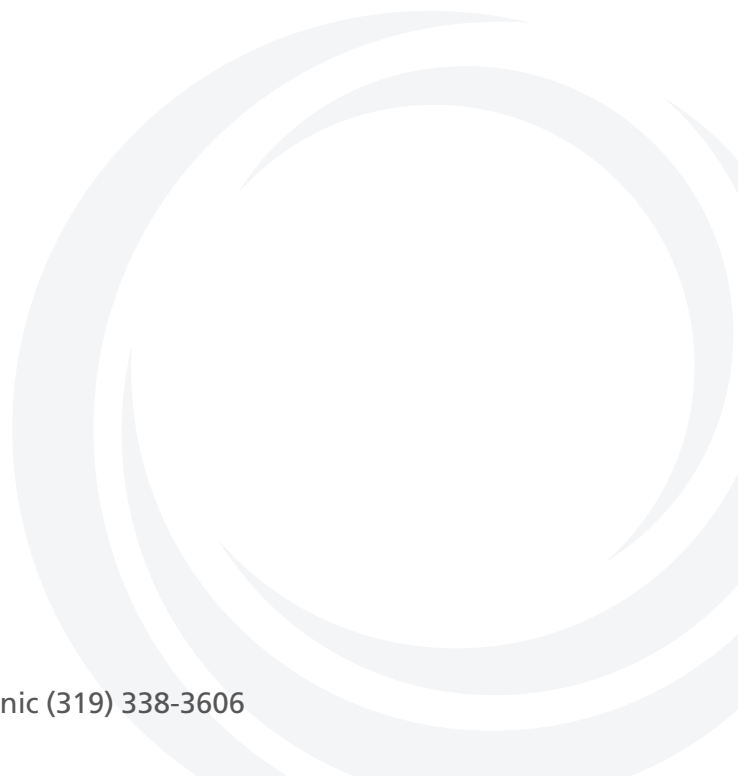
Showering Before Surgery Instructions:

- Shower the night before or day of your surgery using antibacterial soap such as Dial, and shampoo your hair with regular shampoo.

After Showering:

- Dry yourself off with a freshly cleaned, dry towel.
- Do not apply lotions, ointments, perfumes, deodorants, hair products, or powders.
- Put on clean clothes or pajamas.
- Put clean sheets on your bed to sleep on the night before surgery.
- Do not allow pets to sleep in your bed.

If you have any questions, please contact Steindler Orthopedic Clinic at (319) 338-3606.



Lumbar Fusion Protocol

Spine Precautions – Follow for first 8 weeks after surgery

- No bending at your waist; you may bend at your hips with a straight back or at your knees
- No lifting more than 5-10 pounds (1/2 a gallon of milk)
- No twisting at your back (move your feet when turning)
- Use a log-roll technique for transferring in/out of bed

Please bring the following items for use during your hospital stay:

- Front-wheeled walker
- Reacher, long-handled shoe horn, and sock aid
- Slip-on shoes
- Loose fitting clothing to practice dressing (such as sweat pants)

Equipment you may need for home:

- Front-wheeled walker
- Commode or stool riser (preferably with handles)
- Reacher, long-handled shoe horn, sock aid, and long handled sponge

Physical therapy goals at the time of hospital discharge:

- Able to get in/out of bed safely on your own while following spine precautions
- Able to get up/down from chairs safely on your own while following spine precautions
- Able to walk 100-150 feet safely on your own with your walker
- Able to get up/down stairs safely if you have them at home

At Home After Discharge

- Wear your lumbar brace whenever you are out of bed. You may take it off for sleeping, bathing, and going to the bathroom
- Gentle walking for 10-15 minutes several times a day will improve your endurance and mobility, and decrease your risk of developing a blood clot
- Repetitive bending and twisting puts undue stress on your fusion and may affect your healing. Most of your time should be spent standing, walking, or lying down. Try to alternate positions frequently during the day
- When getting up from sitting, use your leg and arm muscles more than your back and stomach muscles
- Try not to sit at a 90 degree angle for long periods of time, it is good to change positions and be active
- No driving

Car Ride Home

Depending on how far you have to drive to get home after leaving the hospital, you may want to think about several things so that you can be more comfortable on the ride home:

- The hospital rehab staff will teach you how to get into your car. Depending on the shape of your car seats, you may want to bring several pillows to help keep yourself comfortable.
- You may want to put a plastic bag/grocery sack on the seat to help you swivel as you bring your legs into the car.
- You may also want to have a blanket along if you get cold. You can also use the blanket to support your knee, back, or head/neck depending on how you position yourself in the car.
- You may want to bring a water bottle for your hospital stay or have extra water along for the ride home.
- You may want to bring 1 or 2 ice packs along to help with pain/swelling.
- Pain medication can make you nauseous, as can riding in a car. You may want to bring a bag along in case you have an upset stomach and get sick.

Car Transfer

Walk to the passenger side of the vehicle.

The window should be rolled down and the seat pushed back.

Turn so that the back of your legs touch the car. Transfer your hand to the vehicle and then sit down.

Next, move the walker out of the way and then turn your trunk as you bring in your legs to a forward seated position.



Sleeping on your Side

Lying on your side use a medium pillow to support the neck musculature, place a pillow or two between the knees to keep your thigh and leg in line with your body.



Sleeping Position - Supine

While lying down on your back, place a pillow under your legs to take pressure off your lower back.



Other Considerations:

- DO NOT get in the bathtub and sit down; you may shower if you can do so safely. To step over the tub, stand sideways, step in and out with stronger leg first.
- DO NOT take prolonged rides in a car; keep in mind the above precautions as you get in/out of the car. A plastic bag on the front seat may help you slide into the seat more easily. Drive only after your physician has given approval.
- DO use your walker until you see your physician.



Sock Aide

Place your sock completely over the sock aid.

Next, hold the straps/rope and lower the sock aid to the floor in front of your foot.

Pull the straps/rope so that your foot goes inside the sock and sock aid.



Use a Reacher

Use a reacher when you can to avoid bending over towards the floor. This works well for small items such as clothing, trash and other small objects.



Putting on a Shoe with Long-Handled Shoe Horn

Grab the tongue of your shoe with a reacher and place your foot partially inside your shoe.

Next, use a long-handled shoe horn to assist getting your heel inside the shoe to complete the process.

How to Measure for a Front-Wheeled Walker

When preparing to use a walker, you need to make sure it can accommodate your height, especially if you are very tall or short. Walkers can come in different sizes of frames, and you may need a special petite walker, or walker leg extensions. Get a friend or family member to help you measure yourself.

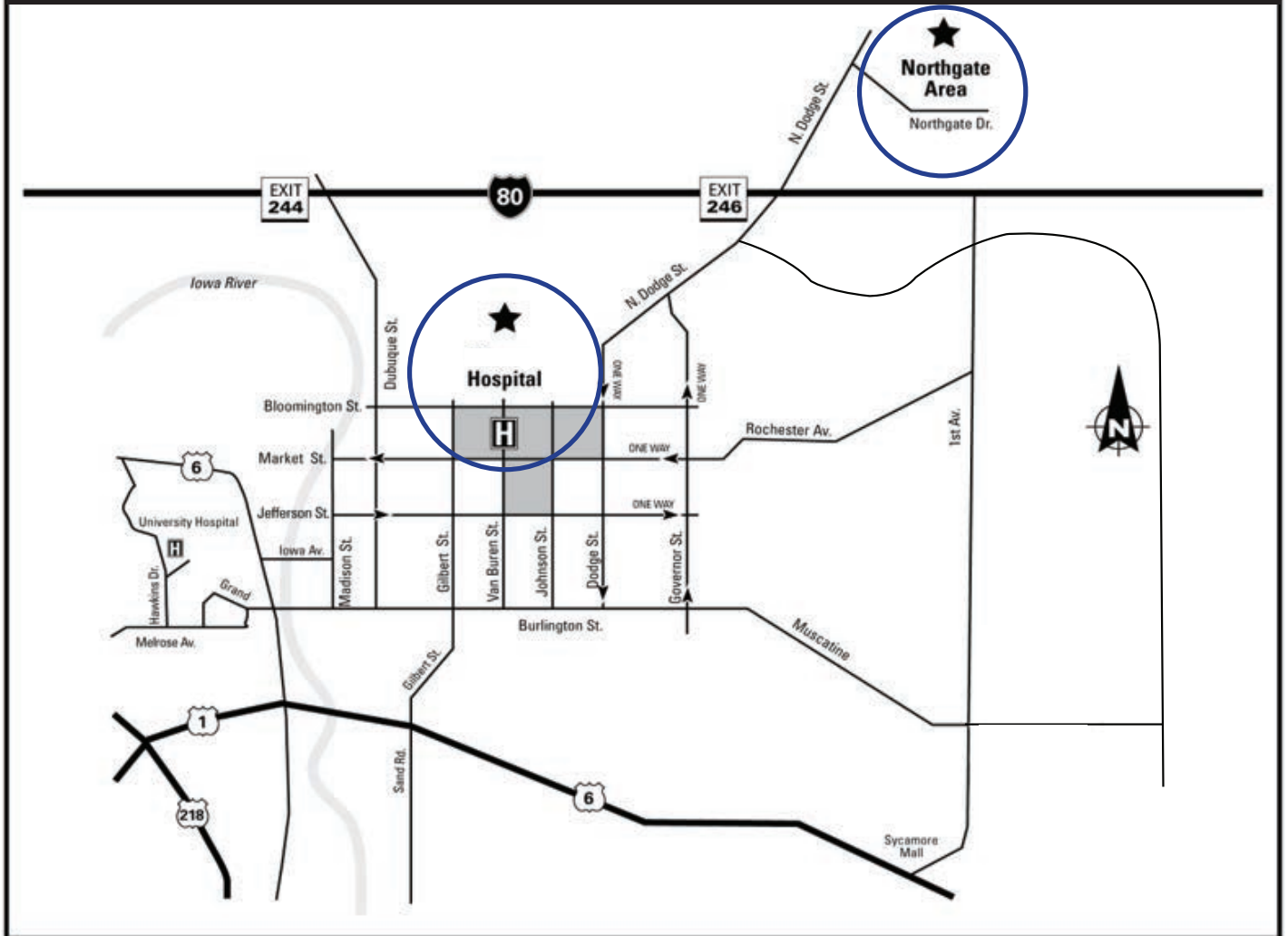


1. Start by standing up straight with your shoes on.
2. Allow your hands to hang naturally at your sides.
3. Locate the crease in your wrist, this should be your handle height.
4. If possible, choose a walker that adjusts at least one inch higher and lower than your actual measurement so you can adjust it as necessary.

We recommend that you use a walker with wheels on the front only. 4-wheel walkers can be unstable and are not recommended due to safety concerns.

It is not recommended to use your walker on a flight of stairs. You may use a railing and a crutch or cane in the other hand. Have a family member bring your walker up/down the stairs, or have a walker for each level of your home.

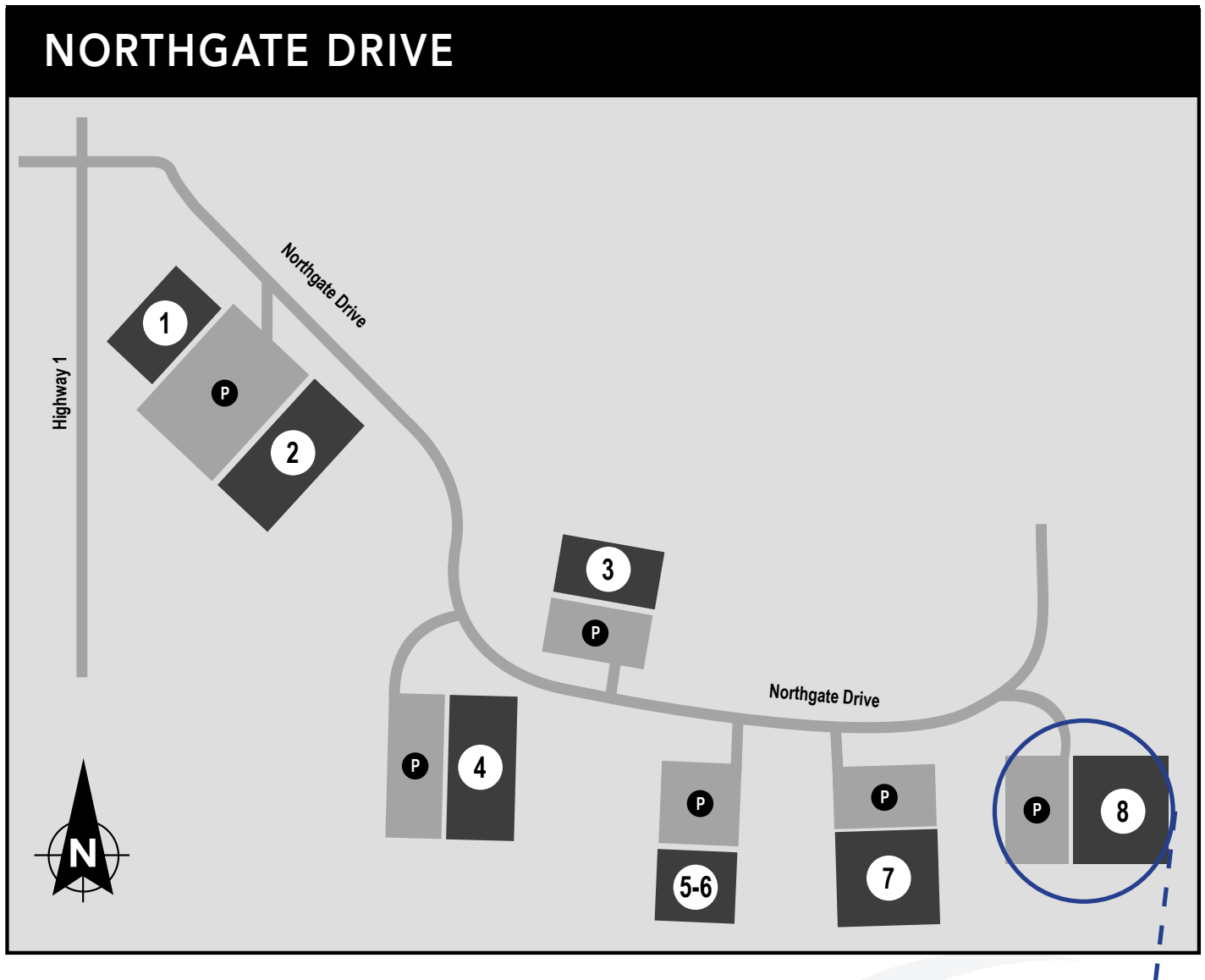
UIHC MEDICAL CENTER DOWNTOWN TO NORTHGATE AREA



UIHC MEDICAL CENTER DOWNTOWN



500 East Market Street • Iowa City, IA 52245



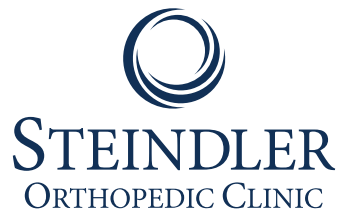
1. ENT Medical Services, PC
2615 Northgate Drive
2. Eye Physicians & Surgeons
2629 Northgate Drive
3. Oral Surgery Associates
2814 Northgate Drive

- 5-6. ENT Sleep Center
Facial Rejuvenation Center
2901/2903 Northgate Drive
7. Mercy Specialty Clinics, Urology
2943 Northgate Drive

8. Iowa City Ambulatory
Surgery Center
2963 Northgate Drive

Your Questions and Notes

While you are reading through this guide, write any questions below and bring them to your appointments:



2301 Steindler Way, Suite B, North Liberty, IA 52317
(319) 338-3606 • www.steindler.com

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