



Step back into life.

**A Patient's Guide to
Spine Surgery**



Penn Medicine
Princeton Medical Center



Welcome to the Spine Center at Penn Medicine Princeton Medical Center (PMC).

We look forward to meeting you and taking care of your surgical needs so that you can step back into life. Your quality of life is important to us. The Spine Center provides high quality, comprehensive, individualized care that consistently earns high patient satisfaction ratings. The surgeons and healthcare professionals who lead our program are also members of the community. The center provides the opportunity to have surgery close to home without sacrificing your experience or level of care.

At Princeton's Spine Center, our doctors and staff are trained to address your unique needs. Our multidisciplinary team has created a "pathway" to support you every step of the way including preoperative education, coordination of hospital care, and postoperative services. Your pathway begins with this patient guide book and a virtual preoperative class. We encourage you to designate a loved one or "Coach" who will be involved in your care prior to surgery through your discharge home.

David Lamb, MD,
Co-director of PMC Spine Services

This workbook is designed to provide you with important information to guide you as you move through your surgical process. Please bring it with you on the day of your surgery.

Your involvement is very important to our team. We look forward to partnering with you for a successful surgery and recovery. Thank you for choosing the Spine Center at Penn Medicine Princeton Medical Center.

Seth Joseffer, MD, FACS,
Chief of Neurosurgery and
Co-director of PMC Spine Services



Patient's Guide to Spine Surgery



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Welcome

**Thank you for choosing
Penn Medicine Princeton
Medical Center Spine
Center of Excellence for
your spine surgery.**

We have carefully planned every step of your care to help ensure a successful journey to recovery.

We encourage you to read through this Patient's Guide to Spine Surgery thoroughly. We also ask that you bring this guide with you to the hospital when you are admitted for spine surgery.

If you have a question at any time, please ask any of your care providers. Tell us if there is anything that we can do to make your experience more comfortable.



Introducing the **Spine Center of Excellence Team**

At the Spine Center of Excellence, you will be cared for by an experienced and highly skilled interdisciplinary team.

SPINE SURGEON

Your spine surgeon is the physician who will perform your operation and will oversee your care throughout your experience.

PHYSICIAN ASSISTANT (PA)

Your physician assistant may assist your spine surgeon in the operating room and help manage your care and recovery process.

SPINE CENTER OF EXCELLENCE NURSE PRACTITIONER (NP) AND NURSE NAVIGATOR

Your NP / navigator is a clinical expert who serves as a single point of contact to coordinate your care both in and out of the hospital setting. He/She will work directly with your surgeon and the rest of the team to ensure you will have the best possible experience and the most favorable outcomes.

COACH

Your coach is the person whom you designate to support you as you prepare for and recover from your spine surgery. This person can be a spouse, friend, or a family member who will provide you support and encouragement throughout your experience.

ANESTHESIA PHYSICIAN

Your anesthesia physician is responsible for administering the medications required to keep you asleep and comfortable throughout your surgery. Your anesthesia physician will also help manage your postoperative pain.

PRIMARY CARE PROVIDER

Your primary care provider is the physician who manages your overall health. You can expect your primary care provider to stay in contact with your spine surgeon, perform your pre-surgery physical and be informed regarding your progress after discharge.

HOSPITALIST

A hospitalist is a physician that follows your medical care during a hospitalization. If needed, your surgeon may ask a hospitalist to help manage your medical conditions following surgery.

REGISTERED NURSE

A team of registered nurses will care for you during your entire preoperative and postoperative journey. The nurse will prepare you for surgery, care for you in the recovery room after surgery and for the remainder of your admission to the hospital. Your nurse will also provide information and education for your transition home.

CARE COORDINATION TEAM

A case manager, social worker, and home care liaison will help to plan a safe transition back to your home and arrange for any additional equipment and services that are needed.

PHYSICAL THERAPIST

Your physical therapist will help you gain strength by teaching you how to safely mobilize after surgery. If applicable, your physical therapist will also teach you how to use your brace after surgery. He/she will help you prepare for the transition home and recommend assistive devices if needed.

OCCUPATIONAL THERAPIST

Your occupational therapist will teach you how to perform activities of daily living, such as bathing and dressing. He/she will also teach you how to use special equipment that you may need during your recovery.

Other Spine Center of Excellence team members that you may meet include a pharmacist, respiratory therapist, lab or x-ray technicians, patient transporters, and volunteers.

A Dietician and Chaplain are available upon request.

Understanding Spine Surgery



Your spine is composed of 24 bones called vertebrae, which have soft cushions or discs between each that allow for movement of the spine. There are seven cervical (neck) vertebrae, 12 thoracic (chest) vertebrae, and five lumbar (lower back) vertebrae. Located at the base of your spine, the sacrum is composed of five segments of bone, and the coccyx is composed of smaller bones that form a tail.

The spine performs two functions—it protects your spinal cord, which carries nerves to and from your arms, legs and brain, and it also supports the body while allowing it to move, bend, sit, twist, turn, and lift.

THE GOAL OF YOUR SURGERY

The goal of spine surgery is to re-establish stability of the bones or reduce compression of the nerves. Generally, patients experience a reduction of symptoms including decreased pain, improved function and increased mobility following surgery. After recovery, the goal is to resume activities of daily living and help you step back into life.

THE RISKS OF SPINE SURGERY

Spine surgery is major surgery, and although advances in technology and medical care have made the procedure very safe and effective, there are risks. We encourage you to thoroughly discuss all potential risks with your spine surgeon, primary care provider, and your loved ones prior to surgery.

Our team of experts will take every measure possible to minimize surgical risks and avoid complications. Although complications are rare, they do sometimes occur.

BLOOD CLOTS

Blood clots can form in a vein or in your lungs after any type of surgery. Factors that increase your risk of blood clots include advanced age, obesity, history of blood clots, nicotine use, and cancer. Activities such as walking and ankle pumps help prevent blood clots after surgery.

INFECTION

Patients with chronic health conditions such as diabetes, those with a compromised immune system and nicotine users are at higher risk of infection after any surgery. If an infection does develop, it is usually treated with antibiotics. Deeper infections within the spine are rare and, if they occur, additional surgery may be required.

NERVE, BLOOD VESSEL AND LIGAMENT INJURIES

Damage to the surrounding structures of the spine, including nerves, blood vessels and ligaments, is possible but extremely rare. Some patients also experience numbness in the area of the incision, which usually resolves over time.

INACTIVE BOWEL (ILEUS)

An inactive bowel or ileus following surgery is a possible risk. If this occurs, the treatment may consist of resting the bowel (not eating) while continuing IV fluids to keep you hydrated.

WAYS TO REDUCE RISK

You can also help reduce your risk for many complications by:

- Reducing or eliminating the use of tobacco, nicotine, and alcohol.
- Being compliant with managing your diabetes, if applicable.
- Maintaining a healthy diet.
- Using good hand-washing techniques.
- Frequently changing your position or walking as tolerated.
- Limiting high-impact activities, as directed by your surgeon.

Preparing for Spine Surgery

Your experience begins long before your actual surgery. These guidelines will prepare you for a speedy and safe recovery, so you can have less pain and better mobility.

To make sure you and your coach are fully prepared for your spine surgery, it is important that you review this guide carefully. The information will help you better understand your surgical procedure, the healing process, and what to expect every step of the way as you prepare for your surgery and recovery.

Once you decide to proceed with surgery, your surgeon and his/her team will coordinate the necessary medical clearances. This may include gathering your recent medical records, lab work, and testing. You may be given an appointment for pre-admission testing at Penn Medicine Princeton Medical Center or with your existing provider(s).

If you have any questions or concerns, please call the Spine Center of Excellence Nurse Practitioner (NP) / Navigator at 609-853-7973



Tips For Preparing Your Home

You and your family may want to consider these tips to help make your home safe and comfortable when you return from your surgery:

- Purchase a non-slip bath mat for inside your tub/shower.
- Check every room for tripping hazards. Remove throw rugs and secure electrical cords out of the way.
- Determine what items from dressers, cabinets and shelves you'll need immediately after returning home. Any items you use often should be moved to counter height to avoid excessive bending or reaching.
- Plan to use a cordless phone or a cell phone. Either device can be tucked away inside a pocket, carried easily or set within reach.
- Make sure stairs have handrails that are securely fastened to the wall. If you must use stairs to enter your home or move around within your home, please discuss this with the physical therapist when you are seen after surgery.
- If you have pets, you may want to consider boarding them for a few days after surgery, or gate off an area of your home to avoid accidents such as tripping.
- We recommend that you use a chair that has a firm back and armrests during your recovery. A chair with a higher seat will help you stand more easily. Chairs with wheels should not be used under any circumstances.
- In order to minimize cooking, it is wise to prepare meals in advance and freeze them or purchase prepared meals.
- To increase nighttime visibility, install nightlights in bathrooms, bedrooms, and hallways.
- Plan ahead by having a supply of clean laundry and fresh linens on your bed.
- Obtain a lock box or secure location to store your medications prior to hospital discharge.



- Since your safety is our primary concern, we recommend that your coach, spouse, family member or friend stay with you after your surgery until you are able to perform activities of daily living independently and safely. Typically, this occurs within a few days after you return home.

IMPORTANT CONTACT INFORMATION

For non-urgent issues contact:

The Spine Center NP / Navigator: 609-853-7973

Surgical Care Unit: 609-853-7950

Pre-Admission Testing: 609-853-7360

Patient Relations: 609-853-7490

Main Hospital: 609-853-7000

Email The Spine Center at

PMCSpineCenter@pennmedicine.upenn.edu

If you are experiencing a medical emergency, call 911.

MY PENN MEDICINE

Please sign up for MyPennMedicine to communicate with your care team, pay bills, view test results and access and share your health information.

<https://secure.mypennmedicine.org/MyPennMedicine/>



Medication Management

Your surgeon and/or anesthesia physician will advise you which medications to take or not to take prior to surgery. Please be sure to inform your provider of your up-to-date medication list including any and all prescription medications, over-the-counter medications and supplements.

Medications of concern include vitamins/supplements, anti-inflammatory medications (Advil®, Motrin®, Aleve®, Celebrex®, etc.) and blood thinners (Eliquis®, Brilinta®, Xarelto®, Aspirin, Plavix™, Coumadin®, etc.).

Preventing Surgical-Site Infection

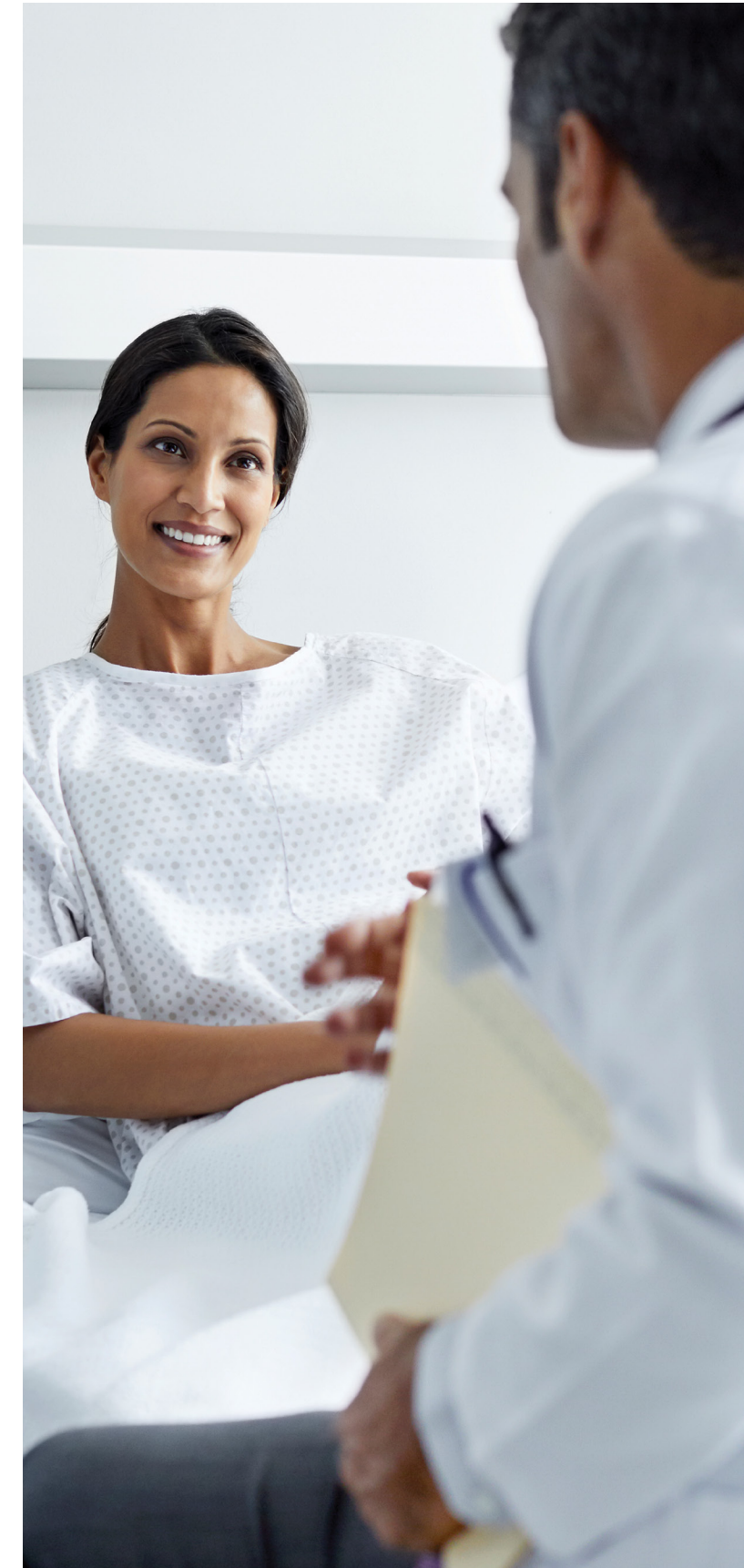
At the time of surgery, it is important that you are free from infections. Any source of infections, such as cavities or ingrown toenails, should be treated prior to surgery. There are several steps that you can take to help prevent surgical-site infections.

- **Dental Care:** All dental work, with the exception of routine cleanings, must be completed at least 6 weeks prior to your surgery. Please call your surgeon's office if any dental problems arise prior to your scheduled date.
- **Clean Hands:** Hand hygiene is very important. You will notice your caregivers using alcohol-based and sanitizer and washing their hands frequently. We strongly encourage you, your family, and friends to practice frequent hand washing to prevent the spread of infection.
- **Illness:** If you become ill with a fever, cold, sore throat, flu or any other illness, please contact your surgeon's office.
- **Skin:** Please report any broken skin, rashes or sunburn to your surgeon.

Final Preparations for Surgery

A hospital representative will call you the day before your procedure to confirm your arrival time. Follow the directions that you receive from pre-admission testing or from your spine surgeon regarding what you can eat or drink the night before and the day of surgery. Alert your spine surgeon if you have had any changes in medications or your medical condition.

The Day of Spine Surgery



What To Bring To The Hospital

The following checklist should help you pack for the hospital.

ITEMS TO PACK:

- This Patient's Guide to Spine Surgery
- If you use a breathing machine, such as a CPAP, bring your machine, mask and hose.
- A copy of your advance directive, a living will or durable power of attorney for healthcare. If you don't already have a copy of an advance directive, forms will be available at the hospital.
- Comfortable clothes
- Non-skid shoes
- Up-to-date Medication List
- Personal toiletries
- Glasses, Dentures and Hearing Aides
- Your insurance card and ID
- CD (disc) with your radiologic images pertaining to your surgery
- Brace (if one was already given to you by your surgeon)



Surgery Preparation

Upon your arrival, you will be instructed to change into a gown, put on a pair of compression stockings to improve circulation and non-slip socks to prevent falls.

Your nurse will verify information about your health, allergies, and medications. Your list of current medications will be reviewed. Your vital signs (temperature, pulse, breathing rate and blood pressure) will be taken before you go into the operating room. Your nurse will also make sure the following preparations are completed:

- Marking the operative site.
- Starting an intravenous (IV) line in your arm to provide fluid you will need during surgery.
- Apply skin antiseptic.
- In some cases, a nasal antiseptic product will be applied to decrease the chance of infection.

Your surgeon may order pain medications to be given to you prior to surgery. These medications will help reduce the amount of pain you feel after surgery. You will also meet with your surgeon or the physician's assistant prior to surgery to review your procedure.

Anesthesia

Your anesthesia physician will meet you before surgery. At that time, they will interview you, discuss your medical history and determine the best plan for your anesthetic care. It is important to tell your anesthesia physician about any prior problems or difficulties you have had with anesthesia.

THE OPERATING ROOM

Inside the operating room (OR), you will be cared for by your spine surgeon, anesthesia physician, physician's assistant, registered nurses, and skilled technicians. The total time required for surgery varies from patient to patient and depends on the complexity of the procedure.

In the OR, you will be greeted by the staff involved in your care. The nurses will again ask you to identify yourself and confirm your birth date. All these checks are required and performed to ensure your safety. The OR is kept cold, so your nurse will ensure that you are warm. A calf compression device will be applied to your legs to improve circulation during and after surgery.

Your Recovery

After surgery, you will be transported from the OR to the recovery room where a registered nurse will check your vital signs and monitor your progress. Once you are awake, they will monitor your pain and administer pain medications as needed.

Your nurse will administer medication if you should experience any nausea. You will continue to receive intravenous (IV) fluids to keep your body fluids in proper balance. If a bladder tube was inserted during surgery, this will also be monitored. You may also have a drain at your surgical site, to prevent an accumulation of fluid.

Once you complete your recovery, you will be transported to a more comfortable room or a hospital room in the Spine Center where you will continue your recovery and healing until you are ready to transition home.

What To Expect After Spine Surgery

Your spine surgeon will coordinate your care following surgery. At the Spine Center, we believe in a interdisciplinary team approach where various disciplines are involved in your care. The disciplines involved in your care may vary depending on your surgery and your past medical history.

Managing Your Pain

Pain management will be individualized to your specific needs to keep you as safe and comfortable as possible. We believe in a multimodal pain regimen approach. This approach is used to help minimize the use of opioids and medication side effects.

Eating and Drinking

Your diet may first consist of liquids such as broth, Jello and juice. If you tolerate the liquid diet, solid foods may be added gradually. This is to ensure that you don't experience nausea and vomiting. Please let your nurse know about any special dietary needs you may have. Nutrition and hydration are very important to help with the healing process.

Early Ambulation and Activities

After your initial recovery, your physical therapist or nurse will assist you to sit at the edge of the stretcher or bed and stand briefly. If possible, you will then start walking. You will be shown the best and safest ways to move around without creating unnecessary stress on your spine. To ensure a fast recovery without complications, it is important that you stay active by changing position frequently, sit up in a chair for meals and walk as soon as possible. By the time you are ready to go home, you will be able to get in and out of bed safely and understand your activity precautions.

Your surgeon may also order occupational therapy and/or physical therapy as a part of your recovery. The physical therapist will teach you spine precautions and how to practice these precautions while mobilizing. If applicable, the physical therapist will also instruct you how to use your brace. Your occupational therapy sessions will focus on activities of daily living (getting dressed, bathing, etc.) while maintaining and using proper body mechanics and avoiding bending, lifting and twisting.

Transitioning Home

Before you go home, we will make sure that you have what you need to support your recovery. Your spine surgeon may order the following based on your individual needs:

- Medication for pain
- In some cases, cold therapy
- Back or neck brace or other equipment

Please arrange for your coach, family member or a friend to drive you home. You will not be able to drive yourself home.

Managing Your Comfort

It is normal to experience some pain after surgery and it will gradually decrease. When you experience pain, we recommend first changing your position or taking a brief walk. If your pain persists, then take your pain medication. Your pain medication regimen may include medications to take on a routine basis, and medications to take as needed when pain is higher than acceptable or anticipated. It is important to take the routine pain medications as prescribed even when you are not experiencing high levels of pain, to prevent spikes of pain throughout the day. We recommend taking the “as needed” pain medication 30-45 minutes prior to activity. To avoid stomach upset, be sure to take your pain medication with a meal or snack. Avoid drinking alcohol or driving while taking the prescribed pain medications.

Some people may experience constipation while taking opioid pain medications. A decrease in physical activity and a change in your normal routine can also contribute to constipation. It is important to take steps to prevent constipation from occurring. Make sure you have an over-the-counter gentle laxative available at your home. You may also consider drinking prune juice daily, drinking more water, or adding fiber to your diet.



Incision Care and Bathing

Your incision is closed with a combination of sutures, skin glue, and in some cases staples. The incision may then be covered with a bandage. The skin glue will come off over time and should not be removed. Do not scratch or pick at the glue. Do not apply lotions, ointments or oils to the incision unless otherwise directed by your surgeon.

Please refer to your discharge instructions to determine when you are able to bathe. Do not submerge in water, including a tub bath, hot tub, or swimming pool until approved by your surgeon.

When to call the surgeon:

You should report the following to your surgeon immediately:

- **Redness, drainage, increased pain, or increased swelling around your incision .**
- **Pain or swelling of the legs.**
- **Severe, persistent headache not relieved by medication and rest.**
- **Temperature of 101°F (38.3°C) or chills.**
- **Bleeding from the incision site 5 days or more post-operatively.**
- **Loss of bowel or bladder control.**

Please call 911 immediately if you are experiencing a medical emergency. If you have difficulty breathing, seek immediate medical attention.

Mobility



Spine Precautions

No **bending**, no **lifting** and no **twisting**

Sleeping Positions

ON YOUR BACK: have a pillow under your knees

ON YOUR SIDE: place a pillow between your legs and a pillow in front of you

Bed Mobility

LOG ROLL TECHNIQUE

- Bend your knees
- Keep your knees, hips and shoulders in line while rolling to one side
- Push up using your arms at the same time your feet come off the bed



Sitting

Sitting puts a lot of stress and pressure on your back.

- Recliners are preferred to relieve some of the pressure.
- A chair with arms will be easier to stand from.
 - No rocking chairs
 - No chairs with wheels
 - Limit sitting to 60 minutes
- Can sit in a straight back chair for meals, but this should be limited to 30 minutes.
- If you are instructed to use a back brace, please wear it while seated.

Transitioning to Standing

1. Place both feet on the floor
2. Push up using the arm rest of your chair for support, trying not to bend forward

Walking

1. Wear your back brace if you were given one by your surgeon
2. Walking short distances frequently throughout the day is recommended. Use a walker as directed

Activities of Daily Living

DRESSING

- In some cases you will be evaluated by an Occupational Therapist for needs related to activities of daily living
- Always dress while seated
- Avoid bending when putting on pants, shoes and socks
- Wear loose clothes and slip on shoes with a back and good sole

SHOWERS

- Supervision is recommended in the beginning of your recovery for your safety.
- Stall showers and hand held shower heads are preferred.
- Use a non-skid mat while standing in the shower.
- Use a long handled sponge for washing your lower body to prevent bending.

GROOMING AT THE SINK

While using the sink, keep your back straight and lunge forward onto your stronger leg to avoid bending



TOILET

- You may need a raised toilet seat
- This will be recommended by the therapist in the hospital

CAR

- Use the front passenger seat
- Keep the seat back straight or slightly reclined
- Always sit first then bring your legs inside the car being careful to avoid twisting your back
- You may drive when cleared by your surgeon

BODY MECHANICS WHEN LIFTING

Speak to your surgeon regarding instructions for increasing activity during your recovery.

Life After Spine Surgery

Diet

It is important to eat a healthy diet to promote healing. You may experience decreased appetite after surgery. This is normal and should gradually resolve. Even if you're not hungry, be sure to drink plenty of fluids.

Healthy Eating

Healthy nutrition both before and after surgery can help aid your healing process. It is important to eat a well-balanced diet that is rich in:

IRON

to build red blood cells and minimize postoperative anemia

CALCIUM

to strengthen your bones as they heal

FIBER

to prevent constipation that can occur as a side effect

PROTEIN

for healing your skin, bones and muscles

HYDRATION

to prevent constipation, weakness and blood clot formation

NUTRIENT	ACTION AND PRECAUTIONS	SOURCES
IRON	<ul style="list-style-type: none">• Carries oxygen inside red blood cells to your muscles and organs.• Dietary intake needs to be increased due to blood loss during surgery.• Supplements can cause dark stools and constipation.• Supplements are best absorbed with vitamin C, avoid taking with dairy.	<ul style="list-style-type: none">• Fortified breakfast cereals• Meat, fish, poultry or eggs• Dried fruit like apricots, figs, prunes and raisins• Kale or spinach• Legumes like kidney beans, pinto beans or lentils
CALCIUM	<ul style="list-style-type: none">• Builds new bone and strengthens existing bone.	<ul style="list-style-type: none">• Low fat cheese• Yogurt• Milk• Fortified Juice
FIBER	<ul style="list-style-type: none">• Prevents constipation when paired with fluids.• Constipation can occur as a side effect.	<ul style="list-style-type: none">• Whole grain breads and pasta• Vegetables• Fruits• Beans
PROTEIN	<ul style="list-style-type: none">• Essential to every cell in your body, especially while healing.• Many high-protein foods can also be high in fat and cholesterol, so focus on the lower fat protein foods such as lean meats, low-fat dairy, and legumes.	<ul style="list-style-type: none">• Legumes• Poultry• Seafood• Dairy products• Meats• Nuts and seeds
HYDRATION	<ul style="list-style-type: none">• Prevents constipation.• Prevents fatigue and weakness.• Prevents blood clots.• Consume 6-8 glasses of fluid daily.	<ul style="list-style-type: none">• Water and ice chips• Coffee and tea• Milk• Juice• Soup• Gelatin, ice cream, ice pops

Rest

Your energy level may be lower than normal for a few weeks after surgery. Take rest breaks as needed during the day and get a good night's sleep to support the healing process. However, it is common to have difficulty sleeping after surgery. This will gradually improve.

Exercises and Activity

Exercise and maintaining an active lifestyle are important parts of good health. Be sure to discuss your activity and exercise goals with your spine surgeon to ensure that your individual recovery plans and goals are aligned.

Follow-Up Care

You will see your spine surgeon or physician assistant for a follow-up appointment approximately two weeks after surgery and several times during the first year.

Traveling

When traveling long distances by car or airplane, you should attempt to change position or stand about every hour. Should you need to sit for a long period of time, exercises like ankle pumps, can also be performed. Speak to your surgeon to obtain clearance prior to long periods of travel by car or airplane travel.

Some surgical procedures will involve metal hardware that may set off metal detectors. This is normal and should not cause concern. Simply explain to the security personnel that you have had spine surgery.

Driving

You should not drive a car or other motor vehicle until you are cleared to drive by your spine surgeon. If applicable, driving approval will not be given until you no longer need your brace.



Returning to Work

Discuss your plan to return to work with your spine surgeon, as it will depend on the activity requirements of your job. Your surgeon can sign a work release form if it is required by your employer.

Driving Directions

From the South

Take Route 1 North to the Plainsboro Road exit. Make a right at the end of the exit onto Plainsboro Road and take the jughandle to make a left at the traffic signal onto Punia Boulevard, which is part of the hospital campus.

From the North

Take Route 1 South to the Scudders Mill Road exit. Take the overpass over Route 1 onto Scudders Mill Road. Make a right at the traffic signal onto Campus Road, then right onto Hospital Drive on the hospital campus.

From the West

Take any one of several access roads to Route 1 and follow Route 1 directions above.

If you are taking one of the following roads, you will take Route 1 North: 1-95, Province Line Road, Alexander Road, Washington Road and Harrison Street. NOTE: Harrison Street has been significantly improved with the addition of a left-turning lane; it is now possible to turn left onto Route 1 from two lanes at Harrison Street.

If you are taking one of the following roads, use the directions from Route 1 South: College Road, Promenade Boulevard, Ridge Road and Raymond Road.

Alternate Routes from the West (avoiding Route 1)

FROM MONTGOMERY/ROCKY HILL/ HILLSBOROUGH AREAS:

Take Somerset County Route 518 through Rocky Hill to River Road to Route 27 in Princeton Township. Make a left onto Route 27. Take Route 27 to Academy Street and make a right onto Academy Street, bearing right onto Mapleton Road. Take Mapleton Road to a gentle left onto Seminary Drive leading to College Road West. Make a left onto College Road West, crossing over Route 1 where the road becomes College Road East. Continue on College Road East through Forrestal Center to Scudders Mill Road. Turn right onto Scudders Mill Road and then a left at the traffic light onto Campus Road. Make a right onto Hospital Drive into the hospital campus.

FROM LAWRENCE AND HOPEWELL:

Take Province Line Road, crossing over Route 1 to Quaker Bridge Road. Make a left onto Clarksville Road. Cross over Mercer County Route 571/

Princeton-Hightstown Road. Turn left onto Cranbury Road. Make an immediate right onto Millstone Road. Millstone Road becomes Grovers Mill Road. Take Grovers Mill Road to Maple Avenue and make a left. Follow Maple Avenue to Plainsboro Road and make a left*. Continue toward the left to stay on Plainsboro Road. The entrance to the hospital is about a half-mile down on the right.

From the East

FROM WEST WINDSOR/EAST WINDSOR:

Take Mercer County Route 571/Princeton-Hightstown Road. Make a right on Clarksville Road. Follow Clarksville Road to Cranbury Road. Turn left on Cranbury Road. Make an immediate right onto Millstone Road. Millstone Road becomes Grovers Mill Road. Take Grovers Mill Road to Maple Avenue and make a left. Follow Maple Avenue to Plainsboro Road and make a left*. Continue toward the left to stay on Plainsboro Road. The entrance to the hospital is about a half-mile down on the right.

FROM EAST WINDSOR, CRANBURY:

Take Old Trenton Road East and make a left on South Main Street in Cranbury. Follow to Plainsboro Road and make a left. Plainsboro Road merges with Middlesex County Road 614, which then becomes Scudders Mill Road. Take Scudders Mill Road to Campus Road and make a left. Make a right onto Hospital Drive into the hospital campus.

FROM MONROE/JAMESBURG:

Take Route 130 to Middlesex County Road 614 (Dey Road). Make a gentle right onto Scudders Mill Road. Take Scudders Mill Road to Campus Road and make a left. Make a right turn onto Hospital Drive into the hospital campus.

FROM SOUTH BRUNSWICK:

Take Ridge Road West to Middlesex County Road 683/Schalks Crossing Road. Take Schalks Crossing Road to Scudders Mill Road and make a right. Make a left onto Campus Road and then a right turn onto Hospital Drive into the hospital campus.

* Please note: Left turns are prohibited at the intersection of Maple Avenue and Plainsboro Road during morning and evening rush hours. An alternate route during these hours would be to make a right onto Plainsboro Road, and a left onto Schalks Crossing Road. Then make a left onto Scudders Mill Road and a left at the traffic light onto Campus Road. Make a right onto Hospital Drive into the hospital campus.

Overnight Accommodations

Below is a brief list of nearby accommodations. PMC is not affiliated with the following hotels.

CLARION HOTEL PALMER INN

3499 US Highway 1 South
Princeton, NJ 08540
877.432.9044

COURTYARD BY MARRIOTT

3815 US Route 1 at Mapleton Road
Princeton, NJ 08540
609.716.9100

CROWN PLAZA PRINCETON

900 Scudders Mill Road
Plainsboro, NJ 08536
609.936.4200

DOUBLETREE HOTEL PRINCETON

4355 Route 1
Princeton, NJ 08540
609.452.2400

HOLIDAY INN

100 Independence Way
Princeton, NJ 08540
609.520.1200

HOMEWOOD SUITES

3819 US 1 South
Princeton, NJ 08540
609.720.0550

HYATT PLACE

3565 US Highway 1
Princeton, NJ 08540
609.720.0200

HYATT REGENCY PRINCETON

102 Carnegie Center
Princeton, NJ 08540
609.987.1234

NASSAU INN

10 Palmer Square East
Princeton, NJ 08542
609.921.7500

PRINCETON MARRIOTT HOTEL & CONFERENCE CENTER AT FORRESTAL

100 College Road East
Princeton, NJ 08540
609.452.7800

RESIDENCE INN MARRIOTT

4225 US Highway 1
Monmouth Junction, NJ 08852
732.329.9600

SONESTA ES SUITES PRINCETON

4375 US Route 1 South
Princeton, NJ 08540
609.951.0009

THE WESTIN PRINCETON AT FORRESTAL VILLAGE

201 Village Boulevard
Princeton, NJ 08540
609.452.7900

IMPORTANT CONTACT INFORMATION

For non-urgent issues contact:

The Spine Center NP / Navigator: 609-853-7973

Surgical Care Unit: 609-853-7950

Pre-Admission Testing: 609-853-7360

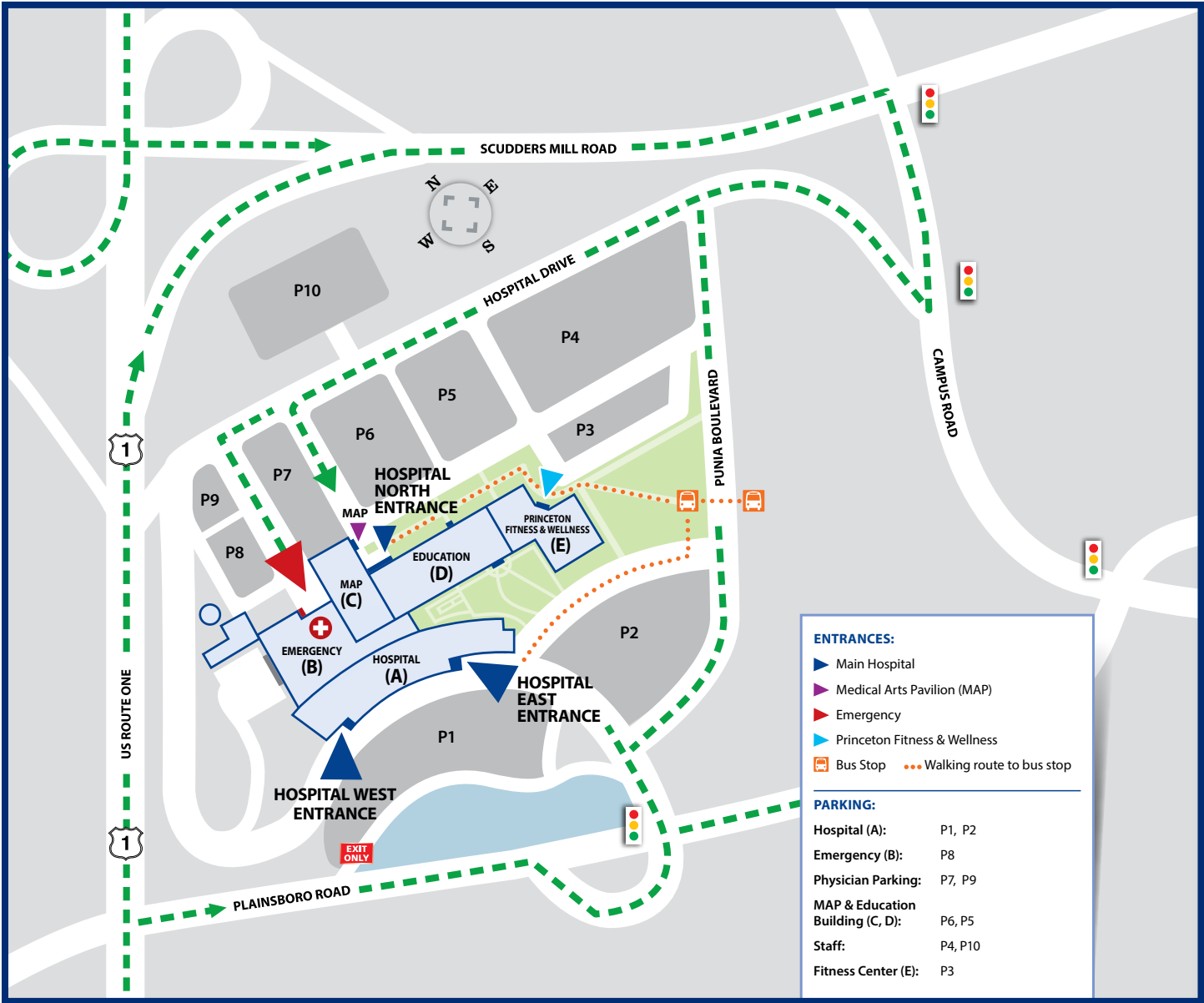
Patient Relations: 609-853-7490

Main Hospital: 609-853-7000

Email The Spine Center at

PMCSpineCenter@pennteam.upenn.edu

If you are experiencing a medical emergency, call 911.



ENTRANCES:	
	Main Hospital
	Medical Arts Pavilion (MAP)
	Emergency
	Princeton Fitness & Wellness
	Bus Stop
	Walking route to bus stop
PARKING:	
Hospital (A):	P1, P2
Emergency (B):	P8
Physician Parking:	P7, P9
MAP & Education Building (C, D):	P6, P5
Staff:	P4, P10
Fitness Center (E):	P3

A Atkinson Pavilion/Hospital:

- Acute Care for the Elderly (ACE)
- Acute Rehabilitation Unit
- Princeton Center for Eating Disorders
- Center for Maternal & Newborn Care:
 - Labor & Delivery
 - Neonatal Intensive Care Unit
 - Mother-Baby Unit
- Center for Neuroscience Care
- Institute for Surgical Care:
 - Peri-Operative Unit
 - Post-Anesthesia Care Unit (Recovery)
 - Pre-Admission Testing
 - Surgical Care Unit
- Center for Testing & Treatment
- Dialysis
- Edward & Marie Matthews Center for Cancer Care
- George & Estelle Sands Center for Cardiac & Pulmonary Care
- Llura & Gordon Gund Center for Critical Care
- Medical/Neurology/Oncology Unit
- Regan Family Center for Pediatric Care
 - PMC-CHOP: Partners in Pediatric Care
- Telemetry Unit

B Center for Emergency Care (Emergency Department)

- Imaging
- Interventional Suite/Operating Rooms
- Security

C Medical Arts Pavilion (MAP):

- Center for Bariatric Surgery & Metabolic Medicine
- Center for Digestive Health
- Department of Medicine
- Department of Surgery
- Maternal-Fetal Medicine
- Diabetes Management Program
- Occupational Health
- Outpatient Imaging Center
- Laboratory Services
- Princeton Medical Center Foundation
- Princeton Medicine Physicians
- Private Physician Offices
- Sleep Center
- Stephen & Roxanne Distler Center for Ambulatory Surgery
- Women's Imaging

D Education Building:

- Administration
- Bristol-Myers Squibb Community Health Center
- Center for Pelvic Wellness
- Chapel of Light
- Human Resources
- Medical Staff Services
- Medical Records
- Schreyer Education Center
- Volunteer Services

E Princeton Fitness & Wellness

- Krogh Outpatient Rehabilitation



Penn Medicine
Princeton Medical Center

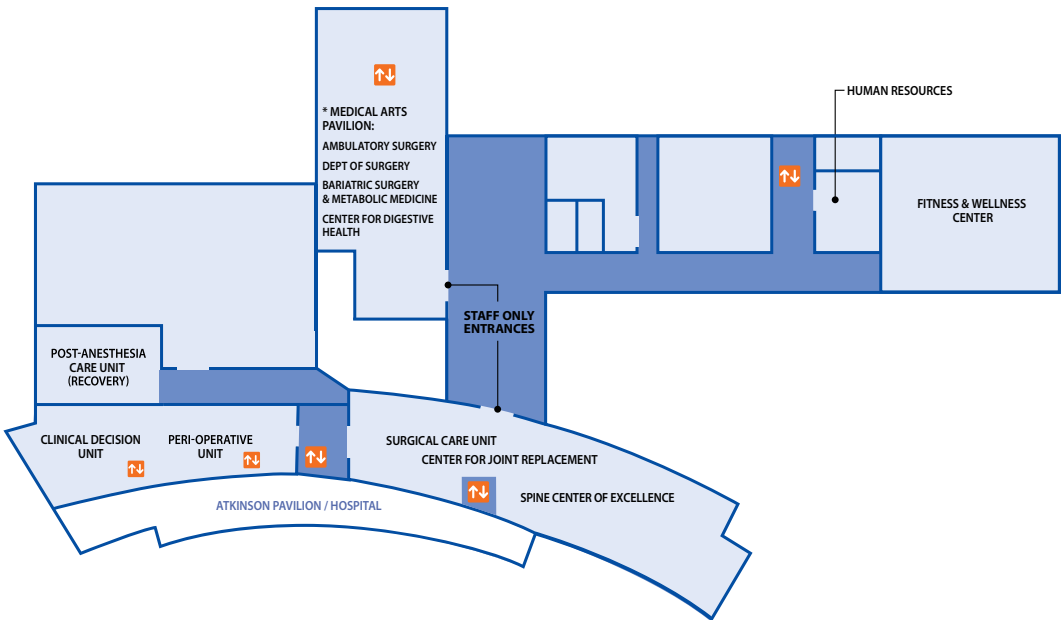
One Plainsboro Road
Plainsboro, NJ 08536
www.princetonhcs.org
609.853.7000

LEVEL

1

Map Key

- | | | | | | | | |
|--|----------|--|-------------|--|------------|--|-----------|
| | ATM | | Gift Shop | | Restaurant | | Emergency |
| | Cafe | | Information | | Restroom | | Entrance |
| | Elevator | | Parking | | | | |



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LEVEL

2

Map Key

- | | |
|--|----------|
| | Elevator |
|--|----------|

* The Medical Arts Pavilion (MAP) is only accessible via the first-level MAP Entrance.
The MAP is accessible via the second floor only for staff.

Please Fill Out Forms

Complete the following forms. This information will be helpful to bring with you to your final preoperative visit with your surgeon, pre-admission testing (if applicable) and the hospital on the day of surgery.

CURRENT MEDICATIONS

[illegible]

PATIENT AND HOME ASSESSMENT

Please fill in as much detail as possible on this form.

Your Name: _____

Your Best Contact Number: _____

Your Coach's Name: _____

Your Coach's Best Contact Number: _____

Primary Physician: _____

Phone: _____ Fax: _____

Other Physician and Specialty (For Example, Cardiology)

Name: _____

Phone: _____ Fax: _____

Allergies and Side Effects to Medications	
What allergies do I have?	What kind of reaction did I have?

Health Problems/Concerns

☐ Heart Condition (detail): ☐ Atrial fibrillation ☐ Aortic stenosis ☐ AICD (defibrillator)/Pacemaker

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sleep Apnea	<input type="checkbox"/> Parkinson's
<input type="checkbox"/> Pulmonary embolus	<input type="checkbox"/> DVT	

Past Surgeries	Approximate Date

Pneumonia Vaccine	Approximate Date
Have I had a Pneumonia Vaccine: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Advance Directive/ Living Will

Do I have an Advance Directive:	If yes, contact person listed:
<input type="checkbox"/> Yes <input type="checkbox"/> No	

My Height: _____ **My Weight:** _____

I Live With: _____

After my surgery, I will need help arranged for the following:

- ☐ Preparing meals ☐ Bathing ☐ Laundry
☐ Cleaning ☐ Transportation ☐ Food shopping

My Home is:

☐ Single story ☐ Multi-story (Rails at stairs? ☐ **Yes** ☐ **No**)

There are _____ steps to enter my home. (Rails at stairs? ☐ **Yes** ☐ **No**)

My bedroom is on the _____ floor. My bathroom is on the _____ floor.

My Bathroom has:

- ☐ Stall shower ☐ Tub only ☐ Enough space to walk with a walker
☐ Hand-held showerhead ☐ Bathroom rails ☐ Non-skid bath mat

My Toilet Seat Height is:

- ☐ At or above the level of my knee ☐ Below the level of my knee

I can be transported home by: _____

I have the following equipment already:

- ☐ Rolling walker ☐ Commode ☐ Other: _____
☐ Shower chair _____

Currently I get around using:

- ☐ No assistance ☐ Cane ☐ Walker ☐ Wheelchair ☐ Other: _____

Currently I can walk:

- ☐ Only around the house ☐ 1-2 blocks ☐ Unlimited

Additional Comments:

Have you used any home-care services in the past? ☐ **Yes** ☐ **No**

If yes, name of service: _____

Prescription Plan:

Mail Order: ☐ **Yes** ☐ **No**

Prescription Co-Pay: ☐ **Yes** ☐ **No**

Pharmacy: _____

Phone: _____ Fax: _____

If you have an insurer OTHER than Medicare, or if you have a secondary insurance in addition to Medicare, please fill in the following information:

Insurance Company:

ID #: _____

Group #: _____

Phone #: _____

If applicable, what is the name and contact information for your case worker if your surgery is being covered under motor vehicle or workman’s compensation.

Case Worker Information: _____

Name: _____

Phone: _____

Fax: _____

NOTES

NOTES



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