



SPINE SURGERY

P A T I E N T I N F O R M A T I O N



Baptist Health

SPINE SURGERY

PATIENT EDUCATION VIDEO

Please scan the QR code below to watch our spine surgery
pre-op education video



If you would prefer to have the video link sent
to you by email, please send an email to
tyler.kairos@baptist-health.org

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WELCOME

Thank you for choosing to have your surgery at Baptist Health! You and your provider will develop a plan of care that is best for you. This education booklet will help you prepare for your surgery by understanding what to do and expect before, during and after surgery. Our goal is to provide excellent care so that you will get the best results from your surgery.

Important Information

Read this educational booklet in order to be prepared and understand the expectations of your surgical experience. Feel free to share this booklet with family/loved ones so they also understand your plan of care.

Fill in the blanks with information regarding your surgery care planning.

Bring this booklet with you to each visit so that you can add additional information.

Your care team will be able to assist you if you have any questions about the booklet.

Baptist Health MyChart Login / Registration

Scan the QR code or follow the link below to login or register for your Baptist MyChart. Mychart features the ability to verify your medical and insurance information, respond to questionnaires, electronically sign documents, complete the check-in process from home, pay visit copays, view results, and much more.

Need help? Please call MyChart Patient Support Line 501-227-8478 or check out our tip sheets below.



<https://mychart.baptist-health.org/MyChart/Authentication/Login?>

SURGERY PLANNING WORKSHEET

My Surgeon is: (Please check one of the following)

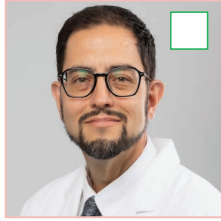
Baptist Health Neurosurgery AR Surgeons



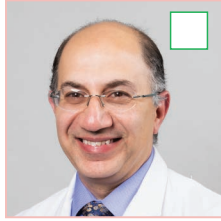
Dr. Phillips



Dr. Reding



Dr. Connor

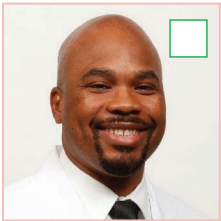


Dr. Bahgat

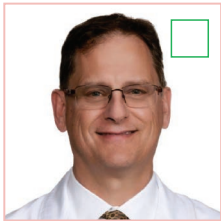


Dr. Morris

OrthoArkansas Surgeons



Dr. Onyekwelu



Dr. Smith

My surgery date is _____ at _____am/pm

I need to be at the hospital by _____am/pm

Who will take me to the hospital? _____

Who will be with me after my surgery? _____

Who will take me home when I am discharged? _____

BAPTIST HEALTH - LITTLE ROCK

Baptist Health Neurosurgery Arkansas - Med Towers I - 7th floor - Suite 750



 **Baptist Health**
 MEDICAL CENTER
 Little Rock

Main Entrance - where you enter to check in with admissions the day of your surgery

BAPTIST HEALTH - CONWAY



Main Entrance - where you enter to check in with admissions the day of your surgery

BAPTIST HEALTH - NORTH LITTLE ROCK



 **Baptist Health**
MEDICAL CENTER
North Little Rock

Main Entrance - where you enter to check in with admissions the day of your surgery

BEFORE SURGERY

PAGE 8 & 9



PLANNING

■ Plan for help

- You may need a family member or friend to assist you for the first week after your surgery. If you do not have someone to assist you after surgery, please discuss this with your surgeon and care team.
- Who will be assisting you?

Name _____

Telephone Number: _____

■ Plan for tobacco cessation (if applicable)

- Using tobacco products like cigarettes, e-cigarettes, and chewing tobacco can affect your healing after surgery.
- If you do not have a plan in place, you can speak to your care team for assistance.
- Resources
BeWellArkansas - call (833) 283-WELL(9355) or visit BeWellArkansas.org
Arkansas Tobacco Quitline - call (800) QUIT NOW (784-8669)

■ Plan for meals

- Buy plenty of food and drinks before your surgery date so that you have a sufficient supply after you get home from surgery.
- Ask your family/friends to assist you with meal planning after surgery.

■ Plan for work

- Make sure that any leave of absence (LOA) paperwork is completed by the surgeon's office.

■ Plan for recovery/safety

- Most patients will be placed on lifting restrictions after surgery. At a minimum, this will last until your first postoperative follow up appointment (approximately two weeks after surgery) but could be extended depending on the complexity of your surgery. You should discuss these restrictions with your surgeon before surgery if you have concerns.
- You will likely be given prescriptions at discharge (printed or sent to your pharmacy). It is important that you get these medications filled and take them as prescribed.

ONE WEEK BEFORE SURGERY

- Your surgeon/care team will instruct you on which medications to stop taking before surgery. It is necessary to stop certain medications prior to surgery to prevent complications, such as excessive bleeding.
 - Your provider will notify you when you need to stop taking blood thinning medications. Typically, these medications are stopped 7 days before surgery: coumadin, aspirin, xarelto, plavix, arixtra, effient, aggrenox, BC powder, excedrin, vitamin E, fish oil, etc.
 - Your provider will notify you when you need to stop taking any GLP-1 medications: Mounjaro, Ozempic, Rybelsus, Bydureon, Wegovy, Trulicity, Byetta, Victoza, Saxenda.
 - Your provider will notify you if/when you need to stop taking non-steroidal anti-inflammatory medications (NSAIDs). Typically, these medications are stopped 5 days before surgery: ibuprofen, mobic, diclofenac, aleve, naproxen, celebrex, etc.

*For a full list of blood thinning medications, GLP-1 medications, and NSAIDs, please refer to **Appendix A** in the back of this booklet.*

- **Pack a bag** - plan to stay the night unless instructed otherwise by your provider

- **What to bring to the hospital**

- Medication list / allergy list
- Photo ID and insurance card(s)
- Change of clothes - including non-skid footwear
- Personal care items - including dentures
- Glasses, contact lenses, hearing aids, etc.

- What **NOT** to bring

- Anything valuable not pertinent to your care - jewelry, cash, etc.

- Confirm your ride to the hospital for surgery and back home after surgery/discharge

- You might also need to stop at the pharmacy to pick up your prescriptions after discharge.

- Getting your body ready

- Eat a well balanced diet that includes protein and fiber
- Drink plenty of water.
- Prepare you skin
 - Wash your body regularly
 - Wash your body with antibacterial soap, such as Hibiclens, each day during the 3 days before your surgery

DAY BEFORE SURGERY

- Ensure your home is prepared for your return after surgery/discharge.
 - Clean bed linen
 - Meals planned/prepared
 - Home is clutter free to prevent risk of falling/injury
 - You **SHOULD NOT:**
 - drink any alcohol at least 24 hours before surgery
 - eat any food 8 hours before surgery
 - drink any liquids 2 hours before surgery

Small amounts of clear liquids up to 2 hours before surgery may include water, coffee (no creamer), tea, broth, sports drink (ie gatorade), fruit juice (ie apple or white grape juice)

Not following these guidelines may delay or postpone your surgery



DAY OF SURGERY

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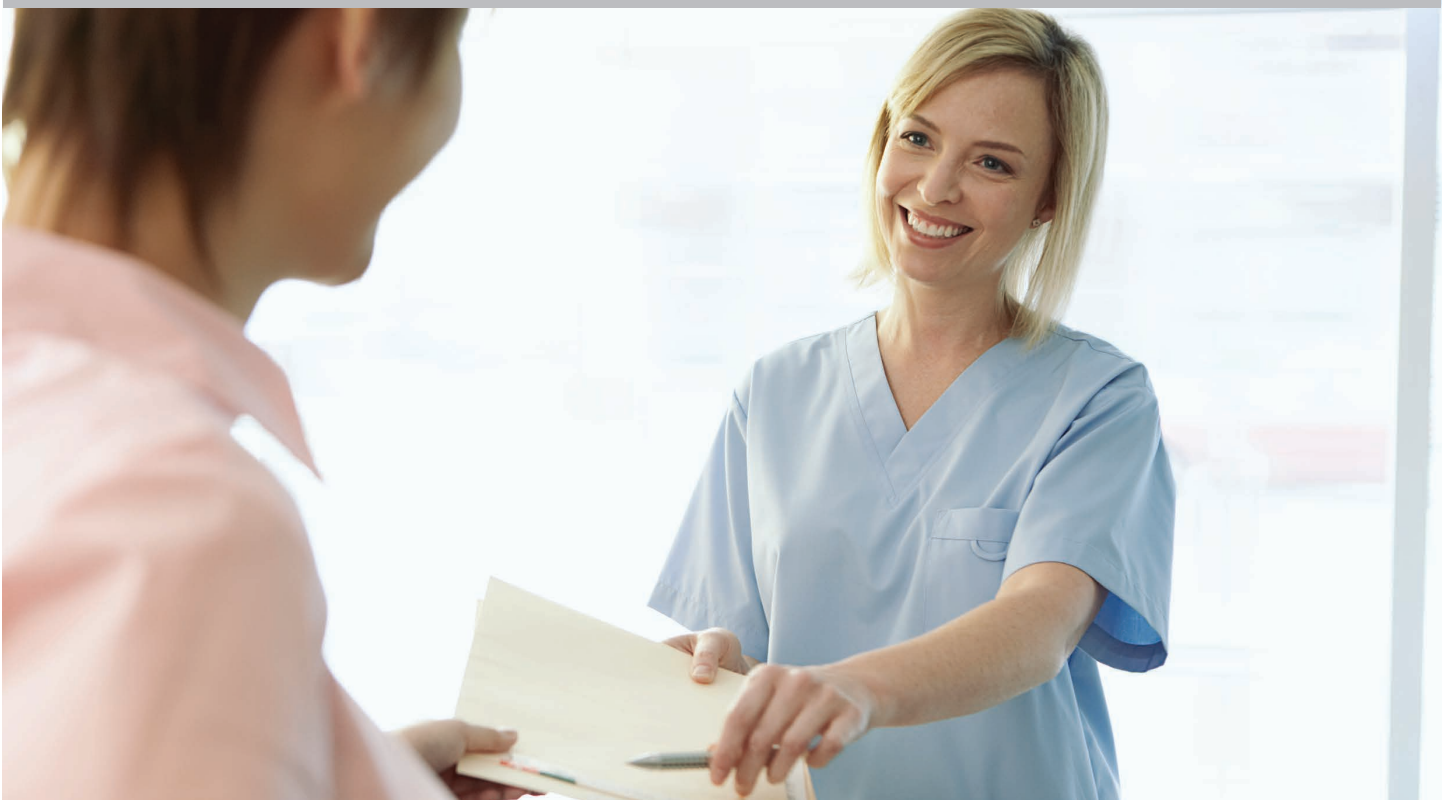
MORNING OF SURGERY

- You **should**:
 - You may take your seizure and heart/blood pressure medications with a small sip of water the day of surgery
 - If diabetic, do not take insulin or blood sugar medications the day of surgery - unless instructed otherwise
 - Shower or bathe
 - Brush your teeth without swallowing toothpaste or water
 - Wear comfortable clothes
- **Arrive to hospital on time** (take traffic into consideration)
 - For directions, visit: <https://www.baptist-health.com/healthcare-arkansas-locations/> or call (501) 202-2000
- You should **NOT**:
 - Put on any oils, lotions, make-up, or nail polish
 - Wear any jewelry
 - Eat, drink, chew gum, eat candy - doing this may delay or postpone your surgery

WHEN YOU GET TO THE HOSPITAL

- Park in the main parking lot designated for patients and visitors.
- Enter through the Main Entrance, proceed to the Admissions desk, and check in for surgery.
- You will likely be asked to have a seat until they are ready to take you back to the pre-op area.

Please do not hesitate to ask your surgery scheduler or care team about any questions you may have about the hospital check-in process.



PRE-OP

- You will go to the pre-op area before your surgery.
- You will sign additional paperwork needed for surgery, including consent for surgery and possibly consent for blood if you need it.
- You will have an IV placed so that you can receive medications.
- You will likely have blood drawn the morning of surgery, for pre-op testing, before you are taken into surgery.
- You will see your surgeon, care team, and anesthesia team in the pre-op area.



Informed Consent
Video

Please do not hesitate to ask any remaining questions you may have about your surgery.

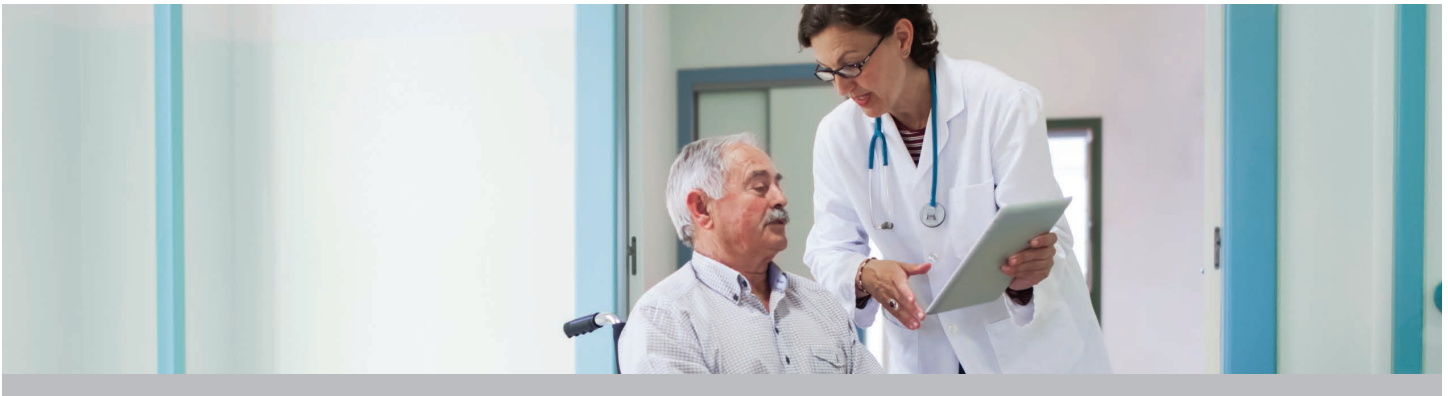
DURING YOUR SURGERY

- When your team is ready, you will be moved to the operating room and positioned on the operating room table.
- Anesthesia
 - You will have general anesthesia during your surgery.
 - You will be given medications to put you to sleep, preventing you from feeling pain and will prevent you from hearing or seeing anything.
 - Your anesthesia team will closely monitor you during your surgery to ensure you are adequately sedated for the length of your surgery.

RECOVERY

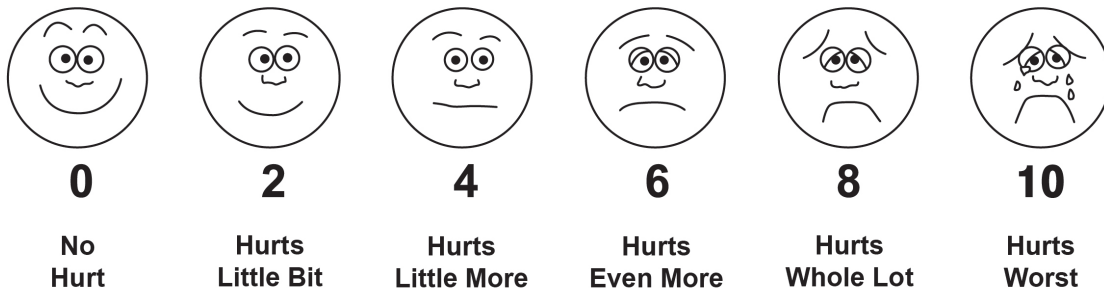
- After surgery, you will be moved to the Post Anesthesia Care Unit (PACU) where you will be cared for until you wake up from your anesthesia.
- During your time in PACU, your care team will:
 - Monitor you closely to make sure you are not having any complications after anesthesia
 - Help you stay comfortable
 - Offer you drinks/snacks once you are able to have them
 - Assist you with any bathroom needs





DISCHARGE PLANNING

- Depending on the type of surgery you need, you will either be discharged home after recovery in PACU or you will be admitted to the hospital until cleared for discharge by your surgeon.
- If you are admitted to the hospital, you will receive additional care which may include:
 - Evaluation by physical therapy and/or occupational therapy
 - Arrangements for any inpatient/outpatient therapy services or durable medical equipment, if indicated
 - Ongoing post-operative assessments by the nursing team
 - Continued treatment of existing medical problems such as hypertension, diabetes, etc.
 - Pain management - you will be asked to rate your pain using a scale of 0-10. Below is a reference to determine your pain level.



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Used with permission.

- When you are discharged home, your care team will go over additional discharge instructions with you including:
 - Pain management / medication changes - always ask your about new medications
 - What is the medication?
 - Why am I taking this medication?
 - What are the possible side effects of this medication?
 - Caring for yourself at home including incision care and activity restrictions
 - What signs and symptoms to monitor for in case a complication develops, such as an infection at the incision site
 - When to call your surgeon - suspected infection, fever greater than 101°, new onset or worsening pain, numbness, weakness, or loss of function, chest pain or shortness of breath
 - Follow up appointments



AFTER SURGERY

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PREVENTING COMPLICATIONS

■ Surgical site infection

- Keep your incision site clean and dry
- Avoid tub baths until incision is healed
- Monitor for signs and symptoms of infection - drainage, redness, or swelling at the incision site

■ Excessive pain

- You will have pain after your surgery
 - Pain goal - be comfortable enough to eat, walk, rest, and perform activities as directed by your surgeon/care team
- Take prescribed pain medications as directed
- Alternative pain interventions
 - ice packs, repositioning, light activity

■ Constipation

- Drink plenty of water
- Increase fiber intake
- Walk often, unless otherwise directed
- Use over-the-counter stool softeners if needed

■ Pneumonia

- Walk often, unless otherwise directed
- Sit up in a chair for your meals
- If provided, use your incentive spirometer which is a device that helps you take deep breaths

■ Falls

- After surgery, you may be at a higher risk for falling due to pain, weakness, and side effects from medicine
- Ask for help when moving around
- Understand your activity limitations

■ Injury

- Understand your activity limitations that have been explained to you by your surgeon and care team
- Generally, you will avoid driving for at least one week after surgery
- Avoid bending, lifting, twisting or straining until cleared by your provider
- Avoid lifting anything over 10 pounds until cleared to do so by your surgeon/care team
- You will likely be able to resume sexual relations 2-4 weeks after surgery
- If your surgeon orders you to wear a brace for your recovery, make sure that you wear it as directed

FOLLOW UP

Follow up appointments may vary depending on the complexity of your surgery. Your provider will let you when they want to see you again or if you are fully cleared.

- Your first follow up appointment will be around two weeks after your surgery. This appointment will usually be scheduled for you before you are discharged.
 - At this appointment you will see a provider to have your incision site evaluated and have any concerns addressed. You will also receive instructions on any changes to your activity restrictions.
 - Please contact your provider's clinic if you need to make any adjustments to your appointment.
 - Neurosurgery AR - Little Rock - (501) 224-0200
 - Ortho AR - (501) 500-3500
- Your second follow up appointment will be between 6-8 weeks after your surgery.
- Depending on the complexity of your surgery, you may need a third and fourth follow up appointment before you are fully cleared. These appointments usually occur between 3-4 months and 6-9 months after your surgery.



TIPS FOR ACTIVITY AFTER SURGERY

Getting into the car:

Backup towards the seat. Sit onto the seat. Scoot my bottom all the way back. Swing the leg closest to the door inside and then bring the other leg inside.



Getting out of the car

Lift leg closest to the door out of the car and place it on the ground. Swing the other leg out. Scoot my bottom forward and then stand up.



Sitting in a car:

Before driving, move the seat and steering wheel to a comfortable position. A rolled towel can be used to support my lower back when driving or riding



Laundry:

To unload small items at the bottom of the washer, lift my leg, make sure I lift the leg opposite to the arm I am using.



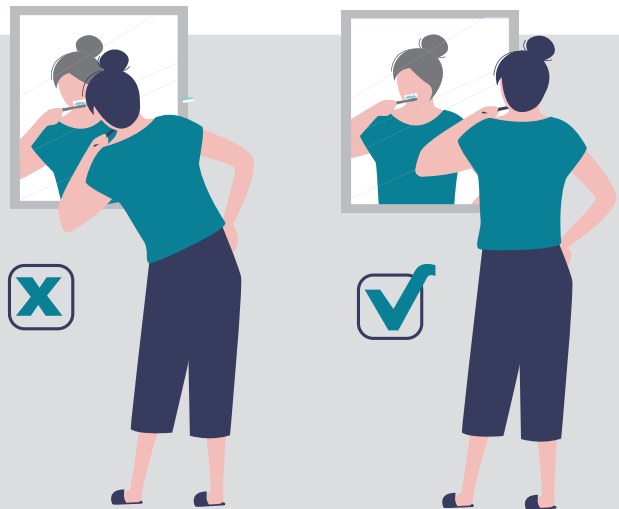
Work height and reach:

When standing, the best height for a table is no more than 2-4 inches below my elbow. When sitting, only work at elbow level. Do not reach past arm's length.



Shaving and Brushing teeth:

Stand up straight with one foot on the ledge of the cabinet under the sink. If I do not have a cabinet, place one foot on a step stool.



Showering:

Standing in a shower is better than sitting in a tub. Use a long-handled bath brush, hand-held shower and rack to hold toiletries. This will keep me from bending over and twisting my back. Use a rubber mat to keep from slipping.

Dressing:

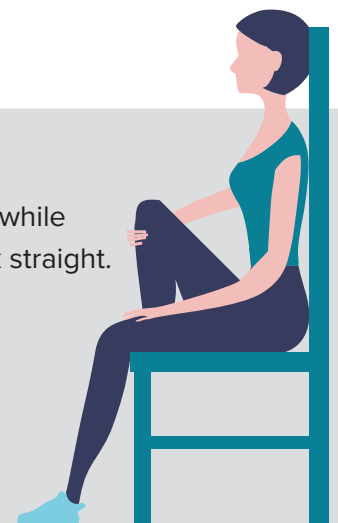
Lying down:

Lie on my back to place socks or pants over my feet.



Sitting:

Bend my leg up, while keeping my back straight.



FREQUENTLY ASKED QUESTIONS

What is the recovery time?

Everyone heals from surgery at a different pace. Eating a healthy diet, cessation from tobacco and following activity restrictions will promote healing. Your provider will discuss activity restrictions and clearance for increased activity at your follow up appointments.

When can I go back to work?

Your surgeon will tell you when you are released to return to work. Depending on what you do for work, you may be placed on work restrictions until fully cleared.

Are there activities I should not do?

Until cleared/instructed, you should not:

Bend, lift, or twist

Swim

Dance

Bowl

Golf

Have Sex

Hike



Can I drink alcohol after surgery?

You should avoid consuming alcohol until cleared by your provider. It can be dangerous to mix alcohol with pain medications.

What are the signs and symptoms of infection?

Fever of 101 or greater, drainage, redness, or swelling at the incision site. Other signs and symptoms of complications include excessive pain, weakness, numbness, or loss of function. You should contact your surgeon's office immediately if these symptoms occur.

If I have hardware (ie screws, rods, etc.) placed during my surgery, will it set off a metal detector?

This is an unlikely scenario. Most metal detectors are sensitive to metals, such as metal implants inside your body. Additionally, spine surgery hardware is relatively small and the materials used are less likely to set off metal detectors.

APPENDIX A

Blood Thinning Medications

- Aspirin 81mg
- Aspirin 325mg
- BC Powder
- Brilinta (Ticagrelor)
- Coumadin (Warfarin)
- Effient (Prasugrel)
- Eliquis (Apixaban)
- Excedrin
- Plavix (Clopidogrel)
- Rivaroxaban (Xarelto)
- Vitamin E or Fish Oil

NSAID Medications

- Advil
- Arthrotec
- Excedrin
- Celecoxib (Celebrex)
- Diclofenac potassium (Cataflam)
- Diclofenac sodium
- Voltaren, Voltaren XR
- Diflunisal (Dolobid)
- Etodolac
- Fenoprofen calcium (Nalfon)
- Flurbiprofen (Ansaid)
- Ibuprofen
- Indomethacin (Indocin, Indocin SR)
- Ketoprofen
- Lodine, Lodine XL
- Magnesium salicylate
- Meclofenamate sodium
- Mefenamic acid (Ponstel)
- Meloxicam (Mobic)
- Motrin
- Nabumetone (Relafen)
- Naproxen (Naprosyn, Naprelan*)
- Naproxen sodium (Aleve, Anaprox)
- Oxaprozin (Daypro)
- Piroxicam (Feldene)
- Rofecoxib (Vioxx)
- Salsalate
- Sodium salicylate
- Sulindac (Clinoril)
- Tolmetin sodium (Tolectin)
- Valdecoxib (Bextra)

GLP-1 Medications

- Mounjaro (tirzepatide)
- Ozempic (semaglutide)
- Rybelsus (semaglutide)
- Bydureon (exenatide)
- Wegovy (semaglutide)
- Trulicity (dulaglutide)
- Byetta (exenatide)
- Victoza (liraglutide)
- Saxenda (liraglutide)

APPENDIX B

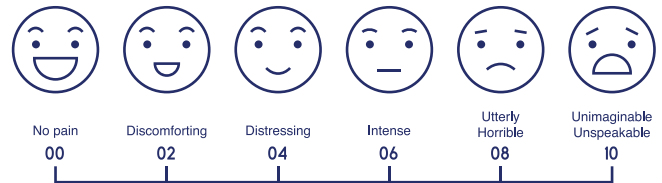
Pain Management Expectation with Spine Surgery

Before Surgery

- Your surgeon will work with you to reduce or wean preoperative opioid use before surgery. Preoperative opioid use is correlated with higher complications, poor outcomes, and lower return to work.
- Your surgeon or clinician may work with you to develop an acceptable pain goal before your surgery. This will be a 0-10 scale with 0 being no pain and 10 being the worst pain imaginable.

In the Hospital

- Your pre-op nurse will help you develop an acceptable pain goal to use during your hospital stay. This will be a 0-10 scale with 0 being no pain and 10 being the worst pain imaginable. Realistically, this number will likely be between 2-4 and this will be the goal of your pain management during your hospital stay.
- A combination of medications will be used to manage your pain to try and meet your pain goal. This is called multimodal pain management which is the use of more than one pain medication targeting different receptors along the pain pathways. These medications may include Tylenol, muscle relaxers, nerve pain medication, NSAIDs (if able to take), and opioid pain medication
- It is our goal to ensure your pain is managed with medications taken by mouth before you are discharged home. Therefore, while you may receive IV pain medication initially, it is important to transition to PO (by mouth) pain medications well before you are discharged home.



After Discharge

- You will be discharged home with medications to help manage your pain. This may include opioid pain medication and muscle relaxers. You will also be able to take Tylenol and NSAIDs (if recommended by your surgeon).
- It is important to take your medications as prescribed. Your opioid pain medication regimen typically lasts you until your first follow up appointment.
- The goal is for you to be comfortable enough to eat, walk, rest, and perform activities within your restrictions as your body heals from your surgery.

Alternative Pain Interventions

- Repositioning
- Ice/head packs (**do not** place directly on incision site)
- Light activity, such as walking



Baptist Health

NEUROSURGERY ARKANSAS

FOR YOU. FOR LIFE.

Diabetes and Spine Care



About Diabetes

Diabetes is a disease that affects a person's ability to move blood sugar, or glucose, out of the blood and into the cells where it is used as the body's primary source of fuel. There are two types of diabetes, insulin dependent (also called Type I) and non-insulin dependent (Type II).

How Does it Link to Spine Care?

Patients with diabetes have been shown to have:

- Increased risk of surgical site infections
- decreased wound healing
- decreased fusion rates
- lower clinical improvement

Patients whose blood glucose levels are well controlled prior to surgery are at far less risk of these complications than patients whose blood glucose levels are not controlled.

What to Expect

- Before being cleared for surgery, you will have a HgA1c drawn. This blood test shows how well controlled your blood sugar has been over the past several weeks.
- Unless otherwise indicated, expect to get your HgA1c level to an acceptable range before having your spine surgery.

Resources

- Speak to your doctor or endocrinologist (diabetes doctor) to discuss how to better control your blood glucose levels.

Baptist Health Diabetes Self Management Education and Support Services - referral required*

- Little Rock - (501) 202-1877
- North Little Rock - (501) 202-3701
- Heber Springs - (501) 887-3276

Baptist Health Weight & Nutrition Center

- Little Rock - (501) 202-2001
- Malvern - (501) 332-1037

Baptist Health Diabetes Support Group

- (501) 202-1540

American Diabetes Association

- (800) 342-2383
- www.diabetes.org

Apps

- Glucose Buddy
- Glucose Blood Sugar Tracker
- My Fitness Pal
- MySugr

Recipes

- www.diabetesfoodhub.org



APPENDIX D



The Diabetes Self Management Education and Support Services (DSMES) provides comprehensive education for patients and their family members. This program was designed for patients with a new diagnosis of diabetes and for those who have had diabetes for many years. The staff provides individual and group education to empower patients to control their blood sugars and to prevent complications.

Baptist Health Medical Center-Little Rock	501-202-1877	501-202-1209 (fax)	Inpatient and Outpatient
Baptist Health Medical Center-North Little Rock	501-202-3701	501-202-3705 (fax)	Inpatient and Outpatient
Baptist Health Medical Center-Heber Springs	501-887-3276	501-887-3277 (fax)	Inpatient and Outpatient

Do you know someone who needs support managing their diabetes?

- New diagnosis of diabetes or elevated HgbA1C
- Recent change in medication
- Insulin resistance, complications of diabetes
- Confusion or difficulty with diet?

Benefits of the Program

Studies show that DSMES not only reduces overall health costs but also improves health outcomes.

Comprehensive Instruction

Education is the cornerstone of diabetes treatment. The Baptist Health program is certified by the American Diabetes Association and complies with their high standards. Patient mastery of topics is assessed pre and post-program. A summary of the patient's progress is sent to the referring provider. Staff provides instruction in the following subjects:

- Why diabetes occurs
- Treatment and prevention of high and low blood glucose

- Strategies to avoid diabetes complications
- Share information about new monitoring technologies
- Coping with stress of chronic disease
- Exercising safely
- Diabetes and pregnancy
- Nutrition to reach glucose targets

Gestational Program

Staff provides instruction in the following subjects:

- Review reasons for gestational diabetes
- Discuss goals of treatment and preventing complications,
- Instruct in using a glucometer to monitor blood glucose
- Provide a gestational consistent carb meal pattern and teach counting carbohydrates

Based on the most recent 2022-2023 data, patients who participated in the Baptist Health Diabetes Self-Management Program were able to reduce their HgbA1c by an average of 1.5 points.

Tobacco Cessation: Facts About Tobacco Use and Spine Care



Overview

Smoking cessation is imperative in the population of patients undergoing fusion surgery of the cervical (neck) or lumbar (lower back) spine with a minimum requirement for smoking cessation of 6 weeks prior to surgery.

Key Facts

- Tobacco addiction predisposes users to an increased incidence of postoperative complications including decreased rate of successful fusion, increased postoperative wound complications, and diminishment of both clinical and patient reported postoperative outcomes.
- Smoking has been linked to an increased risk of degenerative changes in the spine.
- Smoking decreases the blood flow to the disk space, which leads to decreased cellular metabolism within the intervertebral disk tissue and earlier disk degeneration.
- Smoking accelerates the aging process of the spine by reducing the vascular supply of appropriate oxygen and nutrients to assist in healing of spinal elements.
- Smoking has been related to anesthetic complications, delayed wound healing and inferior fusion rates following cervical or lumbar spine fusion surgery.

- Smoking has been correlated with lower return to work rates in procedures involving lumbar fusion.

Tips

- Set a quit date and mark your calendars.
- Tell your family, friends and coworkers that you are going to quit. Ask for their support.
- Ask your doctor about nicotine replacement therapy medication that can help control your urges to smoke.
- Throw away all of your cigarettes, ashtrays and lighters before your quit date.
- Reward yourself for doing well. Use the money you have saved on tobacco and reward yourself with something nice.

Additional Resources

BeWellArkansas
(833) 283-9355
www.BeWellArkansas.org

Arkansas Tobacco Quitline
(800) 784-8669

American Cancer Association
(800) 227-2345
www.cancer.org

APPENDIX F



Comprehensive Weight Loss

Non-Surgical Weight Loss Services at Baptist Health Weight & Nutrition Center

Let Baptist Health Weight & Nutrition Center be your guide to a healthier lifestyle. Whether your goal is to lose weight, improve your current health, or manage a chronic health condition, our program is for you. Baptist Health Weight & Nutrition Center's multidisciplinary team of Advanced Nurse Practitioners and Registered Dietitians can help you reach your goals. Our easy-to-follow, individualized programs are based on your own metabolic profile. By using a combination of protein-rich products recommended by our dietitians and store-bought produce, you will learn to make healthy food selections, practice portion control, and adopt sustainable diet patterns. In some instances weight loss medications will be added to help with your weight loss journey. Call today or visit our website to learn more about our program offerings.

Little Rock 501-202-2001 • 9500 Kanis Road Suite 503

Surgical Weight Loss Services at Baptist Health Bariatric Center-Little Rock

If you're facing serious health challenges due to your weight and find that diet and exercise alone aren't enough, bariatric surgery might be the transformative solution you need. At the Baptist Health Bariatric Center in Little Rock, a recognized Bariatric Center of Excellence and Metabolic and Bariatric Surgery Institute of Quality, we're committed to providing comprehensive surgical weight loss options with a strong focus on your success. Our experienced and dedicated support team is here for you every step of the way, both before and after your surgery.

Baptist Health leads the way performing over 12,000 surgeries over the last 40 years. Through our innovative surgical solutions, we help more than 500 people on average achieve their weight loss goals and improve their overall health each year.

SLEEP BETTER: 42% of patients were off of C-Pap machines six months after surgery.

REDUCE HIGH BLOOD PRESSURE: 48% of patients were no longer taking blood pressure medications.

CONTROL DIABETES: 63% of patients were no longer on medications for diabetes.

IMPROVE OVERALL HEALTH: 75% of patients had complete resolution of one or more obesity-related conditions in only six months after surgery.

Our fellowship trained, board-certified surgeon, specializing in da Vinci robotic-assisted surgery, is committed to delivering exceptional results for our patients. Experience the advantages of minimally invasive techniques, including smaller incisions, reduced pain, and faster recovery times.

Visit [BaptistHealthBarietrics.com](https://www.baptisthealthbariatrics.com) or call **501-202-4477** to learn more.

APPENDIX G

Neck and Back Exercise Video Links

NECK EXERCISES



Scan QR code to be taken to the neck exercises education video or go to <https://www.baptist-health.org/treatments/neck-strengthening-exercises>

BACK EXERCISES



Scan QR code to be taken to the back exercises education video or go to <https://www.baptist-health.org/treatments/back-strengthening-exercises>

APPENDIX H

Brace Education Videos

Aspen Neck Brace



Scan QR code to be taken
to the Aspen Neck video
or go to

<https://vimeo.com/875216657/3505e32190>

Lumbar-Sacral Orthosis (LSO)



Scan QR code to be taken
to the Lumbar-Sacral
Orthosis video or go to

<https://vimeo.com/890422439/ba6afddf78?share>

Thoracic-Lumbar-Sacral Orthosis (TLSO)



Scan QR code to be taken to
the Thoracic-Lumbar-Sacral
Orthosis video or go to

<https://vimeo.com/875227921/52431ee6dd>

Cervical Thoracic Orthosis (CTO)



Scan QR code to be taken to
the Cervical Thoracic Orthosis
video or go to

<https://vimeo.com/875237744/acad1459f2>

Education Booklet Survey

It is our goal to provide our patients with excellent care, including proper education. We value your feedback so that we can continuously improve how we educate our patients. Please take time to complete this survey by scanning the QR code or going to the web link below.



