



Office Location and Contact:

195 Fore River Parkway Northern Light Mercy Health Center, Suite 440 Portland, ME 04102-2788



Phone: 207.553.6054



Fax: 207.553.6076



Welcome to Northern Light **Mercy Hospital**

Thank you for choosing Northern Light Mercy Hospital to meet your healthcare needs. Our staff and your surgeon are dedicated to providing you with the finest surgical care available.

Mercy Hospital provides a wide array of clinically excellent services and programs with a breadth and depth that complement its status as the fifth largest hospital in the state.

Mission Statement

For more than 100 years, Mercy Hospital has fulfilled its core mission of carrying out the healing work of Christ by providing clinically excellent, compassionate health care for all, with special concern for the poor and disadvantaged. Our ultimate goal is to help your regain your ability to engage in life at the level that gives you the greatest satisfaction. While YOU are the most important member of your healthcare team, be assured that there are a number of outstanding medical professionals serving on your team.

Additional Contact Information

Main Number/Operator:	207.879.3000		
Preanesthesia Testing (PAT)	207.553.6145		
Care Management (social worker)	207.553.6239		
Financial/Billing/Insurance Questions	207.879.3470		
Pre-Registration	207.879.3860		



CAMPUS MAP



- **Hospital address** (where spine surgery is performed) 175 Fore River Parkway, Portland, ME 04102
- **Office address** (where pre- and post-op appointments are located) В 195 Fore River Parkway, Suite 440, Portland, ME 04102



NorthernLightHealth.org/Mercy-Hospital

Directions to Northern Light Mercy Hospital on Fore River Parkway

Please note that GPS will navigate you to the campus. However, navigation to the specific building addresses may not always be accurate. Additional directions are below to help supplement GPS navigation if needed.

From Points North: Take I-295 southbound to Exit # 5A. At the end of the ramp, you should be in the left-hand lane. Take a left at the traffic light and remain in the left-hand lane, continuing straight onto the Fore River Parkway. Up on your left is the main entrance to the hospital and medical office building followed by the next campus entrance (intersection with a light), which is closest to the outpatient specialty and surgery center.

From Points South: Maine Turnpike North (I-95) to exit 45; take I-295 northbound to Exit # 4 (U.S. Route 1). Cross the Veteran's Bridge. At the traffic light you should be in the left-hand lane and turn left onto Fore River Parkway. Taking a right at the first traffic light will bring you closest to the outpatient specialty and surgery center. If you go past this entrance to the next one up on the right, you will enter the campus closest to the hospital and medical office building.

The main entrance and patient drop-off are ahead on your right. Follow signs for patient parking.

From South Portland: Go over the Casco Bay Bridge, through the traffic light at the State Street intersection and stay in the right lane, turning right onto Park Street. Take another right at the stop sign onto Commercial Street. For 1.2 miles, head west on Commercial Street, which becomes Fore River Parkway as you approach Veteran's Bridge. At the intersection before Veteran's Bridge, keep to your right at the light to continue onto Fore River Parkway near the hospital campus.

Taking a right at the first traffic light will bring you closest to the outpatient specialty and surgery center. If you go past this entrance to the next one up on the right, you will enter the campus closest to the hospital and medical office building.

From Points West (Congress St. and Rte. 22): Heading east on Congress Street/Route #22 into Portland, turn right onto Fore River Parkway at the traffic light. Go straight through the next set of lights and stay in the left lane to continue straight onto the Fore River Parkway. Up on your left is the main entrance to the hospital and medical office building followed by the next campus entrance (intersection with a light), which is closest to the outpatient specialty and surgery center.

Planning Ahead Before Surgery

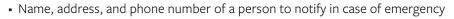
Surgery Scheduling

Your surgery date will be scheduled by your surgeon's office. Please be advised your arrival time will be approximately two hours prior to your scheduled surgery start time. You will receive a phone call to confirm the time and also to inform you if there is any change in the time of your surgery.

Pre-Registration

Pre-registration is essential to providing your care. After your surgery has been scheduled, call **207.879.3860** to complete the pre-registration process. Have your insurance card available for this call. You may be asked:

- Your legal name, date of birth, mailing address, phone number, social security number
- Name of health insurance holder, their address, phone number, and social security number
- Name of health insurance company, mailing address, policy number and group number
- Your employer, their address, and phone number





Contact Your Insurance Company

All insurance companies are different in the coverage and requirements for surgeries. You will want to know the specifics of your insurance coverage with regard to your procedure, surgeon, and anesthesia fees and any post-operative services. If you do not have insurance, have Medicaid, or need to make payment arrangements, our financial counselors are available to assist you. Please call our Patient Accounts Department at **207.879.3470**. They will verify your insurance coverage and review your benefit level. The counselor will then contact you prior to your surgery to advise you of any co-pay/deductible/co-insurance amounts that may be due.

Physical Examination/Pre-Surgical Evaluation

You may be asked to see your primary care provider to assess your overall health and identify any medical conditions that could interfere with surgery or recovery. If being treated by a specialist, (for example, a cardiologist), you may be required to be seen for pre-operative medical clearance.

Clinic for Surgical Services

Once your surgery is scheduled and you have pre-registered, a nurse from Preanesthesia Testing (PAT) will call you. Some patients may need to come to Mercy for a pre-operative testing appointment. The week prior to your surgery, you will receive a phone call and be asked about medications, your health history, and prior anesthesia history. The nurse who calls you will discuss which medications you may take the day of surgery. There are some medications that should be discontinued several days before surgery. Your surgeon will inform you of any medications you take that should be stopped. The nurse will also confirm the date and time of your surgery, including what time to arrive at the hospital. Please have the following information readily available:

- List of all medications including prescriptions and over the counter medications/ vitamins/herbs/supplements
- List of prior surgeries
- Specialists (cardiologist, pulmonologist, urologist, etc.) names and telephone numbers

If you are scheduled for a pre-operative testing appointment, the following may be included in your visit:

- Blood (lab) work
- Electrocardiogram (ECG)
- Medical Management Consult
- Chest X-ray

Please let us know if you have had any recent tests. It is very important that you go to this appointment or your surgery date may have to be changed.

Advance Directive

Mercy supports and complies with our patients' advance directives. Please bring a copy of your Living Will and/or Durable Power of Attorney for Health Care for your medical records.

If you do not have an advance directive, and would like information on creating one or wish to obtain one, ask your surgeon's office or visit: https://northernlighthealth.org/HIM

Nutrition

Eat healthy foods like fruits, vegetables, lean meats, and whole grains.

If your doctor has recommended you lose weight, it is very important that you do the best you can to do this. Extra weight increases your risk of complications after surgery.

Stop Smoking

Before your surgery, it is very important to quit smoking. Smoking greatly increases your risk of every possible complication from surgery, and it will increase your risk for lung problems following general anesthesia.

Your provider may delay your surgery until you have successfully ceased smoking. If you need assistance, please call the Maine

Tobacco Helpline at 1.800.207.1230 or 1-800-QUIT-NOW. This free, confidential service has proven highly successful for many people.



Avoid Other Invasive Procedures or Surgeries

Please avoid undergoing any invasive procedures six weeks before and after your surgery. Examples may include dental work, colonoscopy, cataract operation, etc. If you have any questions or concerns, please call the office.

Before Surgery

Food and drink: The day before your surgery, you can eat your usual diet for supper. If your surgery is scheduled for morning, please do not eat or drink anything after midnight. PAT will give you more specific instructions, based on when your surgery time is scheduled. You may brush your teeth the morning of your surgery.

Medications: Please stop ibuprofen, aspirin, and any other blood thinners 1 week prior to surgery. If you take other medications, your provider will direct you regarding when to stop and restart them. During your pre-operative phone assessment or appointment, you will be instructed on which of your medications you should take on the day of surgery. You should take these medications with **only a small sip of water**.



Getting Your Home Ready

After your surgery, your mobility may be limited. Some things can be done ahead of time to make your recovery smoother.

Walkways

Be sure walkways into your home are free of clutter and debris so that you can move safely, especially if you need to

use a cane or walker.

Laundry/shopping /cleaning

Plan on friends and family to help during the first few weeks of your recovery.

Cooking

You may not feel like cooking right after surgery. If possible, prepare some single serving meals ahead of time and store in freezer containers that can be reheated in a microwave.

Keep things within easy reach

After surgery avoid bending, lifting, twisting, pushing, pulling, and overhead

reaching. Move items you use regularly in your daily routine to "your safe reach zone" (which is the level of your knees to the top of your head) so that you will be able to reach them easily. Avoid twisting to reach objects.

Caring for pets

If you have pets, plan for their care while you are recovering.



Medical Leave

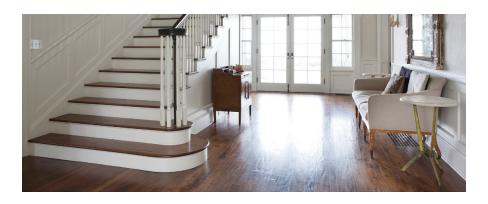
Any medical leave or short-term disability paperwork needs to be completed by your provider, please mail it or fax it to 207.553.6076 prior to your surgery.

Frequent position changes

It is more comfortable to change your position frequently than to stay in one position for a long time. Keep this in mind for your recovery. Frequent short walks will make your recovery easier. Chairs that are taller and have arms are also easier to get up from after surgery. Try to avoid low seating that does not offer good support.

Driving/working

You will not be able to drive after your surgery, and you should not drive if taking opioids. Your surgeon will tell you when you can resume driving and when you will be able to return to work. For your comfort, it is recommended that you stop for a rest/stretch break every hour of a long trip.



Fall Prevention Checklist

In General		Wa	Walkways		
	Prior to surgery, remove all clutter		Make sure walkways are level		
	Remove low lying objects		Make sure there is enough lighting		
	Avoid cords		Keep walkways free of objects		
	Maintain clear pathways				
	Be mindful of pets who pull on a leash	Ste	ps Keep steps in good repair		
	Clean up all spills immediately		Mark the edges		
	Choose shoes that have a slip-resistant sole		Secure handrails on both sides		
	Stand up slowly to avoid unsteadiness or light-headedness		Place bright contrasting colored tape on the top and bottom step		
Sea	ating				
	Use sturdy, stationary chairs with armrests				
	Make sure chairs are of the appropriate height - Seat height should be at or above the level of the knee when standing				
	Do not use chairs with wheels				



Kitchen

- Make sure that storage areas are easily reached without using a stepstool or chair
- ☐ Be careful of slippery linoleum floors
- Place a non-skid mat near the sink areas to absorb any spilled water

Bathroom

- Have doors that are wide enough to enter; unobstructed thresholds
- ☐ Be careful of floors that may be slippery when wet
- Make sure you have a shower mat in the bathtub
- ☐ Have grab bars available and securely fastened
- Make sure the toilet seat is the proper height to you can easily sit down and stand up
- ☐ Use non-slip bath mat

Lighting

- Use bright, glare free lighting
 - Have light switches available before entering the room
- Install motion sensor lights
- Replace burnt out light bulbs immediately
- Utilize nightlights in the bedroom, hallway, and the bathroom

Bedroom

- ☐ Have a lamp or light switch that you can easily reach without getting out of bed
- ☐ Make sure bed height is appropriate to get in and out of
- Make sure the heights of the closet rods and drawers are where you can reach them easily

Before surgery it is important that you take an important role in your surgical care. A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Most patients who have surgery do W

e ask that you follow these instructions:
☐ Tell your doctor about other medical problems you may have. Health problems such as asthma, diabetes, and sleep apnea could affect your surgery and recovery.
Quit smoking. Patients who smoke get more infections. Talk to your doctor about how you can quit before your surgery.
☐ Do not shave near where you will have surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection.



☐ Before surgery you will need to shower with a special antiseptic soap called chlorhexidine gluconate (CHG). Common names for this soap are Hibiclens® or Scrub Care, but any brand is to use. NOTE: If you are allergic to CHG or for any other reason that washing with CHG is not possible, please follow the below instruction and use liquid Dial antibacterial soap. Avoid use of CHG on your head or face; keep out of eyes, ears and mouth. It should not to be used in the genital area.

☐ Take two body washes with the CHG soap.

☐ Shower the night before your surgery AND the morning of your surgery:

- 1. Wash your hair, face, and genital area with your regular shampoo and soap. Rinse your hair and body thoroughly to remove any residue.
- 2. Turn off the water to prevent rinsing of the CHG soap too soon.
- 3. Apply the CHG soap to a clean, wet washcloth. Use the CHG soap as you would any other liquid soap. Wash from the neck down gently for five

minutes. Pay special attention to the area of your surgery.

- 4. Turn the water back on and rinse your body thoroughly.
- 5. Do not use your regular soap after bathing with the CHG soap.
- 6. Pat yourself dry with a clean towel.
- 7. Do not apply any lotions, powders, or perfumes.
- 8. Put on clean clothes.
- 9. Please dispose of any remaining CHG soap when you are done. Do not use it after surgery.



Your Hospital Stay

Day of Surgery

Please bring:

- This Patient Guidebook with updated medication and allergy lists
- Your inhaler, if you use one
- If you have sleep apnea, please bring your CPAP or BiPAP machine
- Exercise shoes with a closed-in heel and non-slip sole
- Glasses, hearing aid, and any other items you use everyday, as well as containers to store them
- Knee length robe or cover-up for walking in the halls
- Short gowns, pajamas, underwear, socks/stockings and two (2) sets of clean, comfortable street clothes to wear to the hospital and to go home
- Loose fitting tops that zip or button up, and loose fitting pants
- Grooming items such as shampoo, toothpaste, and deodorant
- Your Advance Directive (Living Will) or Health Care Power-of-Attorney (if you have one). Our state is required by law to ask if you have one when you are admitted. They will make a copy for your medical record and return the original.

Pre-Surgical Care Area

On the day of surgery, please let us know if you have any new concerns, or if there has been a change in your health since your pre-op visit. The pre-surgical area, also known as the Ambulatory Care Unit, is where we begin to prepare you for your surgery. An intravenous catheter (IV) will be placed in a vein in the hand or lower arm. IVs are used to administer fluids and medication.





Anesthesia

An anesthesiologist will review your records and will meet with you prior to surgery. You will have general anesthesia, be unconscious, and have no awareness or other sensations.

Operating Room

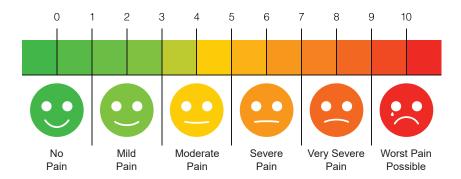
A member of the Operating Room (OR) staff will take you to the OR on a stretcher. There will be someone from the OR team with you at all times. Once in the operating room, monitoring devices will be attached such as a blood pressure cuff, ECG, and other devices for your safety. At this point, you will be ready for surgery. After surgery, your doctor will meet your family in the waiting room, or call them at home if they prefer to go home while you are in surgery.

Post-Anesthesia Care Unit (PACU)

After surgery, you will be taken to the recovery room- also called the PACU. Nurses who have specific training in caring for patients after anesthesia and surgery will watch you closely. You will stay here until you are ready to go to the Ambulatory Care Unit or your hospital room.

After your general anesthetic, you may feel drowsy or possibly disoriented. You may experience numbness from the local anesthetic around your incision. This typically resolves with time.

Your Hospital Stay



Most of your surgical discomfort occurs in the first day following surgery, and will decrease with time. As we prepare for your discharge from the hospital, it is important that your pain is at a reasonable level.

Immediately after your surgery, you may have pain medication delivered in your IV and later progress to pill form. You will be asked frequently to rate your pain on a scale of 0-10, "0" being no pain and "10" being severe pain to determine a goal that is manageable for you. Make sure you let the nurses know what your pain level is so they can help you manage it. Opioid pain medications are commonly used to help manage your pain. Side effects of opioids may be nausea, constipation, and depression. Therefore, less is better. As your pain lessens, you should take fewer opioids.

If constipation becomes a problem, try:

- Using a stool softener or gentle laxative
- Eating 5-7 servings of fresh fruit and vegetables daily
- Eating a hot breakfast with a hot beverage daily
- Increasing fiber in your diet with whole grain cereals and breads
- Drinking at least 64 oz. of water daily

Nutrition

After your surgery, you will have a diet of clear liquids or soft food until your body can tolerate a regular diet. You may experience a sore throat after surgery. Take small bites of food and eat slowly. Good nutrition promotes healing, so we recommend you eat a variety of foods and drink plenty of fluids. If you have questions about your diet while in the hospital, please ask to see a dietitian.

After Surgery

Pain Management

Pain management is an important part of your care. Good pain control helps your body move, rest, and heal. Unfortunately, pain is commonly experienced after surgery. Our goal is to help you be as comfortable as possible. Following surgery, you will be discharged with a pain management plan that likely includes both over-the-counter and opioid pain medication. In addition to these medications, we strongly recommend the following to help reduce the amount of opiate medication required:

- Ice your incision frequently throughout the day. This will reduce both pain and swelling. Ideally, ice your incision for 20 minutes every hour while you are awake. Avoid using heat on your incision while it is healing.
- Gentle walking increases circulation and decreases muscle tension, reducing pain. Frequent position changes helps reduce pain as well. Avoid remaining in any one position (sitting, standing, or lying down) for more than an hour.
- Use relaxation techniques such as breathing exercises, meditation, reading, music, and even laughter to help better manage anticipated post-operative pain.
- Drink plenty of water. Being dehydrated not only increases your risk for a blood clot and constipation, it also reduces your body's ability to tolerate pain.

Preventing Hoarseness

It is not unusual to experience some hoarseness after surgery. Ice chips, cool liquid, or throat lozenges may help. If this does not resolve, please notify our office.

Preventing Complications

Coughing, deep breathing, and moving are important to do following surgery to prevent infections such as pneumonia. You may be taught to use a device called an "Incentive Spirometer" which is used to help keep your lungs healthy. To help prevent blood clots from forming in your legs, you should begin doing ankle pump exercises on the first day of surgery. All patients are encouraged to stand or walk within hours of their surgery. You will be discharged with compression stockings as well. To prevent the development of blood clots, we recommend wearing your compression stockings during the day. You may take them off at night and wash as needed. We encourage gentle movement, walking every hour.

After Surgery

Call your surgeon immediately if you develop any of the following complications: 207.553.6054

A representative will be available at all times to address your concerns

- Increased pain, swelling, or redness in or around the incision site (bruising is expected)
- Any drainage from the incision
- Sudden increase in pain or lower extremity weakness not relieved with rest
- A temperature above 100.5°F or 38.1°C for 24 hours
- Abdominal discomfort that persists longer than 24-48 hours
- Redness, warmth, or tenderness in the calf of your leg(s)
- A persistent headache that is different when sitting or lying down
- New problems urinating or having control of your bladder or bowel movements
- Persistent nausea or vomiting

Call 911 immediately if you have sudden onset of chest pain or difficulty breathing

Activity

Healing occurs over several months following surgery. Because of this, it is important that you abide by the following restrictions:

Avoid bending or twisting at the waist. While keeping your back straight, bend at your knees (squat) when picking up objects or ask for assistance.

Avoid sitting or lying down for longer than 20-30 minutes at a time. Sitting for longer periods of time may add to your discomfort. Take a 10 minute break to get up, change position, or take a short walk.

Avoid lifting items greater than 8 lbs. (for example, a gallon of milk). Avoid forceful pushing, pulling, or jerking maneuvers. Your surgeon will advise you when to progress with more strenuous activities.

Low impact activity (for example, walking) promotes healing. Some soreness is to be expected but stop if you experience unusual pain or discomfort. Physical therapy will be ordered 4-5 weeks after surgery. Until then, walking right after surgery is great therapy.



Take precautions to prevent falls and use assistance if needed. If recommended during in-house physical therapy evaluation, you may require the use of a rolling walker for support.

Sexual activity can be resumed as tolerated. Avoid uncomfortable positions.

Incision Care

Keep the incision dry for 48 hours after surgery. Do not apply any ointment or lotion to your incision.

Do not keep the incision covered unless there is drainage from it.

Contact us if drainage persists for more than two days or if you have redness or swelling around the incision.

Generally, your surgeon will use a skin adhesive (glue) on your skin. This adhesive requires no particular care, and to some extent functions as a dressing.

Do not pick at the glue. It is designed to flake off with time.

If you have fevers or chills, take your temperature with a thermometer. If you have a temperature of 100.5 degrees Fahrenheit or 38 degrees Celsius or higher, contact our office.

Bathing

You may occasionally and briefly wet your wound in the shower. After showering, gently blot your incisions dry with a soft towel. Do not rub dry.

Avoid soaking the incision (bath, swimming pool, hot tub, etc.) until incision is completely healed with no remaining scab.

After Surgery

Blood Clot Prevention

Compression socks (TED stockings)

- ✓ Wear during the day, take off at night.
- ✓ Use for the first two weeks post-op.
- ✓ Hand wash only and air dry, as needed.

Moving

- ✓ Avoid sitting for longer than 20-30 minutes at a time.
- ✓ Walking
- ✓ Ankle pumps

How to put on your compression stockings:



- 1. Put a short plastic baggie on the foot you only need the bag to go just below the heel.
- 2. Place the TED stocking over the bag and it will easily glide over the bag, over the foot and ankle. Center the heel in the fabric square.
- 3. Continue to pull the stocking over the foot.
- 4. Continue to pull the stocking to just below the knee.
- 5. Reposition the toe opening over the end of the toes for comfort.
- 6. Remove the bag through the toe opening

Medication

Resume your regular medications unless instructed otherwise by your surgeon.

You will be given a prescription for pain medication when you are discharged from the hospital. Use pain medication as prescribed when needed.

You should not expect that the pain medicines will completely remove all of your pain, but rather help you achieve an reasonable level.

Medication	Purpose	Possible Side Effects			
**Almost any medication can cause an allergic reaction. Severe reactions, such as shortness of breath or swollen mouth are life-threatening and require immediate attention. Milder reactions, such as hives or nausea are not life-threatening but may still require medical attention. Notify your caregiver IMMEDIATELY if you experience ANY reactions: 207.553.6054					
Analgesics					
Non Steroidal Antiinflammatories (NSAIDS) (Meloxicam, Celebrex, Ibuprofen, Naproxen)	Relieve chronic	Stomach pain, indigestion, heartburn, diarrhea			
Opioids (Oxycodone, Tramadol, Hydromorphone)	or acute pain	Constipation, fatigue, dizziness, sweating, nervousness, trouble breathing			
Constipation Prevention & Treatment					
Stool Softeners (Colace)		Stomach pain, diarrhea, fatigue, urine discoloration, rectal irritation			
Laxatives (Dulcolax, Senna, Milk of Magnesia)	Prevent and treat constipation				
Enemas (Fleet Enema)/(Dulcolax Suppository)					
Nausea Medications					
Antiemetics (Zofran/ondansetron, Phenergan)	Prevent nausea/vomiting and upset stomach	Anxiety, dizziness, drowsiness, headache, constipation, urinary retention, dry mouth, low blood pressure			

After Surgery

Medication

Opioids: Do not increase the prescribed dose without checking with your doctor or nurse.

Neurontin®/Gabapentin: If you have been taking these before surgery, you should keep taking them unless you have been instructed otherwise.

The following pain medications should be used per surgeon's instruction:

Acetaminophen (Tylenol®)

Non-steroidal anti-inflammatory drugs (ibuprofen, Motrin®, Advil®, Aleve®, etc.)

If you need a prescription refill, please contact our office during business hours. Please give 24 hours notice of the need for a refill. Under no circumstances will prescriptions for opioids be refilled or ordered outside of our normal business hours.

Constipation: Even if you have regular bowel movements prior to having surgery, you are likely to experience post-operative constipation. Exposure to anesthetics and opioids, alterations in your diet and fluid intake and reduced physical activity contribute to constipation. There are several over-the-counter medications that can help reduce constipation.

Stimulant laxatives (Ex-lax®, Senokot®) act to move stools through your intestines.

The addition of a stool softener (Colace) is helpful when constipation is accompanied by difficult or painful evacuation.

If these are not enough, the addition of a stronger laxative (Philips' Milk of Magnesia®, Miralax®) may be considered.

Driving

Do not drive until instructed by your surgeon.

You may ride in an automobile as tolerated.

Do not drive if you are taking any opioids for pain control.

Do not drive if you are wearing a cervical collar.

Nicotine Products

Nicotine decreases blood flow to your bones and muscles and is known to interfere with surgical healing. It is strongly recommended that you not smoke.



Refrain from smoking for a minimum of six months after surgery.

This includes avoiding chewing tobacco, electronic nicotine cigarettes, vapor inhaler, nicotine patches, and nicotine gum.

Avoid exposure to second hand smoke.

The Maine Tobacco HelpLine provides free, confidential support by phone for smokers who want to quit.

Call the HelpLine toll-free at **1-800-207-1230**.

Returning to Work

Do not return to work until instructed by your surgeon.

Returning to work depends upon both the type of surgery and the kind of job you have. Most people who have less physically challenging jobs can return to work with restrictions in 2-4 weeks. If you are required to operate machinery or do heavy lifting it may be closer to 3 months.

Follow-up Appointment

You will need to be seen approximately 4-6 weeks after surgery for examination of your incision and follow-up. The need for further appointments will be determined by your provider.

Additional Resources

Lodging

If you are traveling a distance to have your surgery, there are a number of other options for lodging in the greater Portland area. Some of the area hotels/motels offer a discount for family members. Please call for rates. You will need to inform the hotel/motel that you have a family member at Mercy Hospital.

Clarion Hotel

1230 Congress Street Portland, ME 04102 207.774.5611

Courtyard by Marriott Portland Airport

100 Scarborough Drive S. Portland, ME 04106 207.253.5005

Holiday Inn By the Bay

88 Spring Street Portland, ME 04101 207.775.2311

Holiday Inn Express

303 Sable Oaks Drive S. Portland ME, 04106 207.775.3900

Tru by Hilton

369 Maine Mall Rd South Portland, ME 04106 207.221.3131

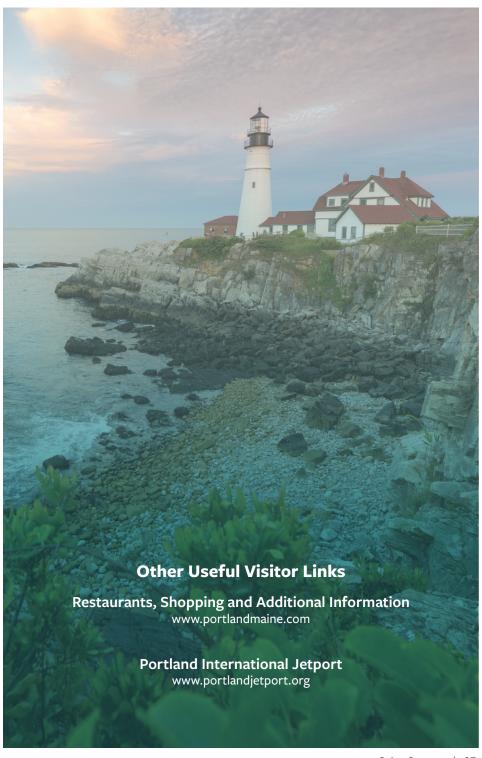


Gary's House 97 State Street Portland, ME, 04101

Gary's House is a comfortable and affordable home-away-from-home for patients that are traveling a significant distance. All guests who have had outpatient surgery must be accompanied by an adult companion. All surgical patients must receive a referral from the surgeon.

To make a reservation, call 207.535.1320

Suggested \$15.00 donation



Notes

Notes			

Notes

	Patient ID Sticker			
acknowledge that I received this information booklet about my apcoming surgery.				
Patient Signature	Date			
Representative Signature	Date			

Do Not Write on This Page

Date of Birth:					
Phone:					
Pharmacy Name and	Phone:				
This guidebook is designed to provide information and education about all phases of care for your spine surgery so that you will know what to expect every step of the way.					
Please bring this guidebook with you for all pre-surgical appointments, your hospital stay, and post-surgical appointments. Important dates and times to remember: (Please insert in book)					
Surgery:	_ at AM	l or PM			
Pre-Admission Testir	ng/Evaluation:	at	AM or PM		
Follow-Up Appointment with Surgeon: at AM or PM					
Notes:					
Please list all medications you are currently taking including prescription medications, over the counter medications and herbal or dietary supplements:					
Medication Name	Dose	Directions	Туре		

This Guidebook Belongs To:



NorthernLightHealth.org/Mercy-Hospital

Mercy Hospital participates in the Joint Commission Disease Specific Certification program. As a participating organization, Mercy tracks specific data related to the care of patients having knee or hip replacement and spine surgery. Personal patient information is protected and the data is used to improve the overall patient experience.