

# 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](http://www.diabetes.org)

## Apps

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

## Recipes

- [www.diabetesfoodhub.org](http://www.diabetesfoodhub.org)

# 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](http://www.BeWellArkansas.org)

Arkansas Tobacco Quitline  
(800) 784-8669

American Cancer Association  
(800) 227-2345  
[www.cancer.org](http://www.cancer.org)