

# Hoag Orthopedic Institute.

SPINE



# Hoag Irvine Expansion

- ✓ Hoag Irvine is embarking on a transformative expansion of the Irvine campus to better serve Irvine residents and the surrounding communities
- ✓ You will see some areas of the campus under construction as we continue through this process
- ✓ Construction is taking place daily Monday through Friday.
- ✓ During this time, you may hear construction noise, feel vibrations or smell nuisance odors due to normal construction activities
- ✓ It is our goal to minimize the impact of this construction activity as much as possible and please rest assured that patient care and safety remain our top priority
- ✓ Complimentary valet parking is available 5am – 5:15pm

# Getting You Back To You: Resources

## HOI Spine Program Manager

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949-517-3376



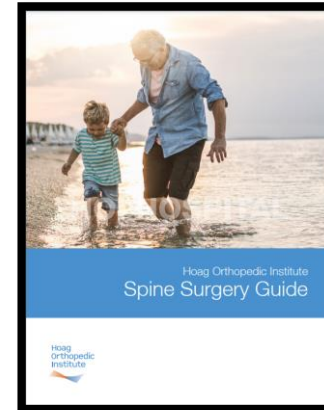
## Get Well Loop

- HOI's messaging engagement tool
- Please sign up when invited
- Please complete the patient outcome surveys



## HOI Spine Booklet

Booklets are available at your surgeon's office



## HOI Website

[HoagOrthopedicInstitute.com](http://HoagOrthopedicInstitute.com)



# Your Spine



# The Spine

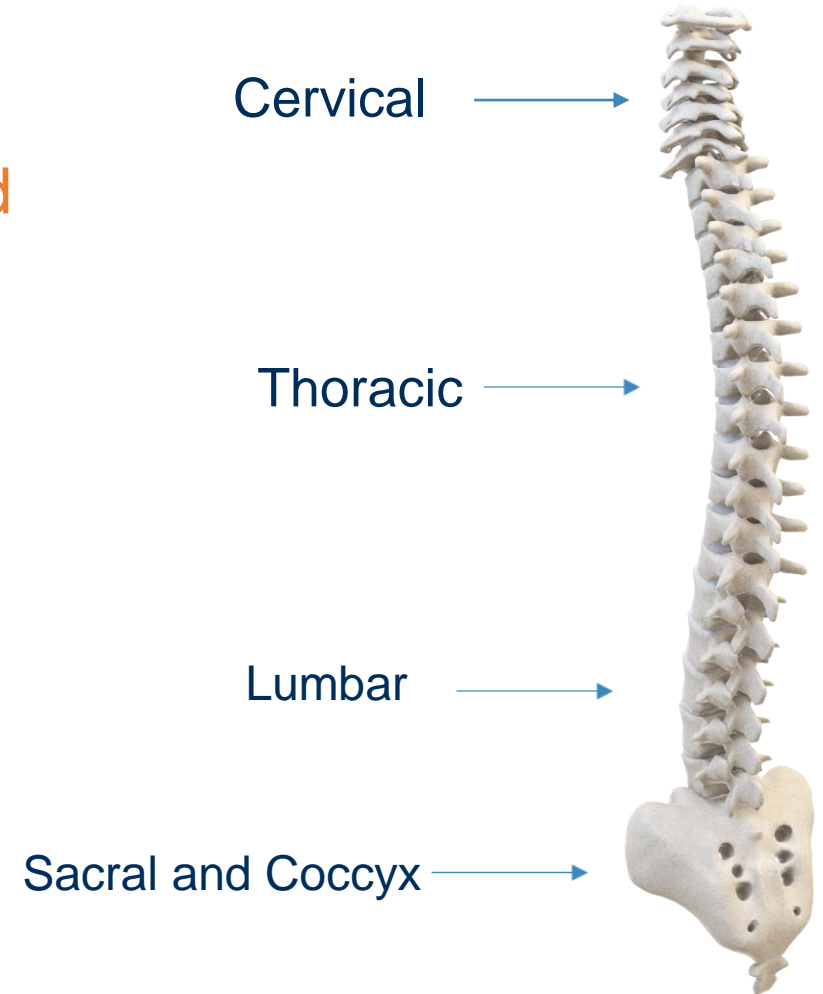
A healthy spine provides support for the body and protection for the spinal cord.

The spine is composed of:

- 24 vertebrae
- 23 intervertebral discs held together by ligaments and muscles

Regions of the spinal column:

- Cervical (C1-C7)
- Thoracic (T1-T12)
- Lumbar (L1-L5)
- Sacral
- Coccyx



# Surgical Terms

## Descriptions for Surgical Approaches

Anterior: “front surface of the body” or  
“in front of”

Lateral: “to the side of” or  
“away from the middle of the body”

Posterior: “the back” or  
“behind”



Anterior



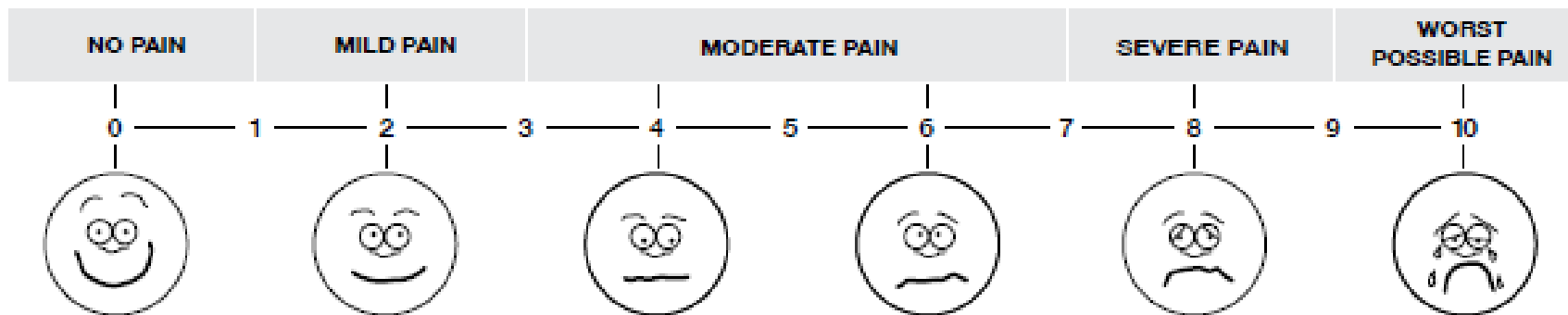
Lateral



Posterior

# Pain: Communicating how you feel

## Describing your pain will help clinicians help you



### Use Descriptors:

Aching

Hot

Burning

Sharp

Stabbing

Cramping

Shooting

Tender

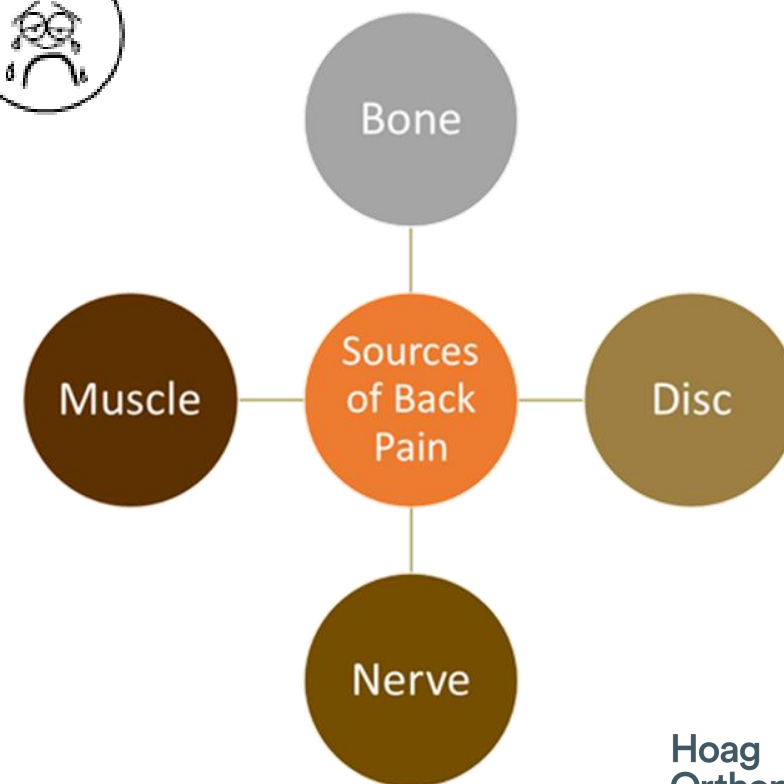
Gnawing

Sickening

Throbbing

Heavy

Splitting



# Types of Spine Surgeries

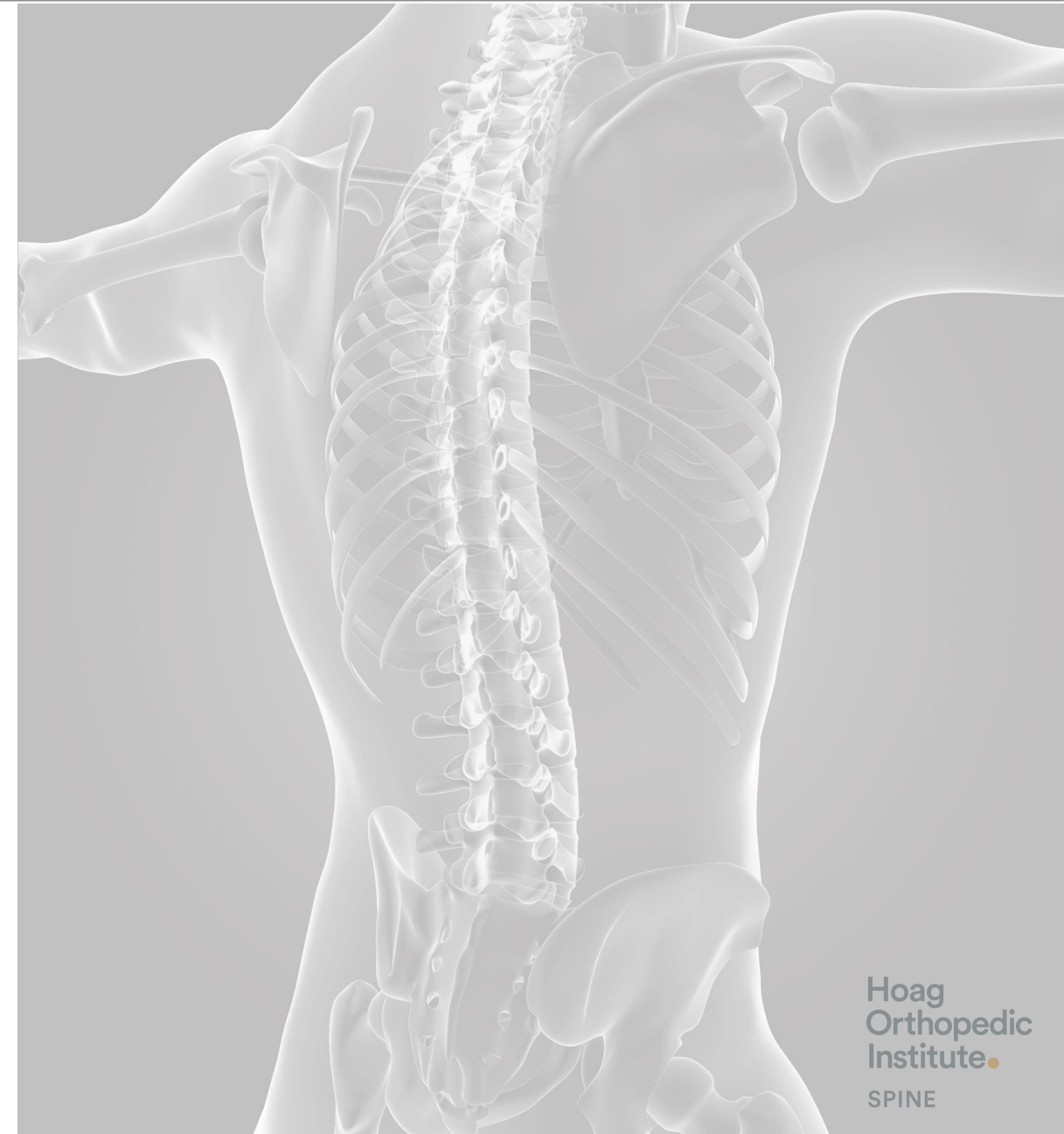
## Cervical Surgeries:

- Cervical Discectomy and Fusion
- Cervical Artificial Disc Replacement

## Lumbar Surgeries:

- Lumbar Fusion
- Laminectomy
- Coflex
- Kyphoplasty
- Microdiscectomy

Spine surgery is unique to each person





# After Surgery Precautions: Back Surgery

**NO BLT!**

No Bending



No Lifting



No Twisting



Precautions are in place until your surgeons clears you from them

# After Surgery Precautions: Neck Surgery

Avoid excessive motion at the neck

- Keep your head and shoulders aligned
- Pivot on your feet and turn your whole body

Avoid reaching

Avoid lifting

Avoid slouching

Precautions are in place until your surgeons clears you from them



# Pre-Surgery Preparation



# Pre-Surgery: Preparation

A Pre-admission Screening Coordinator will contact you after your surgery has been scheduled

- Assist with scheduling diagnostic tests (EKG, laboratory tests, urinalysis, possible chest x-ray)
  - Some testing is done outside the hospital where insurance dictates
- Schedule a pre-op call with your Hoag Orthopedic Institute Nurse Navigator

Our Registration team will call to start the pre-admit process

- Review your insurance coverage, benefits, and upfront costs or payments directly related to your hospital stay
  - Please bring a form of payment if needed
- Bring your photo ID and insurance card on the day of surgery

# Pre-Surgery: Planning for Help After Surgery

## Who is going to help me?

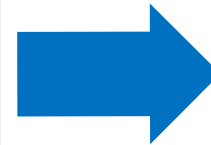
### Short Term:

Make sure you have someone available to be with you the first few days after your discharge. You will need help while adjusting to being home.

### While Precautions are in place:

\*No Bend, Lift, or Twist

Make sure to have someone available to do the chores you cannot do while are required to maintain your precautions.



## Where will I recover?

### Home:

Home is the best place to recover.



### Rehab Facilities:

Always have a plan for home, even if you desire to recover at a rehab facility.

Admittance to a rehab facility cannot be guaranteed.

# Pre-Surgery: Plan Your Recovery

## Help needed while you have precautions in place:

- Reminding of restrictions
- Dressing change
- Cooking
- Laundry
- Housekeeping
- Shopping
- Errands
- Pet care
- Carrying of items
- Driving

## Possible help needed the first few days:

- Getting dressed
- Showering
- Brace application



# Pre-Surgery: Plan Your Recovery

## Clothing:

- Wear loose, comfortable clothes that are easy to get on and off
- Choose shoes with closed toes and backs that you can slip on and off

## Cervical Patients:

- Wear button-up shirts



# Pre-Surgery: Plan Your Recovery

Create a “when can I list” to review with your surgeon:

- Questions that are important to you
  - Examples
    - Return to work
    - Traveling
    - Driving
    - Dental care – when to stop before surgery and when you can go after





# Pre-Surgery: Home Preparation & Preventing Falls

## Your “Safety Zone”

- Your “safety zone” is the area between your shoulders and hips
- Arrange frequently used items in your “safety zone”
- This prevents bending and reaching thus reducing your chances of falling and ensures you can maintain your spine precautions



# Pre-Surgery: Home Preparation & Preventing Falls

## Fall Prevention

- Get up slowly
- Create clear pathways in your home
- Remove loose throw rugs
- Use night lights
- Keep electronic chargers near where you sit, rest
- Make sure you have non-skid surfaces in and near the bath / shower
- Make arrangements for pets (i.e., who will feed, pick up after them)



Proper equipment keeps you safe and helps prevent pain

# Pre-Surgery: Durable Medical Equipment (DME)



**3:1 Commode**



**Toilet riser**



**Shower Chair**



**Front wheel walker**

## DME

- Think about what you might need
- Check with your insurance prior to surgery to see what DME is covered
  - 3:1 commodes, toilet risers, shower chairs, and beds are rarely covered

## Walkers

- Often covered
- Our case managers can help with walker procurement during your hospital stay

# Pre-Surgery: Optimization

## Stay as active as possible

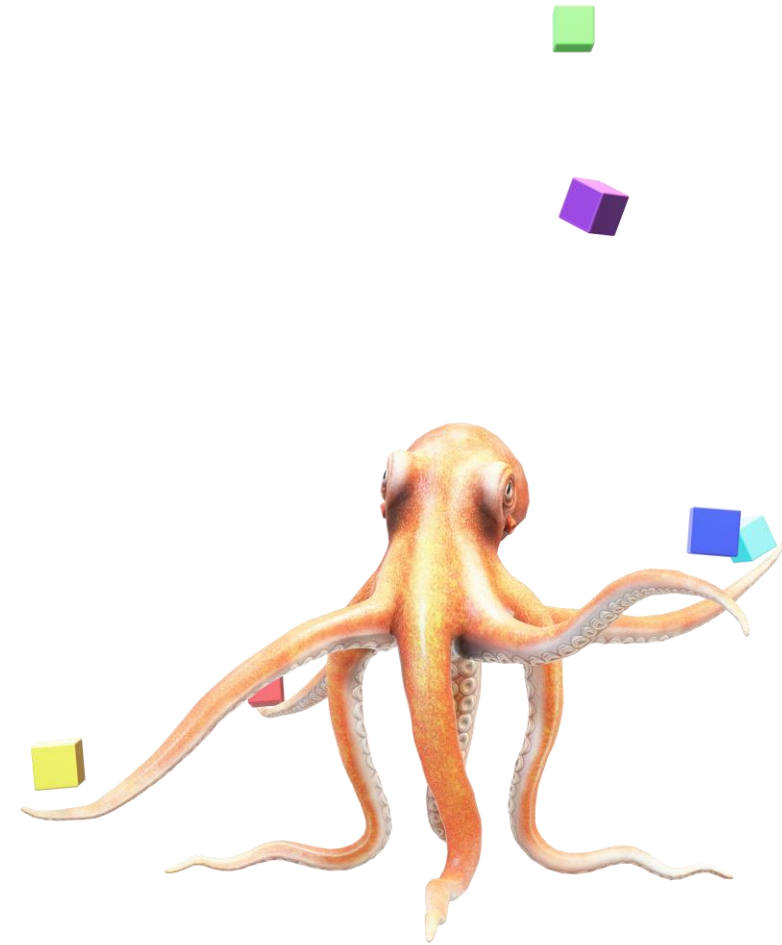
### Regular Bowel Movements

- Stay hydrated, high fiber foods
- Have a plan to stay regular before and after surgery

### Stop drinking alcohol

### Stop all tobacco products

- Need help?
  - [www.lung.org](http://www.lung.org)
  - [www.nobutts.org](http://www.nobutts.org)



# Pre-Surgery: Optimizing Nutrition Prior to and After Your Surgery

Begin increasing protein intake and target nutrients a few weeks before surgery to build up strength and to help with healing post operatively.

- Focus on high quality proteins such as poultry, lean beef, eggs, nuts, seeds, fish, tofu, beans/legumes, plant-based meat alternatives
- Protein goals vary based on individual needs
  - Goal = 1 to 1.2 grams of protein X kilogram of body weight
  - You may need to go higher after surgery
- Consider an oral nutrition supplement drink/protein powders to achieve optimal protein



A Registered Dietitian (RD) can be available post-operatively to address any questions or concerns

# Pre-Surgery: Hydration, The Day of Surgery

## THE DAY OF SURGERY:

- You may drink clear liquids up to 2 hours before your scheduled surgery time.
- Limit the clear liquid volume to 1½ cups or 12 ounces per hour.

## What clear liquids can I drink and NOT drink the morning of surgery?

Allowed	DO NOT CONSUME
Water	Milk, Dairy, or Alternative Dairy Products
Apple & Cranberry Juice	Citrus Juices (any juice that separates)
Gatorade or equivalent carb containing sports drinks	Prune Juice, Mango juice
Ensure® Pre-Surgery Carbohydrate Clear Nutrition Drink	Juices with Pulp or Fibers
PLAIN Coffee or Tea (No milk or creamer)	Alcoholic Beverages

## DO NOT consume liquids on the day of surgery if you have:

- Hx of esophageal surgery, hiatal hernia, difficult intubation, GERD, Gastrointestinal dysmotility or obstruction, diabetes mellitus, chronic opioid use, neurologic disease other than your spinal condition, BMI > 35

# Pre-Surgery: Stopping Medications that Thin the Blood

## PRESCRIPTION blood thinners

- Consult your prescribing physician for when to **stop**
- Your surgeons will tell you when it can be resumed

## Prescription Blood Thinner Examples:

- Coumadin (Warfarin)
- Eliquis (Apixaban)
- Lovenox (Enoxaparin)
- Plavix (Clopidogrel)
- Pradaxa (Dabigatran)
- Xarelto (Rivaroxaban)
- Aspirin (\*an NSAID sometimes prescribed to thin the blood)

## NSAIDs

- **Stop 7 days prior** to surgery
- You may not restart them until okayed by your surgeon

## NSAID Examples:

- Aspirin -Bufferin, Ecotrin, Aspercreme...
- Aspirin containing drugs
- Ibuprofen – Advil, Motrin, Nuprin
- Naproxen – Aleve
- Voltaren – diclofenac
- Mobic – meloxicam
- Celebrex – celecoxib
- Indomethacin

# Pre-Surgery: More Medications

**Hormone Replacement:** Consult your surgeon for when to **stop and restart**

## **GLP-1 agonist Medications:**

If you are taking a GLP-1 agonist medication for diabetes or weight loss, talk to your surgeon. These medications often need to be stopped before surgery.

### **Examples:**

- Dulaglutide (Trulicity)
- Exenatide extended release (Bydureon bcise)
- Exenatide (Byetta)
- Semaglutide (Ozempic)
- Liraglutide (Victoza, Saxenda)





# Pre-Surgery: Stopping Herbal Supplements and Dietary

**Stop** taking herbal and dietary supplements 14 days before surgery

**Herbal supplements** are derived from different parts of plant.

They come in many forms including:

- Powders, tablets, capsules, teas, tinctures, oils, lotions, or ointments



**Examples of herbal supplements:**

- Echinacea, ephedra, feverfew, green tea, garlic, ginkgo biloba, ginseng, ginger, golden seal, kava, licorice, saw palmetto, Valeria root, Saint John's wort, turmeric, flaxseed

**Examples of dietary supplement:**

- Omega-3 and fish oil

# Preoperative Universal Decolonization

## Chlorhexidine gluconate (CHG)

- Is both a soap and antiseptic that kills germs on contact.
- Safely binds to the skin and can continue killing germs for up to 24 hours.
- Has a cumulative effect, so the protection against germs increases with repeated use.

## Nasal antiseptic

- Has been shown to inhibit the growth of bacteria in the nose over a period of up to 12 hours in studies.

## Where you get your CHG & When to Start

- You will be given CHG soap and a nasal antiseptic at the pre-op visit with your surgeon.
- start using five days prior to surgery.
- **Day of Surgery:** Do not apply lotion, creams, powder, or makeup on the day of surgery.

# Posterior Approach Decolonization

Make Sure to wash your back with **Chlorhexidine gluconate (CHG)**!



# Evening Before Surgery: Preventing Constipation

Many patients experience constipation after surgery due to taking narcotic pain medication, anesthesia, decreased appetite, and decreased mobility.

## What can I do to prevent post-operative constipation BEFORE my surgery?

If you are prone to constipation or have been taking narcotic pain medication, we recommend you take a one-time dose of over-the-counter MiraLAX (Polyethylene Glycol 3350) the **evening prior to surgery**.

## What dose I should take?

Usual dose: Add 17 grams of powder (fill to cap line) to 4-8 ounces of beverage (see bottle for further instructions).

**Follow the protocol exactly, do not take more as this can cause you to have a bowel movement on the operating table and increase your risk of infection.**

Ask your doctor before taking if you have Irritable Bowel Syndrome or known gastrointestinal issues.



# Pre-Surgery Preparation: Nurse Navigator Call

Your Nurse Navigator Call takes place approximately one week before your surgery:

The nurse will review your:

- Health History
- Hydration protocol
- MiraLAX protocol
- Home Medications:
  - You **MAY** be advised to **bring home medications** that are not carried in our pharmacy
    - If advised to bring medication, the medication must be in it's labeled container
  - Otherwise, **DO NOT** bring any medications from home



# Prior to Surgery

## Things to Know

- Your surgeon will tell you the time to stop eating and drinking
- Arrival time to the hospital will be given to you by your surgeon's office
- If you are unable to make your surgery time due to unforeseen circumstances, call the pre-op department at: **949-727-5027**

## Day of Surgery

- If time permits, take an additional shower with CHG
- Don't forget to brush your teeth

# What to Bring to HOI

## Bring:

- Closed toed shoes, orthotics, inserts, or special shoes
- Loose fitting clothing
  - Button front shirts for cervical spine surgery
- Hygiene items: hearing aides, glasses, dentures
- Cell phone, charger, tablet, laptop, ear buds.
- C-PAP



## Do not bring valuables:

- Jewelry, watches
- Purse / Wallet
- Medication (unless instructed to do so by your Nurse Navigator)

# Your Hospital Stay





# Day of Surgery: Arrival at Hoag Orthopedic Institute (HOI)

Please follow signs for parking and our entrance

- Park in the parking structure or use valet parking
  - Valet parking is recommended

Check in at the registration office in our lobby


**Thank you for arriving on time to HOI**



# HOI Pre-Operative Room

- You will be escorted to pre-op while your family remains in the waiting area
- You will change into a patient gown
- An IV will be started
- Your support person may join you after you've been prepped and stay until you are taken to the operating room
- Consents will be reviewed
- The pre-op nurse will be asking your family/support person for contact information

## Hints:

- Bring your reading glasses 
- Have your support person keep your valuables (cell phone, laptop) while you're in the operating room
  - They can bring your valuables up to the patient room after you arrive from the recovery unit



# Anesthesia

Will I talk to my anesthesiologist before my surgery? Yes, you will speak to them in pre-op

You and your anesthesiologist will discuss:

- The type of anesthesia you will receive
- Your medical history
- Pain management
- Chronic use of pain medications (if applicable)
- Prior experiences with anesthesia
- Side effects of anesthesia that can include:
  - Sore throat
  - Grogginess
  - Fatigue
  - Shivering
  - Nausea
  - Confusion



Side effects typically resolve quickly

You may have a higher or lower risk for side effects based upon your health & history

Make sure to tell your anesthesiologist about side effects you experienced with prior procedures

# HOI Operating Room

- Anesthetic medication will be given
- You will be positioned on a bed or table that is specially designed for spine surgery
- Your surgical area will be scrubbed with surgical prep
- If your surgeon feels it is necessary, a urinary catheter will be placed in your bladder



# HOI Post Anesthesia Care Unit (PACU)

## The PACU nurse will:

- Continuously monitor your vital signs (temperature, pulse, respirations, blood pressure)
- Check circulation and nerve function
- Monitor and treat your pain
- Your surgeon will contact your family or designated person to discuss your surgery
- Patients are transferred to the orthopedic unit when medically stable
- Pre-planned **Day of Surgery discharges** leave from the PACU.
  - These surgeries are discussed at the pre-op visit
  - Please make sure to have your pain medications filled pre-operatively



# Your Hospital Stay Experience on the HOI Orthopedic Floor



# The Care Management Team

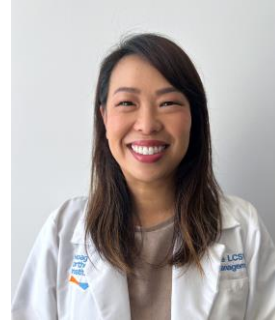
## Care Managers:

- Work with you and the healthcare team to assess, plan, and coordinate services to ensure a safe discharge

## This may include:

- Planning for appropriate help at home
- Ordering medical equipment
- Setting up home services or transitioning you to the next level of care

For questions: **949-727-5439**



Julie



Lisa



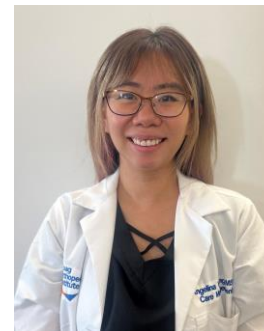
Charlene



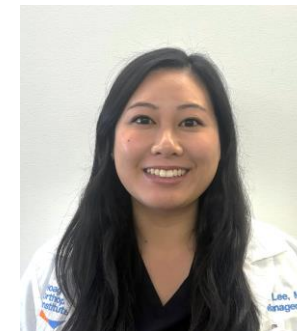
Marcia



Minnie



Angie



Emerald



Kelly

# The Nurses Practitioner Team



Missra



Betsy



Jung



Marium



Lina



Vanessa



Katie



Bella



Christine



Mat



Morgan



Crystal

## NPs

- Advanced practice clinicians specializing in orthopedics
- Extension of your surgeon
- Collaborate with your surgeon to ensure you receive the highest quality of care during your hospital stay
  
- Daily rounding includes:
  - Physical assessment
  - Diagnosis and treatment
  - Ordering needed tests
  - Prescribing of needed medications
  
- Discharge
  - Work with your bedside nurse to ensure you understand your recovery
  - Answer questions you may have about your recovery

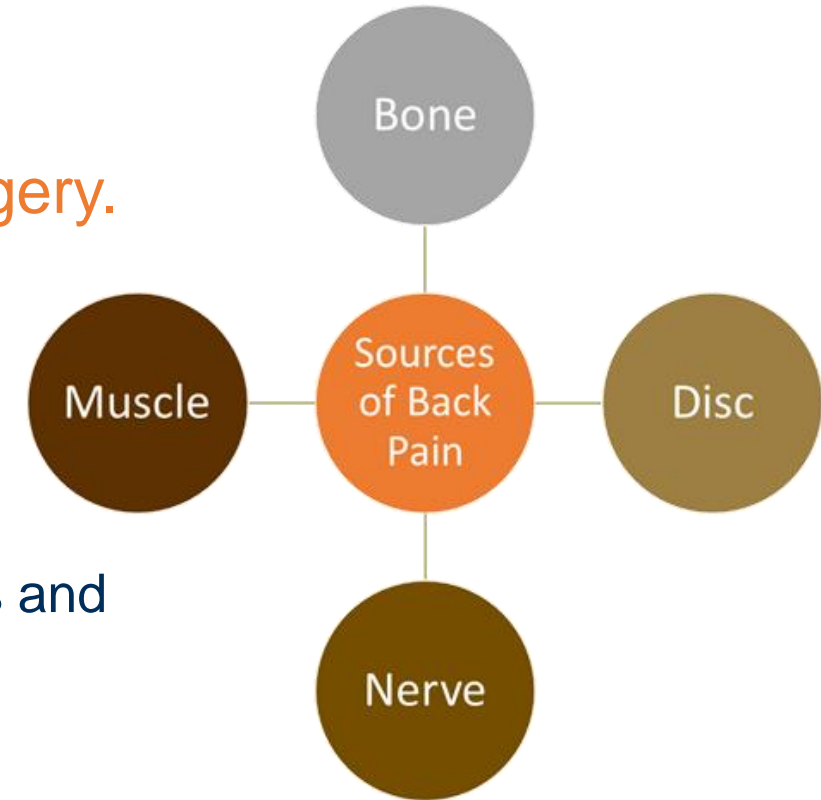


# Pain after Surgery

Expect pain.

It is normal to have pain and discomfort after spine surgery.

- **Please be aware that you will not be “PAIN FREE”**
- It is **ALWAYS** our top priority to manage your pain
- Your nurse will review the pain management plan and set goals and dispense pain medications accordingly
- Pain management physicians are available if you suffer from chronic pain
- Repositioning in the bed may provide comfort
  - Call for help to be repositioned



# Pain Medication

- You Need To Ask For Pain Medication
- Most Narcotics and Muscle Relaxants are prescribed “PRN” which means “As Needed”
- PRN medications are not “Due” they become “Available”



# Pain Management: Tools

## Movement

- Slow and safe
- Move in your bed
- Get out of bed for meals
- Take short, frequent walks

## Correct Positioning

- Remember your precautions
  - No bending, lifting, or twisting
  - Use equipment to help maintain precautions

## Ice

## Relaxation / Distraction

## Virtual Reality (available at HOI)

## Medication

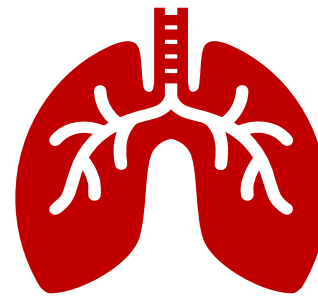
- different types of pain medication will be used



# Recovery: Deep Breathing Exercises / Incentive Spirometer

## Using an Incentive Spirometer

1. Sit up straight and tall and hold the spirometer in your hands.
2. Take a deep breath in and let it out.
3. Place the mouthpiece in your mouth. Make sure your lips completely cover the mouthpiece.
4. Breathe in slowly through the mouthpiece (like sucking through a straw)
5. Keep the range indicator (little marker on the side chamber) in the target zone.
6. Breathe in until the piston gets to your mark.
7. Hold your breath in for 3 seconds and then let it out.
8. Repeat as prescribed, about 10 breaths every hour, but not 10 times in a row.



## Deep Breathing without an Incentive Spirometer

1. Sit up straight and tall
2. Relax
3. Take a deep breath, slow breath in
4. Hold your breath in for 3 seconds
5. Let it out.
6. Repeat about 10 breaths every hour, but not 10 times in a row

# Recovery: Cervical Collars



**Hard Collar**



**Soft Collar**

# Recovery: Back Braces



**LSO Brace**  
Lumbar-sacral orthosis



**TLSO**  
Thoracolumbosacral orthosis

# Noise

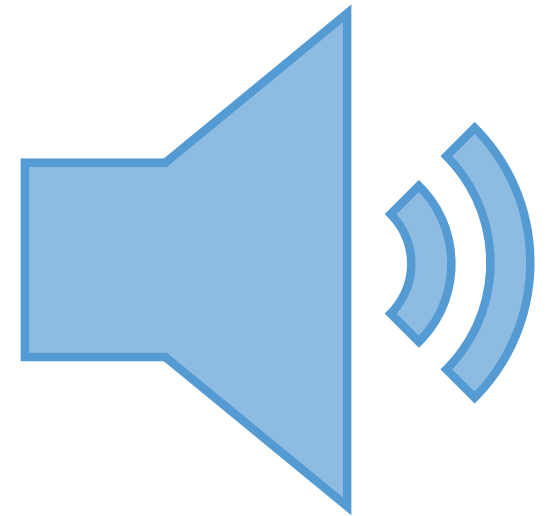
We will **ALWAYS** make every effort to provide a quiet and relaxed atmosphere.

On occasion, you may experience common hospital noise from equipment and/or other patients and visitors.

Ear plugs and relaxation videos are available. Let your nurse know if you are being disturbed by the noise.

**Quiet time reinforced from 2pm–4pm & 10pm -6am.**

Staff may limit the number of visitors to adjust the noise level for others to sleep and rest.



# Sleep: Back Surgery

## Sleeping Positions:

### Side Lying:

- Rest on your side, knees bent, and a small pillow between your knees

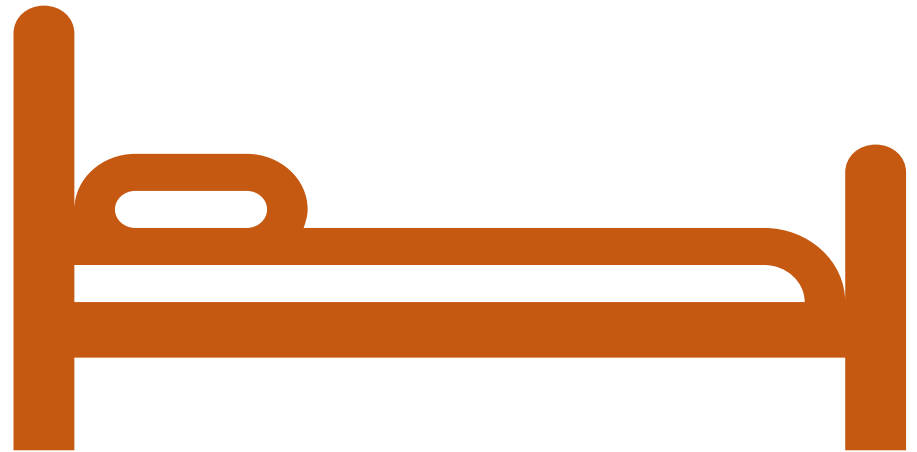
### Back:

- Make sure your knees remain bent with a pillow under your knees

Do Not sleep on your stomach

Remember your precautions

\*Call us if noise is bothering you





# Call, Don't Fall Program at HOI

During recovery, the risk of a slip or fall increases.

Let us be of service to you.



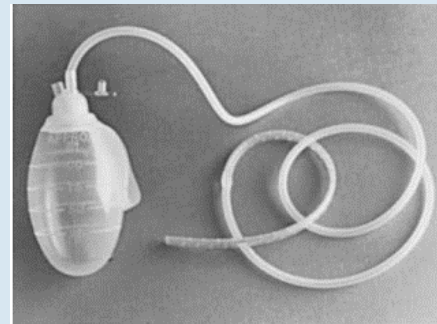


Please call to have staff assist you:

- ✓ To the restroom
- ✓ Stand
- ✓ Get out of bed
- ✓ Sit in chair
- ✓ Ambulate

Please watch the educational video on your TV to learn more about how to prevent a fall.



# Equipment and Attachments Used During Your HOI Stay

Everyone	Some Patients	Few Patients
 <p data-bbox="484 535 687 592"><b>IV Fluids</b></p>  <p data-bbox="254 1178 700 1235"><b>SCDs (sequentials)</b></p>	 <p data-bbox="1159 763 1324 821"><b>Drains</b></p> 	 <p data-bbox="1656 1056 2318 1113"><b>Indwelling Urinary Catheter</b></p>

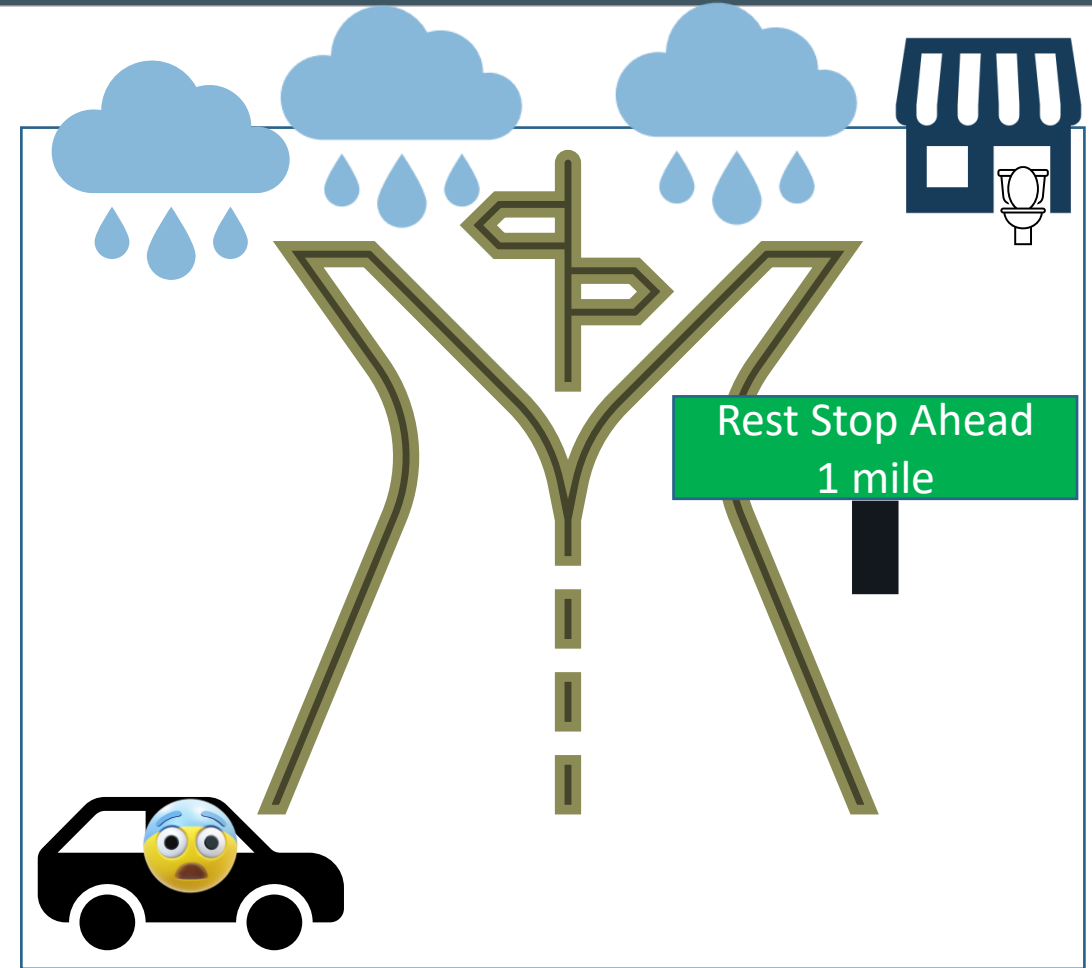
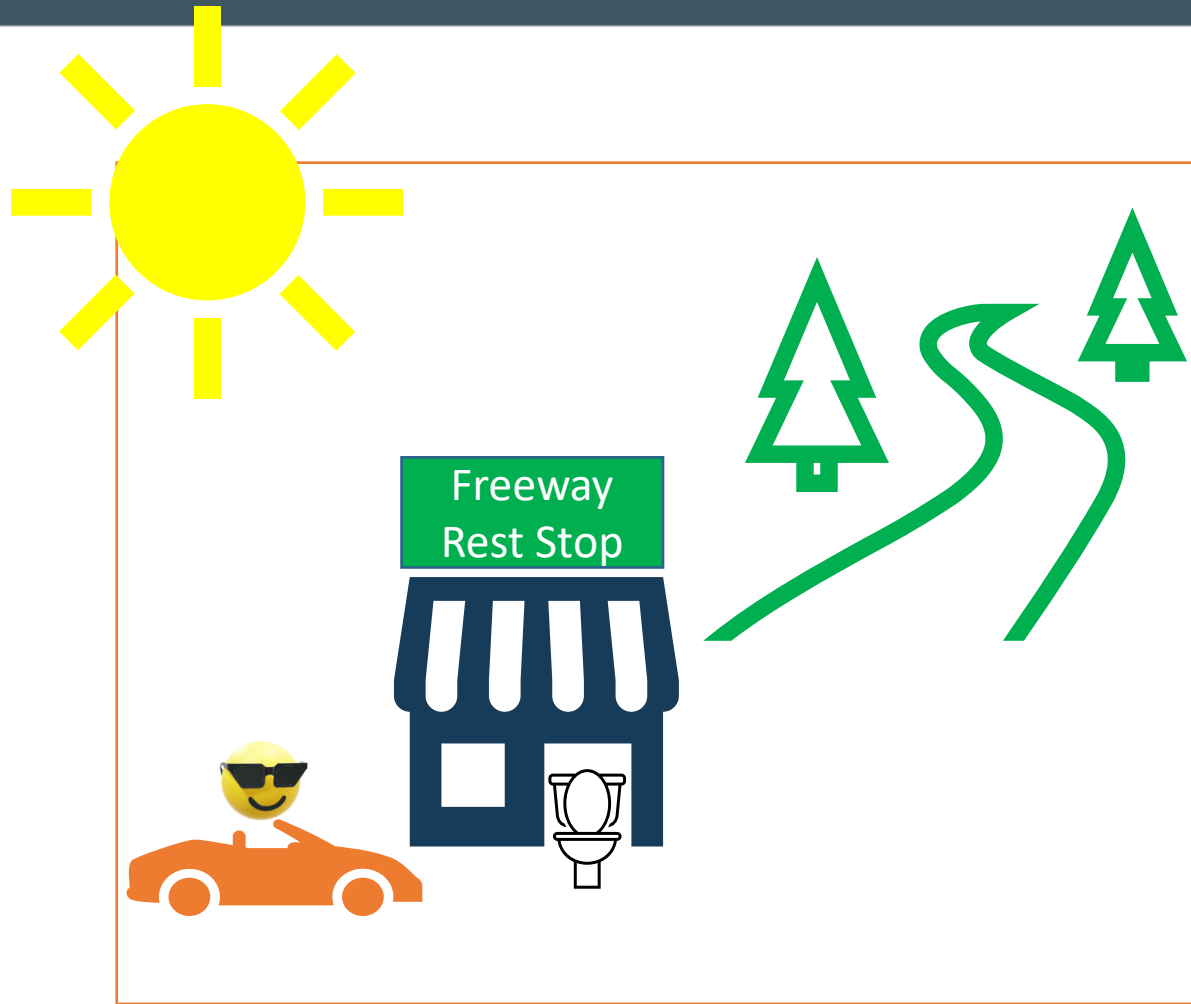
# The Hospital Stay

## When a staff member is in the room:

- Ask for what you need
- Ask for what you might need
- Don't be shy, all of us are here to ALWAYS make you as comfortable as we can



# The Bathroom



Your comfort is our top priority. Our response times are under five minutes.....  
But five minutes can feel like a lifetime if your really need to go.  
We suggest “trying” whenever staff is in the room.

# Meals at HOI

You will start with ice chips then advance to clear fluids (juices, broth, or Jell-O) when the nurse deems it appropriate.

Your diet is advanced as ordered and upon nurse's assessment.

Let us know if you need a therapeutic diet (vegetarian, vegan, lactose, etc.).

A Registered Dietitian is available to assist with any diet modifications to meet your nutritional needs.

Please call your nurse to help you to a chair for meals.



# Anterior Cervical Patients: Post-Operative Diet

Your RN will assess your ability to swallow each day

- You may be on an altered textured diet (ground / pureed foods) after surgery due to swelling
  - This assists with swallowing
- Order hospital food “strategically” if you are a visual person
  - Think yogurt, pudding, pureed soup



Have your refrigerator stocked with moist, easy to swallow food for your recovery

# Recovery: Time For Physical Therapy

**Physical Therapy Goal:** Safe Discharge

## Exercises at HOI

- Maintaining precautions
- Log Rolling
- Getting in and out of bed
- Getting up and down from a chair/bed
- Walking
- Use of stairs
- Getting in and out of a car
- Application of brace (if applicable)

Rigorous exercises are not performed until you have been cleared by your surgeon and are done in the outpatient setting.

A family member/caregiver is to participate in at least one physical therapy session.



## Own / Borrowed Walkers

- If you have or are borrowing a walker or have one from a previous procedure, have it brought to the hospital. Our staff will fit it correctly to you.

Please bring in any brace, orthotic device or special footwear that you may use for walking.

# Recovery: Occupational Therapy

## Occupational therapy:

- Focuses on improving activities of daily living
  - Brushing teeth, getting dressed, cleaning yourself
- Offers ideas to assist you in creating a safe home environment

## Adaptive equipment:

- Reacher Grabber
- Sock-aide
- Long-handled bath sponge and shoehorn
- Obtained online, at medical supply stores, or pharmacies
- **If** you know you need equipment, please purchase it before surgery
- Consider purchasing wipes for personal hygiene needs





# Discharge

You will receive clearance from your surgeon, hospitalist, and physical therapist prior to discharge from the hospital.

You will be swabbed for MRSA if you stayed overnight.

Please view the discharge video on TV.

Please plan accordingly to have your ride available.



# HOME



# Home: Constipation Prevention

## Have a Plan

Establish a plan with your surgeon before surgery

- Pick up medication to prevent constipation before your surgery
- Laxatives will be started at HOI
  - We use MiraLAX
- Continue your laxative until you are regular and off narcotics
- Drink 8-10 cups of water a day
- Increase your fiber intake
- Get Moving – take short, frequent walks



A DVT (deep vein thrombosis) is a rare surgical complication.  
It is important to know the signs



Let your surgeon know if you:

- Have new swelling in one leg not related to an injury, and
- Your calf (back of lower leg) is tender or painful when you push on it, or
- Your calf feels warm or hot to touch compared to the other leg

Prevent Blood Clots:

- Get moving
  - Take short, frequent walks
  - Perform ankle pumps when sitting or lying down



# Home: Your Dressing

## Dressing Changes

- Dressing change instructions will be given to you at discharge
- Wash your hands

## Monitor Your Dressing:

- Look, don't touch
- Make sure it's secure
- Identify if you are seeing changes:
  - Drainage amount, what the skin looks like around the dressing



## Showering

- You may shower **3** days after your surgery
  - You will be notified if your procedure requires a longer time between surgery and showering
- You will be instructed on if your dressing needs to be covered or is showerproof
- Covers for dressings that are not showerproof will be provided to you



# Home: When to Call the Surgeon

## Call your surgeon if you have any:

- Signs of infection:
  - Fever over 102 degrees Fahrenheit
  - Redness, swelling, warmth around the dressing / incision, or drainage of pus
  - Severe vomiting or cannot keep food down
- Changes in sensation
- Cervical Patient:
- Hoarseness
- Persistent swallowing difficulties



# Thank You for Choosing Hoag Orthopedic Institute

## Patient Satisfaction at HOI – Always striving for a 10 out of 10!

To continually monitor and improve the experience of our patients, we have partnered with Press Ganey to conduct patient satisfaction surveys.

If you are one of the patients randomly selected to participate, we appreciate your time in completing the survey and returning it in the accompanying postage paid envelope at your earliest opportunity.

We read every survey and rely on this feedback to make any changes that may benefit future patients.



**WE GET YOU BACK TO YOU!**



# Resource List

Resource	Phone	Email / Web Address
Kenna Stone, RN MSN Spine Program Manager	949-517-3376	kenna.stone@hoag.org
HOI Case Management	949-727-5439	
HOI Pre-Op (call if you need to cancel your surgery or will be late)	949-727-5027	
HOI Registration	949-727-5060	
Advanced Health Care Directive Form (CA)	n/a	<a href="https://oag.ca.gov/system/files/media/ProbateCodeAdvanceHealthCareDirectiveForm-fillable.pdf">https://oag.ca.gov/system/files/media/ProbateCodeAdvanceHealthCareDirectiveForm-fillable.pdf</a>