

HOME CARE AFTER LUMBAR SPINE FUSION

ACTIVITY

This is a major operation and you need to give your body time to heal. However, you should not be completely inactive after this operation. It is important to be out of bed and ambulating to reduce the risk of secondary medical issues. Below is a list of activities you should follow.

- You may **sleep** either on your side, stomach or back. You may use pillows for support placed behind your back or between your legs.
- You no longer need to wear the **compression stockings** once you are up, walking, and back to your normal activities.
- It is a good idea to **change positions** ever 30-60 minutes so your muscles do not get tight or fatigued in any one position.
- You are able to climb **stairs**.
- **Back brace-** Most often you do not need any bracing after surgery. If Dr. Mazahery feels it is necessary for you to have a brace post operatively, you will be given an off the shelf brace or possible custom brace while you are in the hospital.
- You should begin a **walking program** as soon as you leave the hospital. The walking program is the only exercise you should do until your first postoperative appointment. Adhering to the post operative walking program will **promote healing** of the soft tissues and muscles dissected during the operation, and will help **reduce your risk** of developing a **blood clot**. See the program description below.



WALKING PROGRAM

Day 1: Walk the length of the hallway at home 3-4 times in the morning and again in the afternoon or evening.

Days 2-6: Increase the distance walked by a small amount each day.

Day 7: Walk to the end of the driveway and back in the morning and again in the afternoon or evening.

Day 8: Walk a half block in the morning and again in the afternoon or evening.

Day 9: Walk 1 block in the morning and 1 block in the afternoon or evening.

Day 10: Walk 1½ blocks in the morning and 1½ blocks in the afternoon or evening.

After Day 10: Continue to increase the distance you walk as tolerated.

LIMITATIONS

- Do not **drive** for 2 weeks or while taking narcotic pain medication. You may be a passenger for 30 minutes at a time. The doctor will let you know when it is safe to start driving again.
- **No lifting** over 5 lbs for the first 2 weeks after surgery. No lifting over 25 lbs for an additional 4 weeks (six weeks total).
- **No bending or twisting** at the waist. If you need to pick something up off the ground bend at your knees keeping your back straight.
- No sexual activity for 3 weeks.

INCISION CARE

Caring for your incision at home is important to prevent infection. Please follow the steps below on incision care:

- If you have a dressing over your incision, **you may remove it when you are home**. When your incision is no longer draining it is preferred that you leave your incision open to air. You can cover your incision with a dry dressing if this is more comfortable, but you should change this dressing daily.
- Your incision has been closed with suture material under the skin and covered with steri-strips (small pieces of surgical tape) on the skin. The steri-strips will gradually peel off as they get wet when you take a shower. This is normal and expected.
- You can **shower** 3-5 days after your surgery depending on the extent of your surgery. No direct water pressure on the incision, but water can hit the top of you back and roll over the incision. Pat dry with a clean towel. No tub soaks.



PAIN MANAGEMENT AT HOME

You may have an occasional increase in the low back, leg pain and/or numbness after surgery during the healing phase. This is normal and is caused by inflammation (or swelling) of tissue in your low back. To reduce the pain, there are several approaches to try:

- Do not sit more than 30 minutes at a time the next 48 hours.
- Take the pain medicine as directed by your doctor.
- You can utilize Tylenol (as long as Tylenol/acetaminophen is not a component of your narcotic medication) to supplement your pain control if needed. You can also utilize non-steroidal anti-inflammatories, such as Advil/Aleve/Ibuprofen, to help reduce inflammation and assist with pain control. Do not exceed the recommended daily dosage of these medications.

Narcotic pain medication causes constipation. Eat plenty of foods with roughage (bran, oat, fruit, applesauce) and drink a lot of fluids, especially prune juice to prevent constipation. You can also take over the counter stool softeners such as Colace.

You will be sent home from the hospital with a prescription for pain medication. You may need one additional refill of pain medication post operatively, but then we anticipate you will be able to discontinue the narcotic medications.

CALL YOUR DOCTOR IF YOU HAVE ANY OF THE FOLLOWING

1. A temperature of 101 F (38.3 C) or greater on 2 readings taken 4 hours apart
2. An increase in pain, redness or swelling around your incision.
3. Drainage from your incision.
4. Develop difficulty urinating or controlling your bowel movements.
5. Increased swelling in your ankles or feet.
6. Increasing weakness of your legs
7. Redness, warmth and tenderness on the back of the calf on your lower leg.



RETURN TO WORK

Your return to work will depend on your recovery and type of work you do. You must discuss this with your doctor before you return to work.

FUTURE FOLLOW-UP VISITS

1st post operative appointment: This usually occurs 1 to 2 weeks after your surgery date. **Call Dr. Mazahery's office to confirm the date and time** of your post operative appointment. **703-810-5202**

IMPORTANT PHONE NUMBERS

Dr. Mazahery's office: (703) 810-5202, Monday through Friday 8:30am-5:00pm

For emergencies on nights and weekends, call (703) 810-5202 and ask to speak to the on call provider. You will need to leave your number so the doctor can call you back shortly.