

Cervical Fusion Postoperative and Home Recovery Instructions

Introduction

The purpose of this guide is to provide you and your family with information regarding your medical condition and planned surgery. This information is part of your medical Informed Consent. Please read it and follow the advice carefully. You should retain the guide for future reference and bring it with you to office appointments and to the hospital for reference.

Before surgery

- Discontinue narcotics 10 days before surgery.
- Discontinue NSAIDs (Ibuprofen, Aleve, Naprosyn, Mobic, etc.) 7 days before and 10 weeks after surgery.
- Discontinue over the counter supplements and herbal supplements 7 days before surgery.
- Safe pain medications to take before surgery: muscle relaxers, gabapentin, Tylenol, tramadol or Tylenol with codeine (prescribed by your PCP)

AFTER SURGERY

Pain

After surgery you may experience pain in the region of the incision. Some neck and arm pain as well as tingling or numbness may also be present. Initially it may be of greater intensity than pre-operatively, but it will subside over time as the healing process

occurs. This discomfort is caused from surgical retraction of tissue as well as inflammation and swelling of the previously compressed nerves.

Some patients experience a sore throat and swallowing difficulty after general anesthesia & surgery. This is from manipulation of tissue and the presence of the breathing tube for anesthesia. The sore throat usually subsides within a week. The swallowing difficulty may take longer. Using throat lozenges or lemon drops, sipping cool liquids, or sucking ice chips may soothe this pain.

Use of pain medication

Narcotic pain medication will be available for pain relief after surgery. Narcotics are very effective for pain relief but may cause other side effects. The possible effects vary among patients and may include sleepiness, nausea, constipation, flushing, sweating, and occasionally euphoria or confused feelings. If these occur notify your doctor.

For your protection, you will receive narcotic medication only when you request it and if deemed medically appropriate by your physician. Constipation is a common side effect of narcotic pain medication. Please contact the office if you are unable to have a bowel movement with the regimen provided by the hospital.

*If you have any problems or questions,
please call your doctor's office (8am-5pm).
Answering service for after hours.*

ORTHOVIRGINIA.COM

ALEXANDRIA
1920 BALLENGER AVE, SUITE 200
ALEXANDRIA, VA 22314
P 703.810.5209 | F 703.810.5414

SPRINGFIELD
6354 WALKER LANE, SUITE 300
ALEXANDRIA, VA 22310
P 703.810.5210 | F 703.810.5418

Activity

Feel free to move about in your bed. The nurse or therapist will assist you in getting out of bed for a short walk a few hours after surgery. **You will be instructed to be up walking every 2 to 3 hours during the day and evening.** As you recover, the nurse will allow you to do this independently once you are steady and feel comfortable.

Early activity after surgery is extremely important to help prevent the complications of prolonged bed rest such as pneumonia and blood clots. It also promotes recovery, relieves muscle stiffness, allows for development of a well-organized scar, and improves your outlook.

Do not start any programs of exercise or physical therapy unless discussed with your doctor.

Diet

Your diet will begin with clear liquids and be advanced to your normal daily diet as soon as your condition permits. Your IV will be removed as soon as we are reasonably certain it will no longer be required for medications and hydration.

Bowel and bladder function

During surgery you may have a catheter (tube) in your bladder to monitor your urine output. Upon its removal you may feel a stinging sensation for 2 to 3 days, which is normal. Some patients may have difficulty urinating after surgery. If this occurs, notify your nurse who may assist you in voiding techniques. This may require placing a catheter in your bladder.

After surgery, constipation frequently occurs from inactivity and the side effects of pain medication. Stool softeners and laxatives will be available over the counter (suggestions below).

- Recommend over the counter laxatives first for post-op constipation: Miralax-Magnesium Citrate; last resort Enema or Suppository

- If post-op constipation continues to persist after taking over the counter laxative, please call physician office to discuss symptoms.

Respiratory hygiene

DEEP BREATHING

Deep breathing is very important after surgery to maintain lung expansion and reduce the risk of pneumonia. You will be provided with an incentive spirometer and instructed about its use. This device should be used every 15 to 30 minutes during your wakeful hours initially, then every 1 to 2 hours as your activity returns to normal. This device is yours to take home. Continue to use it at home for at least 1 week after your discharge.

SMOKING

Smoking is absolutely forbidden. There is clear evidence that smoking dramatically increases your risk of post-operative complications. There is also evidence that smoking adversely affects bone healing and nerve recovery. **Second hand smoke also applies**, so family members and friends should avoid smoking while around you.

Neck collars

It is against the law to drive in a hard or a soft collar.

SOFT COLLAR

If you are discharged with a soft collar:

- A soft cervical collar or brace will be applied immediately following surgery. It serves as a reminder and keeps your head supported. It also reduces discomfort and facilitates healing.
- This soft collar is for comfort only. Feel free to discontinue use after 5-7 days post-op.
- The collar should fit snugly, yet comfortably. It should allow only minimal motion. Do not “fight” the collar; cooperate with it. This will assist in bone healing and minimize neck discomfort and skin irritation.

HARD COLLAR

If you are discharged with a hard collar:

- You will receive two collars: one for everyday use (BLUE) and one for the shower (BEIGE). You may only remove it to eat or apply make-up.
- You will remain in a hard collar for 6 weeks.
- No driving while in a hard collar.

HOME RECOVERY

Follow-up appointment

Patients are generally discharged from the hospital 1-2 days after surgery. A follow-up appointment will be made 2 weeks from the date of surgery. At your first follow-up visit, you will be evaluated, the incision will be checked and x-rays will be taken.

Incision care

DAY 3

- You may now begin to shower. Do not soak the incision. Let water and soap run over it. After shower, pat incision dry.
- You will most likely have steri-strips (usually on all incisions on the front or back of the neck) overlying the incision. Do not remove; they will fall off.

DAY 3-6

- Keep incision covered with a clean dressing; change daily.

DAY 6-14

- You may cover the incision with a dressing or keep it open to air. Some patients are most comfortable keeping it covered while their brace is on to give an extra barrier of protection; this is okay.
- No baths, hot tubs, or pools for 6 weeks after surgery, as they will increase your risk of an infection.

Inflammation

Please take your temperature every afternoon for the first week after you are discharged from the hospital. Call your physician if:

- If your temperature taken by thermometer, is more than 100.5 degrees: Please take over the counter Tylenol for post-op fever control first.

(Usually 2 doses every 6 hours. Do not exceed daily dose amount per bottle recommendations.)

- Your incision becomes reddened, swollen or any drainage occurs, please call the office.
- Your pain increases out of anticipated parameters, please call the office directly.

Nutrition

- A well-balanced diet is necessary for good healing and recovery. This includes food from the four basic food groups: dairy products, meat, vegetables and fruit.
- Use of narcotic pain medication and prolonged rest may cause constipation. Drinking plenty of fluids and eating high fiber foods (whole grains, raw fruits and vegetables) will help regain normal bowel function.

Home pain and medication

BACKGROUND

- When pressure is relieved from an inflamed, damaged nerve it does not recover instantaneously. The surgical procedure does not heal the nerve: only the body is capable of that.
- The goal of surgery is to create the best possible environment for the body to heal itself and to prevent further damage. This will take a variable length of time depending on the duration and degree of nerve damage and the body's own healing abilities. Most of the healing occurs in the first few months.
- **Pain, weakness, or numbness lasting more than six months will likely be permanent.**

PAIN MEDICATION

- Everyone has a different pain tolerance that will dictate the amount of pain medication required.
- A decreased dose and less frequent use of pain medication will occur during your recovery period. A gradual weaning of medications should begin as soon as possible, generally within 2 to 4 weeks.
- Conservative use of narcotic pain medication is advised. One should try non-narcotic medication, such as Tylenol, and reserve narcotics for more severe pain.
- While using narcotic pain medication you **SHOULD NOT** drive.

- Do not take anti-inflammatory medicines such as ibuprofen, Meloxicam, Advil, Aleve, or Motrin, as these may affect your bone healing for 10 weeks following your surgery.
- Celebrex (a prescription NSAID) is allowed after surgery. Please call the office for a possible prescription for Celebrex for post-op inflammation and pain symptoms.
- Narcotics will not be considered for refills on weekends, holidays or at night. Please contact the office Monday-Friday before 3 p.m. for pain medication refills.
- Narcotics will not be prescribed 6-12 weeks after the date of surgery.

Disability

- The usual period of recovery for cervical disc surgery is 8 to 12 weeks and complete healing may take up to 3 to 6 months.
- Some patients may return to work sooner than others depending on their job, response to surgery, and ability to perform other lighter tasks in the workplace.
- Physician approval is required prior to returning to work.
- If your employer requires forms filled out for disability or FMLA, please visit orthovirginia.com/medical-records to submit your request online. You may also call or visit the office for assistance.

Key Points

RESTRICTIONS

- **Please do not sit for more than 30 minutes at a time.**
- No lifting more than 5 pounds until you are told otherwise.
- Do not drive until you are told you are able to.
- No bending, lifting or twisting for 6 weeks while you are in a hard collar to avoid falls.
- You may not run or jump for 6 months.
- We prefer that you walk outdoors. Walking on the treadmill may be acceptable for some patients. Please ask before using any exercise equipment.
- No hot tubs, baths or pools for 6 weeks.

- No flying for the first 4 weeks post-surgery! Please call the office if you require an earlier flight 1 or 2 weeks post-op.

THE FIRST WEEK

- Early to bed, late to rise and frequent rest periods throughout the day. Get at least 8 hours of sleep each night. A disrupted sleep pattern is common after discharge from the hospital and will return to normal over time.
- You may not drive, but you may be driven, for short distances, using proper restraints such as shoulder and lap belts for 4 weeks. Please wear your brace in the car.
- No lifting of more than 5 pounds.
- May climb stairs with handrail.
- Do not sit for more than 20 minutes at a time.
- Begin a daily walking program with 1 to 2 blocks initially; schedule a daily time and increase distance daily.
- Eat a regular, balanced diet.
- Take medications as prescribed, using narcotics as needed.
- Avoid using NSAIDs such as: Aleve, Advil & Motrin for 10 weeks post-surgery.

THE SECOND WEEK

- Resume normal rising and retiring schedule, but continue to rest throughout the day.
- Wear your brace as instructed.
- You may not drive.
- No lifting of anything weighing more than 5-10 pounds.
- May climb stairs with handrail.
- Continue scheduled walking, increasing distance and frequency as able.
- May resume sexual relations when comfortable.
- Begin narcotic weaning as pain diminishes, relying mainly on non-narcotic medications.

THE THIRD WEEK AND FORWARD

- Resume normal rising and retiring schedule, resting as needed.
- May resume light work around the home; lifting not to exceed 10 pounds.
- Continue scheduled walking.
- Wear your brace as instructed.
- A mild home physical therapy program may be initiated after 2 weeks. This will depend on how your fusion is healing. A more aggressive physical

therapy regimen will be initiated on follow-up visit during week 6 if it is necessary.

REMEMBER

- **Smoking is absolutely forbidden.** There is clear evidence that smoking dramatically increases your risk of post-operative complications. There is also evidence that smoking adversely affects bone healing and nerve recovery. **Secondhand smoke also applies**, so family members and friends should avoid smoking while around you.
- **No non-steroidal anti-inflammatory medications for 10 weeks post-op.**