

Lumbar Spine Fusion Postoperative and Home Recovery Instructions



Dr. Yeung

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, Celebrex, 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 will experience pain in the region of the incision. Some leg pain as well as tingling or numbness may also be present. Initially it may be of greater intensity than preoperatively but 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. This may occur for several weeks and is normal. Persistent pain should be reported to your physician.

Some patients experience a sore throat and swallowing difficulty after general anesthesia and 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 usually takes 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 are possible. If these occur notify your doctor.

You may have a Patient Controlled Analgesia (PCA) pump. This is preferred by some but not all patients. When you depress a switch the pump will deliver narcotic pain medication directly into your IV without requiring repeated intramuscular injections. The PCA pump is closely monitored by the nursing and anesthesiology staff. If you feel you

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

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may benefit from this method of narcotic medication delivery, ask your nurse for a PCA pump trial.

Activity

Feel free to move about in your bed. **If you are given a brace, then your brace must be on if the head of your bed is elevated above 60 degrees or you are out of bed.** The nurse or therapist will assist you in getting out of bed a few hours after surgery. You will be instructed to be up walking every 2 to 3 hours during the day and evening. 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 are available over the counter (suggestions below).

- For post-op constipations please try over the counter medications first: Colace- Miralax- Magnesium Citrate. Last resort Fleet-Enemas.
- If you're not passing gas or notice any new onset of abdomen distention or severe bloating please call the office immediately.

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. (Use it during TV commercial breaks).

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. **Secondhand smoke also applies**, so family members and friends should avoid smoking while around you.

HOME RECOVERY

Follow-up appointment

Patients are generally discharged from the hospital 1 to 5 days after surgery. A follow-up appointment will be scheduled 2 weeks from the date of surgery. At your first follow-up visit, you will be evaluated and the incision will be checked. X-rays will be taken at each visit to ensure appropriate healing is taking place.

Incision care and hygiene

DAY 5

- You may now begin to shower. Do not soak the incision. Let water and soap run over it. After

shower, pat the incision dry. Do not apply any ointments or creams for 6 weeks.

- If you notice steristrips or surgical tape overlying the incision, do not remove; this will fall off on its own in about 2 weeks.

DAY 5-7

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

DAY 7-14

- You may cover the incision with a dressing or keep it open to air. Some patients are most comfortable keeping it covered while in lower post-op back-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 postop 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 we surgically relieve pressure 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.
- While using narcotic pain medication you **SHOULD NOT** drive.
- Try non-narcotic medication, such as Tylenol, and reserve narcotics for only the difficult times.
- 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.
- 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 three months after the date of surgery.

Disability

- 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

- No driving for 1 month after surgery AND must be off narcotics.
- No bending, lifting or twisting for 10 weeks while you are in your brace.
- Do not sit for more than 30 minutes at a time the first 2 weeks post-op.
- Physical therapy will not start until the 10-week mark for most patients.
- No lifting more than 5 pounds until you are told otherwise.
- You may not run or jump for 6 months.
- 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 5-10 pounds.
- May climb stairs with handrail.
- Avoid sitting for longer 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 x-brace as instructed.
- You may not drive for the next 2 weeks (4 weeks total post-op).
- 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.
- Per patient request-can return to work from home or desk duty 3-4 weeks post-op.

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. Second hand 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.**