

AFTER SURGERY

Patients will be taken to the Recovery Room. After your stay in the recovery room, you will be transferred to an Orthopaedic floor on 6B. If you have an extensive reconstruction or sleep apnea, you may go the ICU or telemetry 1-2 days or the floor where vitals can be monitored closely.

- IT IS NOT UNCOMMON FOR PATIENTS TO RETURN FROM SURGERY WITH FACIAL AND BODY SWELLING. THIS IS DUE TO POSITIONING IN SURGERY AND IV FLUIDS. The facial swelling generally resolves in 1-2 days. Rarely patients may have a very swollen tongue for the first few days postop as well.
- You may have a cardiac monitor on to watch your heart rate and rhythm.
- You may have oxygen to make breathing easier.
- You will wear elastic, stockings (TED hose) and/or inflatable plastic wraps (sequential pumps) on your legs. Both the TED hose and sequential pumps are used to help prevent blood clots.
- You will have a Foley catheter inserted after you are asleep in surgery. This is a tube that is placed into the bladder to drain urine. The Foley catheter will be removed usually the day after surgery.
- You may have a drain (Hemovac) near your back incision. This drain collects excess bleeding and drainage from under the skin. This keeps your wound from swelling and helps the doctors estimate your blood loss.
- Your diet will be advanced slowly. You will begin with ice chips & sips of water, then as tolerated to a regular diet.
- Please remember that during your hospital stay you will have a list of “as needed medications” or “PRN” meds, as the medical staff refers to, that will always be available to you. These medications will be for symptoms such as muscle spasms, nausea, indigestion, pain and itching. PLEASE speak to your nurse if you have any symptoms that are not being controlled so she can go over the “PRN” med list with you.
- An Incentive Spirometer (IS) is also used to help you measure how deeply you breathe. Make it a personal contest to continue to increase the number reached by the “rising ball” of the device, thus demonstrating improved lung function! Family members, please remind your loved one to use the IS frequently in the hospital.
- You will almost always be asked to sit on the side of the bed and also to get out of bed to stand and/or sit in a chair on the day of surgery or 1st postop day, and to start walking as soon as possible.
- It is very common for the patient to report numbness around the incision(s) after surgery. This is expected with any skin incision and the area of numbness gradually shrinks with time but may take up to 1-2 years.
- Some patients complain that their feet/legs/back “feel funny” – you may have various feelings or sensations that can’t be explained – if this is the case, normally your body will take care of it over time.

Pain Management:

Some pain is expected and we will do our best to manage it. Too much pain medicine is not good for your heart, lungs, stomach or your brain. If you feel that your pain is not at a manageable level, please tell your doctor or nurse.

After your surgery, you will be on special pain medicines to help keep you comfortable. Oxycodone and Vicodin are most commonly used with additional IV medicine given by the nurse if needed. You may also be placed on a low-dose nerve medication called Neurontin (gabapentin) or on scheduled Tramadol as an adjunct for pain management. Tylenol is usually ordered as well as muscle relaxants for spasms. The medications ordered will be based on the patient's age and tolerance for pain medications but please discuss with Dr. Goldsmith /Andrea Elliott any preferences or concerns regarding pain management.

Please note that after a lumbar fusion, you may continue to have some degree of lower back/buttocks pain for 3-6 months with gradual resolution. After all surgeries, inflammation is a natural process of healing. We cannot and do not want to block this process. You should be encouraged by the "good" days and "bad" days getting further apart.

POSTOPERATIVE INSTRUCTIONS

After surgery, you should avoid all anti-inflammatory medications, including aspirin, Ibuprofen (Advil, Motrin), and Naproxen (Aleve), as well as any other prescription anti-inflammatories. It has been shown that anti-inflammatories decrease bone healing. Do not resume these medications until Dr. Goldsmith says that it is okay to do so, which is usually 3 months after your surgery. You may take Tylenol at any time (no more than 3000 mg of Tylenol in 24 hours).

Incision(s): Generally, patients are sent home with staples or steri-strips (small tape strips) on their incision(s). If you have a dressing over your incision, change it daily (or as advised by Dr. Goldsmith/Andrea) until the incision is dry and then keep the incision open to air. Family members/caregivers will otherwise not need to apply anything to the incision(s) at home, they just need to check them daily to observe for wound problems. Allow the steri-strips to fall off on their own or if they are still there 2 weeks postop, we will remove them.

A small amount of reddish-brown drainage is not unusual for the first few days post-op. Please report any other type or amount of drainage. If you have any significant/persistent drainage, increased redness, swelling, warmth and/or increased pain at the incision site, or if you run a temperature >101.5 CONTACT DR. GOLDSMITH/ANDREA ELLIOTT.

Toileting: Low toilet seats can make regular toileting very difficult and unsafe for patients who have had back surgery. Depending on the type, location and surrounding area of your toilet, you may be instructed in using a raised toilet seat and/or toilet rails.

Therapy: Physical Therapy (PT) will work with you in the hospital on activity and ambulation. Occupational Therapy (OT) will work on bathing/dressing/etc. If they feel it's necessary, a home

PT/OT will be ordered to see you 2-3 days/week after surgery. You do not require outpatient PT until 3 months after surgery unless indicated by Dr. Goldsmith/Andrea.

Activities:

Activity, especially walking around your home, is encouraged.

No special exercises are necessary initially after surgery.

Do NOT do heavy housework, such as bed-making, vacuuming, or laundry for the first 6 weeks.

No bending, lifting, twisting, pulling, or pushing greater than 10 pounds for the first 6 weeks.

Do no smoke for at least 3 months after surgery as this will delay the fusion. This includes avoidance of smokeless tobacco and nicotine patches/gum.

If you were given a brace, this should be worn unless showering or in bed. Do not discontinue using the brace until cleared to do so.

Turning in Bed:

Tighten your stomach muscles. Bend your knees slightly toward your chest. Roll to one side, keeping your ears, shoulders and hips in line. Be careful not to bend or twist at the waist.

Getting Out of Bed:

Tighten your stomach muscles. Turn onto your side. Push your body up with one elbow and the other hand. At the same time, gently lower both legs to the floor. Keep your stomach muscles tight.

Sit Down / Stand Up

Use your arms to lift up and guide down. Keep your ears, shoulders, and hips in line. Brace your abdominal muscles, bend at the hips **keeping your back straight** and use your leg muscles to lower / raise yourself onto the front of the chair.

Standing and Turning

If you stand for a long time, change your position frequently by shifting your weight from one foot to the other. DON'T TWIST. Turn your whole body as a unit.

Bending and Lifting

During the first 6 weeks, avoid bending or lifting anything weighing more than 10-15 pounds. When you lift something, keep it close to your body so that your leg and arm muscles do the work. Remember to brace your abdominal muscles, stoop at the hips and knees keeping your

back straight and the three curves of your spine balanced. This will help prevent pain and further injury to your spine.

Walking

Walking is EXCELLENT exercise. Walking helps your pulmonary, cardiovascular and digestive systems. It also prevents blood clots from forming and it increases muscle strength and endurance. Once you are home it is important to continue walking activities.

Stairs

Your physical therapist will practice stairs with you before you go home. You should use a handrail when possible. Never use a walker on the stairs. Your therapist may have special instructions for you depending on your home environment and physical abilities.

Driving: You may ride as a passenger whenever you feel you can tolerate this activity. You should sit in the front passenger seat, slightly reclined if possible. It is suggested that you start with short distances, or on longer trips allow breaks to stop and walk around. Driving is generally permitted approximately 3 weeks after surgery if you are off of the stronger pain medication. **You should not drive while taking strong pain medications.

HOME AFTER SURGERY

Your First Few Weeks

You should feel a little stronger each day. Keep moving as much as you can without increased pain. Walking is the best and only exercise you will perform. Usually you are able to return to desk-type work by 3 weeks postoperatively depending on your progress and the magnitude of surgery. We recommend half days for the first couple weeks.

Six Weeks and After

By about the sixth week, your back is well on the way to healing. If you're using correct posture and movements and exercising regularly, you should feel better and be able to do more each week. Continue to let pain be a warning to slow down.

Preventing Setbacks

Increased pain for more than two hours after an activity usually means you've done too much too soon. Don't just reach for the pain pills. Take pain as a warning sign to slow down and pay attention to your posture and movements. Make sure you're bracing your abdominal muscles and keeping your ears, shoulders and hips in line.

Sexual Relations

Lying on your back so you have the support of the mattress is preferable. Side-lying positions may be more comfortable since you won't bear any weight. Avoid arching your back. Avoid a lot of back motion or stress on your spine.

Pets

If you have pets you may need assistance to care for them after surgery. You will not be able to lift heavy bags of dog/cat food or bend down to the floor to fill their dishes. You will not be able to walk your dog using a leash if it is a large dog that pulls. Too often a dog will take off and jerk you as you try to hold onto the leash and that can cause injury to your spine. Also, it is very easy to trip over your pet. Please make arrangements for assistance with pet care after your surgery.

POST-OPERATIVE MEDICATIONS

Narcotics: You will be given prescriptions for pain medication when you are discharged. Take all medication as directed and wean off the narcotics gradually. It is recommended that you wean your narcotic use slowly and not abruptly. If you are taking 2 narcotic tablets every 4 hours PRN, wean to 1 tablet every 4 hours, then 1 tablet every 5 hours and so on until you are able to stop narcotics all together. You may be given specific weaning instructions when you are discharged.

Bowel Regimen:

- All narcotics cause constipation so you will be receiving Colace 100mg daily while in the hospital and it is recommended you continue a stool softener/laxative after discharge while taking pain medication.
- Over-the-counter stool softener options include Colace 100mg (1 tab daily unless it has been 3 days since a bowel movement, then take one tab twice a day) or Senna 8.6mg (2 tabs daily unless it has been 3 days since a BM, then 2 tabs twice a day).
- If you do not have a bowel movement for 5 days, take MiraLax or Milk of Magnesia as directed in addition to the Senna/Colace.
- If you have not had a bowel movement for 6 days, take a suppository as directed on packaging.
- If no bowel movement for 7 days postop use a Fleets Enema - dosing per package
- If this does not give you results, contact our office for further instructions.
- If at any time you are nauseated, have vomiting, abdomen is swollen and hard and/or you have severe abdominal cramping, please contact our office immediately.

Acetaminophen (Tylenol): Today more than 600 over-the-counter (OTC) and prescription (Rx) medications contain Acetaminophen or Tylenol. Some patients exceed the recommended dose either by accidentally taking multiple acetaminophen-containing products without realizing it, or by not following dosing instructions. The liver warning on the OTC label states that severe liver damage may occur if more than 4,000 mg of Acetaminophen is taken in a 24 hour period. Narcotics such as Percocet, Vicodin and Norco have Acetaminophen (Tylenol) in them, either 325 mg or 500mg per tablet. It is **VERY** important that you are aware of the dosage and do NOT combine it with other products containing Acetaminophen.

