

TOWN CENTER ORTHOPAEDIC ASSOCIATES SPINE SURGERY

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POST-OPERATIVE DISCHARGE INSTRUCTIONS:

LUMBAR, THORACIC & THORACOLUMBAR FUSION SPINE SURGERY

1. MINIMALLY INVASIVE POSTERIOR LUMBAR FUSION WITH INSTRUMENTATION
2. POSTERIOR LUMBAR FUSION WITH INSTRUMENTATION
3. UNINSTRUMENTED POSTERIOR LUMBAR FUSION
4. POSTERIOR THORACOLUMBAR FUSION WITH INSTRUMENTATION
5. ANTERIOR LUMBAR/THORACOLUMBAR FUSION WITH INSTRUMENTATION
6. ANTERIOR LUMBAR INTERBODY FUSION WITH/WITHOUT INSTRUMENTATION
7. SCOLIOSIS SURGERY
8. OTHER: _____

I. ACTIVITY RESTRICTIONS until first follow-up appointment

- A. Return to work will be discussed on an individual basis
- B. No driving while taking NARCOTIC medications
- C. No lifting more than 10 pounds unless discussed prior to surgery
- D. You are encouraged to walk on flat, non-slippery surfaces as much as you feel comfortable. You may ride an upright stationary bicycle or elliptical machine or walk on a treadmill as soon as you feel comfortable

E. DO NOT SMOKE as this may significantly decrease your chances of healing/fusion (mending of the bones together)

F. Most patients do NOT need a brace after surgery. If you are prescribed a brace, wear it as instructed by Dr. Pateder

ALWAYS be mindful of good body mechanics as discussed with your physical therapist and/or Dr. Pateder before hospital discharge

II. PAIN MANAGEMENT

Post-operative pain is to be expected and will vary depending on several factors: the type of surgery, prior use of narcotic pain medications, and personal tolerance of pain. Given the individual variation of pain, your post-operative pain management will be discussed with us on an individual basis prior to discharge.

A. After a lumbar decompression for leg pain, the nerve root may remain inflamed for several days to weeks. This is due to the fact that the nerve root was being compressed for an extended period of time and requires to “cool down.” You may be placed on a short course of steroids to help reduce this inflammation. Furthermore, it is normal for you to have some spasms and aching pain in the back following a posterior decompression and fusion since the bone graft or spacer placed in your back is restoring the normal disc height and stretching the surrounding structures which were previously contracted. Your body will adapt over time to this restored disc height.

B. Do NOT take any anti-inflammatory pain medication for the first three months following surgery, as they may inhibit your body’s efforts to fuse (mend the bones together). The medications include: Motrin/Ibuprofen/Advil, Alleve/Naprosyn, Excedrin, Lodine, Relafin, Celebrex, Daypro, Vioxx, Bextra, Aspirin, etc. The exceptions to this rule are IF we place you on a short course of steroids or if your internal medicine/family physician feels that you should be on Aspirin for heart reasons.

C. Medications will **only** be refilled during office hours. **Please** be aware of how many pills you have left so that you will not run out when the office is closed.

III. INCISION CARE

A. Unless otherwise stated, your incision(s) have been sutured from the inside with material that dissolves. Thus, there are no sutures or staples that need to be removed at a later time. Overlying the incision are Steristrips which are similar to the old “butterfly” band-aids. They provide extra support and will curl up and fall off by themselves (usually in 1-3 weeks). If a Steristrip is starting to come off and you can see that the incision under that strip is healed, you may go ahead and pull off that Steristrip.

B. You will be sent home with a dressing over the Steristrips. You can remove the outer dressing on postoperative day number 2. Thereafter, you may shower and wash the Steristrips with soap and water. Gently dry the Steristrips until they start to come off as described above. Do NOT soak the incision by taking baths or sitting in a pool/hot tub until the incision is completely healed and the Steristrips have fallen off (generally 2-3 weeks).

C. Healing tissue that will exist along your incision does not contain the pigment melanin that normally protects the skin against the sun. For cosmetic reasons, it helps to protect the incision from the sun by covering it with clothing or using sunblock (if exposed) with at least **SPF 30 or higher for 6 to 12 months**.

D. You may remove the TED hose upon leaving the hospital if you are walking independently.

IV. CALL our office (703 435 6604), your private physician's office or present to an emergency room IMMEDIATELY if any of the following occur:

A. Fever (>101.5 degrees Fahrenheit), chills or sweats that occur beyond 2-3 days after surgery. It is NOT unusual to have a low grade fever (100.5 degrees Fahrenheit) for 2-3 days after surgery

B. Redness or swelling or warmth around the incision(s), NON-clear drainage from the incision, or increased pain in or around the incision

C. Any neurological change in the arms or legs such as new weakness or increased pain/tingling/numbness

D. Persistent or increased difficulty swallowing or speaking

E. Severe headaches that are different in nature to prior headaches and ones that are worsened with standing and better with lying down

F. Abdominal bloating associated with persistent nausea and vomiting (often these symptoms will be accompanied with constipation or inability to have a bowel movement)

G. Calf swelling, redness, pain or warmth as this can be a sign of a deep venous thrombosis (also known as a "blood clot")

H. Chest pain, difficulty breathing or cough

V. FOLLOW-UP APPOINTMENT

Please call immediately upon discharge to make a follow-up appointment with us in the office 7-14 days after the day of your surgery. Let the office know that you

are a **post-operative patient** and must be added on to the schedule. If there are any problems, please request to speak with Dr. Pateder or his assistant.

ALWAYS FEEL FREE TO CONTACT US WITH YOUR CONCERNS & QUESTIONS AT 703 435 6604