

# **Post-Operative Instructions for (Low Back) Lumbar Spine Surgery**



## **Laminectomy, Discectomy, Spinal Fusion**

We want to make this experience as pleasant as possible for you and your family. If you have any questions before or after your surgery, please contact our office at 303-697-7463.

**PLEASE NOTE THAT IN SOME CASES, DUE TO UNFORESEEN EVENTS INCLUDING EMERGENCIES, SCHEDULING CONFLICTS, INSURANCE ISSUES OR ABNORMAL PRE-OP TESTING YOUR SURGERY MAY NEED TO BE POSTPONED OR RESCHEDULED.**

### ***After Surgery (Post-Op) Pain***

It is not unusual to experience the following symptoms in the first few weeks after surgery:

1. Pain in and around the incision
2. Some persistent leg pain
3. Numbness or tingling of the leg or foot
4. Mild swelling or redness at the incision
5. Muscle tightness or spasm of the back going to the leg(s) to the knees.
6. Pain on moving from bed to chair or standing position. It is not unusual to be uncomfortable during the first few days following surgery, and especially at night. This will improve steadily.

### ***Medications***

With regard to **pain medicine**, you will be given a prescription when you are discharged. You may also get a prescription for a **muscle relaxant**. Take them as needed and directed. **No prescription refills will be called in at night or on weekends.**

**Do not begin taking Non-Steroidal Anti-Inflammatory Drugs or NSAIDs (Advil, Motrin, Ibuprofen, Nuprin, Alleve, Celebrex, Aspirin, etc.) until approximately 8-12 weeks after surgery if you had a lumbar fusion.**

All other patients (laminectomy, discectomy) may resume taking these medications immediately after they finish the steroid medication (decadron).

You **may** be prescribed **Decadron** (a steroid) to take after you are home from the hospital. Take this prescription as directed. You must take the entire prescription. Decadron may cause you to feel nervous or jittery. It may also cause difficulty sleeping. These symptoms will improve once you have finished your prescription.

## ***Incision Care***

There may be staples, sutures or paper band aids (steri-strips) holding the incision closed.

1. Change the dressing daily for till the first follo-up appointment with 4x4 gauze and tape, or when the dressing is soiled. After that, if there is no drainage, you may remove the dressing. You may either let the incision air dry (**leave steri strips in place**) or cover with an oversized Band-Aid. Persistent or cloudy, smelly drainage should be reported to our office.
2. You may shower 24-48 hours after surgery. Do not Remove the gauze cover bandage prior to showering. Water will not hurt the incision but do not tub bathe or soak the wound. After showering, recover the incision with a clean, dry dressing. (**leave the steri-strips in place**)
3. Do not apply ointments or solutions to the incision. Mild soap and water is OK.
4. If you notice a small clear suture at the end of the incision, do not remove it. It will either dissolve or be removed in the office.
5. If you develop blisters, redness, or irritation from the tape, discontinue its use.

## ***Do's and Don'ts***

You should think of the first week after surgery as an extension of your hospital stay. In general, if any activity increases discomfort, don't do it. It will get easier each day. Your first post-op visit will be scheduled 10-14 days after surgery. You will see our physician's assistant on the first visit and Dr. Jatana on the second, approximately 4- 6 weeks after surgery. An x-ray will be ordered on the days of your first and second post-op visits if you have had a lumbar fusion.

1. Do not use time at home to do projects.
2. Do not remain confined to bed during the day. Walk as much as you comfortably can. You may climb stairs. If you sit or stand for more than 50 minutes, you should get up and walk to avoid getting stiff.
3. Following a fusion, you will wear a brace for approximately 12 weeks after your surgery. Following a laminotomy, foraminotomy or laminectomy you will wear a brace for approximately 3-4 weeks. This may vary on a case to case basis. You must wear your when out of bed and dressed in the morning. No need to wear brace while sleeping or showering or going to the restroom in the middle of the night
4. Avoid exaggerated bending or twisting or lifting more than 5-10 lbs.
5. **No exercise program** is allowed until you are released by your physician to do so.
6. Sexual activity is permitted whenever comfort permits.
7. You may ride in a car as a passenger. Do not ride for more than an hour without getting out and walking for a few minutes. You may drive after your first post-op visit if you feel comfortable.
8. Decisions regarding returning to work and physical therapy needs will be made on an individual basis by our medical staff.

9. Hot tubs – Patients who have had a fusion should not use a hot tub for at least 3 months post op. If you have had a laminectomy or microdiscectomy and do not have any surgical implants or bone graft you may use a hot tub at 3 weeks post op.

10. The pain medication and anesthesia can cause problems with constipation. Start a stool softener daily, increase your fluids and walk as tolerated to help with constipation. It is ok to use an over the counter suppository (such as Dulcolax) or an oral laxative (such as Dulcolax tabs, Milk of Magnesia, Metamucil, **Miralax**), as needed, if you have had no bowel movement by 3 days after your surgery.

11. Do not schedule dental work for two weeks prior to your surgery or for 6 weeks following your surgery. If you have had a fusion surgery you will require antibiotic premedication before any dental procedures for 1 year post op. This is typically something your dentist will prescribe.

12. It is ok to sleep on your side, back. Do not sleep in a recliner-chair.

13. Implant cards are available upon request if you have had a lumbar fusion. This may be required by your airlines before they allow you to clear security.

### ***Calling the Office***

We are here to help you. Please call with any questions.

**Call the office at 303-697-7463 if any of the following occur:**

1. Sustained fever greater than 101.5 degrees Fahrenheit that does not respond to a dose of two tablets of Tylenol. (Do not take Tylenol if you have any contraindications or allergies to Tylenol.)
2. Drainage from the incision that is increasing. (Spotty drainage may be normal for the first few days)
3. Incision is very red or warm to the touch and worsening.
4. New Leg or back pain or swelling in excess of your pre-operative pain.

### ***Calling 911***

**Please call 911 immediately or go to the ER if any of the following occur:**

- 1. Difficulty breathing, shortness of breath or pain with breathing**
- 2. Chest pain**
- 3. Leg pain – specifically calf tightness or swelling**
- 4. Bowel or Bladder loss**