

SPINE SURGERY POSTOPERATIVE INFORMATION

GENERAL

PLEASE read prior to preoperative appointment

- Resume your normal diet as you are able to tolerate. It may be easier to tolerate small, frequent meals for the first few days after surgery. Nausea is worse on an empty stomach.
- Apply ice to your neck/ back. Place an ice bag or pack to your neck/ back for 20 minutes at a time and do this every 2 hours while awake. Place a towel between your skin and ice bag/pack. (Do not put ice directly on the skin.)
- Pain is normal after the operation. If it persists and is not controlled with your pain medication and ice, please call our office.
- Please call our office if you have a sustained temperature greater than 100.5 degrees, sudden increase in redness, swelling, or drainage from the incision site or notice any cloudy or foul-smelling drainage.
- You may experience slight numbness in your arms or legs after the surgery. If it seems to be escalating, please call our office
- It is very important to have regular bowel movements after your surgery. Decreased activity and pain medicine can lead to constipation. Please follow these instructions:
 - Colace 100mg twice daily while on narcotics.
 - Metamucil 1 tablespoon by mouth daily with orange juice or water.
 - Milk of Magnesium if no bowel movement by the third day.
 - Fleets enema if Milk of Magnesium is unsuccessful.
 - Please call our office if you have not had a bowel movement by the 4th day after surgery.
- Do not drive or drink alcohol while taking narcotic pain medication.
- You may have been provided with an incentive spirometer. After surgery the small air sacs in your lungs may collapse from the anesthesia and pain medication. This device will help keep your lungs clear and active. Please use as instructed. Also, take deep breaths and cough frequently which will help prevent fevers and pneumonia.
- Please do not arrange for any elective dental surgery in the first three months after your procedure. When you have a dental procedure, bacteria can enter your bloodstream and we do not want that bacteria to infect your new prosthesis. You will now need to take an antibiotic prior to any dental procedures for the rest of your life. Please call our office and we can send a prescription to your pharmacy.

ACTIVITY

- Use front wheeled walker until you are seen at your first postoperative appointment. You may gradually advance your activities with the exception of bending, lifting, or twisting neck and upper extremities for neck surgery and thoracolumbar spine for back surgery. Use neck/ cervical collar or back brace as instructed by your physician.



- Get up for 10-15 minutes every 2 hours that you are awake to move around your room and to and from your bathroom.
- Perform 10 ankle pumps every hour while awake.
- Wiggle your toes, bend your knee, and bend your hip as tolerated to improve circulation
- Increase your activity level slowly over the next few weeks. It is normal to have increased swelling, and pain as you do so.
- For the first 2-3 weeks following surgery, please follow the precautions taught to you by your therapist, including avoiding bending, lifting, or twisting neck and upper extremities for neck surgery and thoracolumbar spine for back surgery. Please discuss these precautions and the duration of these precautions with your doctor.

WOUND CARE

- It is normal for your incision to bleed and stain the dressings.
- Please keep the wound dry until your first post-op appointment. You may shower after post-op day 3. If an occlusive (silver) dressing has been applied to your wound, you may shower with it on but do not submerge the incision. If the wound does not have an occlusive dressing, cover the incision with occlusive dressing to keep clean and dry. Maintain steristrips. You may leave the silver dressing in place for the first 3-4 days, then replace with a dry sterile dressing daily.

MEDICATIONS

- Medications for you to use post--operatively:
 - **TYLENOL/ACETAMINOPHEN**, a pain reliever. Take 500 mg every 4 hours. Do not exceed 3000mg in a 24 hour period. If you are over 65 years of age, take 500 mg every 6 hours.
 - **NSAIDs**, non-steroidal anti-inflammatory drugs, (i.e. ibuprofen, naproxen, and etc.) – ask your physician if okay to take post-operatively. If you have had spinal fusion procedure, it is recommended to not use NSAIDs post-operatively.
 - **GABAPENTIN**, for nerve pain. Take 100-300 mg three times daily. (you may not need this medication).
 - **HYDROCODONE/ ACETAMINOPHEN** and/ or **OXYCODONE**, a strong narcotic. Use only on an “as needed” basis.
 - **DOCUSATE**, a stool softener. Narcotic pain medications can cause constipation. Please take while taking narcotic pain medication.
 - **ZOFRAN**, an anti-nausea medication. Use as needed for any nausea or vomiting from the anesthesia or pain medication.
- If you have any adverse effects with the medications, stop the medicine and please call our office.



FOLLOW-UP

- A follow up appointment should be arranged for you to be seen ~2-3 weeks after the procedure. If you do not have an appointment please call our office to arrange one.

TIMELINE/GOALS FOR RECOVERY

- Independent by 3-14 days
- Off of narcotics in 2 weeks
- Walking without a walker or assistive device in 4 weeks
- Return to work in 4-8 weeks
- Full recovery in 1 year

IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CALL OUR OFFICE 206-243-1100 x201.