

Post-Operative Instructions for Posterior/ Anterior Lumbar Decompression and Fusion

General Instructions:

- 1) You may resume your regular diet as soon as you are able.
- 2) Walking as much as tolerated is encouraged. It is ok to climb stairs.
- 3) Call the office for an appointment approximately 14 days from your discharge date from the hospital.
- 4) Take the pain medications and/or muscle relaxants prescribed to you as directed.

Things to avoid after surgery:

In the post-operative period for at least **six** weeks you should avoid the following:

- 1) Bending and twisting at the waist.
- 2) Lifting or carrying anything more than 10 pounds.
- 3) Sitting for more than 60 minutes at a time, or less if painful.

Note: Bending, twisting, and stooping at the waist, and lifting and carrying put extra stress on your healing disc and back muscles and should therefore be avoided.

Driving and Passenger Trips: After the first week you may take short passenger trips. No driving during the postoperative period while in a brace. This is primarily because the brace could make it difficult to see properly while driving. In addition, many of you will be on pain medications and these can also significantly dull your driving reflexes.

Infection Prevention: Hand washing (or an alcohol-based hand cleanser) is the most important step for preventing infection. You and your care giver/family member need to wash your hands prior to changing the dressing over your incision. Keep your incision clean and dry, unless your surgeon has approved getting it wet.

Contact your surgeon right away if you note any of the following:

- Increased redness, heat, or swelling around the incision
- Increased or foul smelling drainage from incision
- Persistent chills or fever greater than 100° F

Dressing and Wound Care: It is important to keep the dressing on your back dry. Most of the time we use dissolving stitches so there are no stitches to remove. From time to time the ends of the stitches are outside of the skin and covered with steri-strips. At your two-week follow up visit we will check your wound, change the steri-strips and dressing if necessary, and clip the ends of the “tails” of the suture if necessary.

In the event that the dressing becomes wet it is important to have the supplies available to replace the dressing as soon as possible. Please replace it with a sterile 2X2 or 4x4 type of dressing gauze, which can be purchased at your local drug store. You should also use medical tape, which can also be purchased at your local drug store.

In the event that your wound begins to bother you or if you note any type of fresh fluid on the dressing it is worth looking at the wound. To do this best, you should be lying on your stomach or side, and have a friend or family member gently remove the dressing. If possible, do not disturb the steri-strips underneath. After the dressing has been removed the wound can be inspected. If there is any concern regarding the wound (IE: significant redness or any discharge from the wound) this should be reported to the office A.S.A.P. Please do not apply any lotions, creams or ointments to your wound.

Showering: The first three days after discharge from the hospital we prefer that you do a sponge or washcloth type bath. After the third day you can take a shower if you securely tape plastic over the dressing so that it does not get wet. In the event that the dressing does get wet, be prepared to change it immediately after getting out of the shower. It is important when you take a shower to have somebody around to assist you. If you drop the soap or shampoo bottle have somebody pick it up for you rather than bending over on your own to pick it up. Please do not take a bath before your follow-up visit.

Walking: It is important to stand and walk in increasing amounts every day, however we do want you to minimize your lifting, carrying, stooping, and bending. Please make a determined effort to walk three times a day increasing in intensity so that you are walking up to one mile per day three weeks after surgery. Walk no more than 20-30 minutes at a time for the first month as this may aggravate your back and/or leg pain.

Getting into bed:

- 1) Sit on your bed, closer to the head of the bed than to the foot of the bed.
- 2) Scoot back onto the bed as far as you can.
- 3) Lower yourself onto your side using your arms to help guide and control your body. At the same time, bend your knees and pull your legs onto the bed.
- 4) Keep your knees bent. Roll onto your back. Keep your shoulders and hips together as a unit as you roll. Think of yourself as a rolling log. Your shoulders and your knees should always point in the same direction.

Getting out of bed:

- 1) While lying on your back, bend your knees.
- 2) Roll onto your side. Keep your shoulders and hips together as a unit as you roll.
- 3) Place your bottom hand underneath your shoulder. Place your top hand in front of you at chest level. Slowly raise your body as you lower your legs toward the floor.

Prescriptions: You will be provided a prescription for a narcotic medication (“pain pill”) to take after surgery. Over the counter Tylenol Extra Strength, or an alternative prescription medication from our office, can be used as an alternative to narcotics as your pain gets better. A muscle relaxant may be used in some cases. Non-steroidal anti-inflammatory medications (Aspirin, Ibuprofen, Advil, Nuprin, Aleve, etc.) should be avoided for the first two weeks after surgery.

Follow up appointments/ Return to work: After surgery you should schedule an appointment for approximately two weeks after the day you are discharged from the hospital. Often this visit will be with my Physician Assistant (PA) at which time the wound will be checked and we will evaluate your progress with respect to your back and legs. You will usually be allowed to resume activities such as driving at this visit. Returning to work will be discussed at your follow up visit on an individual basis.