

Surgery Planning Guide

Planning for surgery is a very critical step. You will want to spend some time planning for surgery depending on the severity of your symptoms and degree of surgery. For example a laminectomy and decompression or cervical fusion may take 2 to 6 weeks to recover. A lumbar fusion may take 4 to 10 weeks. Of course each patient and their conditions are different.

Do not plan vacation or travel immediately after surgery. You should not make plans to travel until at least 2 weeks after surgery; however this will be dependent on your mobility and pain control.

Do not plan to care for family, friends or animals after surgery. If you do not have family or friends available to assist you, you may need to make arrangements for rehabilitation at a nursing facility. If you are the primary caregiver for loved ones you will need to make other arrangements for their care.

You will need to make arrangements for traveling to and from the hospital. Your transportation needs to be flexible since the duration of your hospital stay is only an estimate, and you may be discharged sooner or later than planned. You should not plan to stay in the hospital because a ride is not available.

You will be required to attend a pre-op appointment at the hospital if you are having surgery at Providence St Vincent Medical Center. If you do not attend this appointment, your surgery may be postponed.

If you become ill at any point prior to your surgery day, you should call our office immediately. For your health and safety, we may need to postpone your surgery.

You should review the planned surgery with your primary care physician and/or pain management provider. They may need to make appropriate adjustments in your medications.

You need to disclose any tobacco, alcohol and/or illegal drug use to your surgeon. Failure to do so may lead to severe complications during or after surgery.

Your Hospital Stay

If you are scheduled to stay in the hospital your treatment plan will typically include the following:

- On the day of or day after your surgery, you are expected to mobilize out of bed unless you are told otherwise. This is essential in improving muscular pain and recovery.
- Physical Therapy and Occupational Therapy will be requested to help you with this process. You may or may not be fitted for a brace. Instructions will be provided.
- Pain medication will be given and adjusted accordingly to help manage your pain. It is not possible to eliminate your pain with medication. You should expect some degree of discomfort.
- You will discharge home after your pain is controlled, you are eating and going to the bathroom, and can safely mobilize.
- If you do not have family or friends to assist with your post operative care or you require additional medical assistance, you may be discharged to a Skilled Nursing Facility. The nursing staff on the floor will discuss this with you and arrange for your transfer.

Post Surgery

You may still have pain similar to prior to surgery. Your speed of recovery is dependent on the severity of your symptoms, duration of your pain, and degree of surgery. Please call our office if you have severe pain or with any questions.

- For the first two weeks you should change position every 2 hours when awake. This helps avoid pulmonary issues such as pneumonia and blood clots that may develop in your legs.
- You should start walking daily for exercise. You should walk as long as you can without significant discomfort. Walking is the best therapy for recovery.
- Narcotic pain medication was developed for surgical patients. Please take the medication if you hurt. You can taper the medication after 2-4 weeks or as soon as you start to feel better.
- You will typically be seen in clinic at four weeks and three months after surgery. You should plan to start physical therapy after your first appointment. This is ordered to ensure long term success and is an essential component of your treatment.
- Typically you will have x-rays immediately following surgery and before your 1 and 3 month appointments if you had a fusion. Our office staff will instruct you on how to obtain these x-rays.

Wound Care

You may shower on the third day after surgery. Take a shower as you normally would with the current dressing on. When finished, leave the bathroom area and remove wet dressing. Use a clean towel to pat the surgical area dry and

reapply gauze and tape dressing. You will need to do this for at least 5 days, then you only need to wear a dressing if it is more comfortable. You should call our office if you notice drainage from your incision after your first home dressing change.

Cervical patients and patients with abdominal incisions typically have special glue as a dressing. This does not require gauze and tape dressing but one can be worn for comfort, if desired.

Some patients will have a special silver dressing. This is worn for 5 days then removed. Occasionally it may need to be reinforced if it starts to come loose. If it falls off than replace daily with gauze and tape dressings.

Most patients will have absorbable sutures. They are below the skin and take up to three months to dissolve. If you have any questions or concerns about your stitches, please call our office for advice.

Some patient s will have staples which will be visible. You should return 16-18 days after surgery for staple removal.

Potential Complications

As with any surgery, complications can happen. We take exhaustive steps, starting with surgical planning to mitigate these risks. Many of these possible complications have been reviewed with you prior to surgery. Below are some issues we will be watching for after surgery:

- If you experience any chest pain, shortness of breath, sudden severe headaches, sudden confusion, slurred speech or new and severe leg pain you should go to the emergency room or dial 911. These are all signs of a potentially serious condition and need to be addressed immediately.
- Call our office if you have any of the following- drainage from the dressing while at home; nausea or vomiting; severe head ache when sitting upright that resolves entirely when lying flat.
- Some patients experience excellent relief of preoperative pain immediately after surgery only to have the pain return 10-14 days following surgery. Fortunately this is typically temporary and should resolve after two weeks. You may need a course of oral steroids to help you through this process. Call our office if you notice these symptoms.
- Constipation can be a difficult side effect of anesthesia and pain medication. You should have been discharged with a combination of medications below which are also available over the counter. Increasing your mobility, water intake and limiting your pain medications are also great ways to improve constipation.
 - Sennakot and Docusate are most commonly given. These should be taken as two tablets twice a day to avoid constipation. You may decrease this to once a day when your stool is soft. These medications can also be found in a combination form called Senna S.
 - Miralax is added if you feel constipated. Take one tablespoon in water two times a day.
 - Milk of Magnesia and Dulcolax suppositories can be added for severe constipation.
 - A warm water enema can be given in severe cases.
- Nausea and vomiting are also a common side effect of pain medication. If severe you should contact our office for some treatment options.
- Swallowing difficulty is common after cervical surgery. This is due to nerve irritation as a result of surgery and typically resolves in 2 to 6 weeks. While you are waiting for your symptoms to improve, avoid foods that are difficult to chew and swallow and be careful with medication. Do not allow yourself to become distracted when eating or taking medication to avoid choking.