



Anterior Lumbar Decompression and Fusion Discharge Instructions

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 our office to schedule an appointment approximately 4 weeks from your surgery date. We will take x-rays at your first two post-operative visits (4 weeks and 3 months). X-rays are done at Providence Radiology on the first floor and you need to arrive 1hr prior to your post op appointment to have them done. They are walk-in based.
4. If you receive a back brace, make sure to follow your provider's discharge instructions for usage. In general, braces do not need to be worn while sleeping.
5. **Do not** use tobacco products for at least six months after your surgery. Nicotine increases the chances of incision infection, pseudoarthrosis (non-union of the fusion), and other complications. Nicotine is contained in all tobacco products (cigarettes, cigars, chewing tobacco, and vapor products). This also includes gum or patches that contain nicotine.
6. Do not use non-steroidal anti-inflammatory medications (NSAIDs) medications such as Ibuprofen, Advil, Aleve, Ketoprofen, Motrin, Naproxen, Celebrex for 3 months after the fusion.

Things to avoid after surgery:

In the post-operative period for at least **four** 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, stooping at the waist, lifting and carrying put additional stress on your healing disc/s and back muscles and should therefore be avoided.

Managing your pain:

Take the pain medications and/or muscle relaxants prescribed to you as directed. If you feel you are ready to wean down your dosage, please contact our office for weaning instructions. If you feel your pain is not well controlled, do not increase your medication dosage unless directed to do so by your physician or his PA.

It is normal to have pain at your surgery site and muscle tightness. To help with pain you can apply ice at the incision (over the dressing or cover with a towel). To help with tight muscle, you can apply heat. Be careful not to fall asleep on a heating pad. Change positions frequently and walk around your house. Gradually increase your activity. Keep doing breathing exercises for the first week. Eat smaller more frequent meals if you are not hungry

You may feel like you hurt more on day 2-3 after surgery. This can happen from swelling that occurs after surgery, this is a normal part of the healing process.

Nerve Pain - It is normal for nerve pain to continue or return after spine surgery. It takes anywhere from a few weeks to several months for nerve pain to fully subside. Nerve pain tends to fluctuate every 3 days or

so. If you feel your nerve pain is not well controlled, please call our office and we can prescribe a steroid or nerve medication.

Relief and then return of symptoms:

Some patients experience excellent relief of preoperative pain immediately after surgery only to have the pain return 10-14 days after surgery. Fortunately this is typically transient and will resolve after several weeks. You may need a course of oral steroids to help you through this process. Call our office if you notice these symptoms.

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 three months after surgery. Please keep in mind that our office requires 48 hour notification for all medication refills. Prescriptions for narcotic pain medications have to be picked up in the office.

Driving and Passenger Trips: After the first week you may take short passenger trips. Keep in mind that if you’re taking pain medications, they significantly dull your driving reflexes. It is illegal to drive while taking narcotic pain medications. You can resume driving when you’re no longer taking pain medications and feel comfortable sitting behind the wheel. We recommend starting with short trips. Call our office if you have any questions.

Dressing and Incision Care: It is important to keep the dressing on your stomach dry. If the dressing becomes wet, it is important to change it immediately. Most of the time we use dissolving stitches so there are no stitches to remove. Steri-strips or surgical glue will be applied to the incision. These steri-strips will peel off on their own. At your four-week follow up visit we will check your incision.

Standard Gauze Dressing Instructions:

- On day 2 after surgery, you can start changing the dressing daily. 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.
- Keep the dressing on for 5 days after surgery; after that time you only need to wear the dressing if it is more comfortable.
- In the event that your incision begins to bother you or if you note any type of fresh fluid on the dressing it is worth looking at the incision. To do this best, you should be lying on your back, and have a friend or family member gently remove the dressing. If steri-strips were used, do not disturb them. After the dressing has been removed, the incision can be inspected. If there is any concern regarding the incision for example: significant redness or any discharge from the incision, call our office as soon as possible.

Showering: The first two 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 or soak in any water before your first follow-up visit.

Mepilex Dressing Instructions (Nurse will tell you when this dressing is applied)

- Before discharge, you will be given an extra Mepilex dressing by the nurse. This is the same dressing that was placed on your incision after your surgery. You can shower with this dressing on.
- Keep the dressing in place for 3 days then remove on the morning of the 4th day, leaving the steri-strips in place. Place the new Mepilex dressing on for the next 3 days. On the morning of the 7th day remove dressing leaving steri-strips intact. Second week it may be open to air if you choose to do so. Never leave a damp or wet dressing on incision, if this happens remove and replace with a clean dry dressing.

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 four 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.

Follow up appointments/ Return to work: After surgery you should schedule an appointment for approximately four weeks after the day you are discharged from the hospital. This visit will be with the Physician Assistant (PA) at which time the incision will be checked and we will evaluate your progress with respect to your back and legs. Returning to work will be discussed at your follow up visit on an individual basis.

When to call your doctor: Call our office if you have any of the following; drainage from the dressing while at home, nausea or vomiting, severe headache when sitting upright that resolves entirely when lying flat.

Complications: 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.