



Posterior Cervical Foraminotomy 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 the office to schedule an appointment approximately 4 weeks from your surgery date.

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 two weeks 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.

Heavy lifting/Weight Restrictions:

For at least **four** weeks you should avoid lifting or carrying anything more than 10 pounds. Avoid reaching for things overhead. Lifting and carrying put extra stress on your healing disc(s), and neck muscles and should therefore be avoided.

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 neck dry. If the dressing becomes wet, it is important to change it immediately. Your stitches will dissolve on their own and do not need to be removed.

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. You should call our office if you notice any drainage from your incision.
- Some cervical patients may have special glue as a dressing. This does not require gauze and tape dressing, but one can be worn if more comfortable.

Showering/Bathing:

The first two days after discharge, 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 (no hot tub or swimming) 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. Please make a determined effort to walk three times a day increasing in intensity.

Follow up appointments/ Return to work:

After surgery you should schedule an appointment for approximately four weeks after your date of surgery. 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 neck. Returning to work will be discussed at your follow up visit on an individual basis. If you feel you are ready to return to work prior to your four week appointment, please contact our office.

Constipation:

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/Vomiting:

These are also a common side effect of pain medication. If severe, you should contact our office for some treatment options.

Swallowing difficulty:

This is common after cervical surgery and 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.

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, fever over 101.5.

Complications: If you experience any chest pain, shortness of breath, sudden severe headaches, sudden confusion, slurred speech or new and severe leg pain (calf area) you should go to the emergency room or dial 911.