



**Grant D. Shifflett, MD**

13160 Mindanao Way, Suite 300 | Marina del Rey, CA 90292  
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**DISCHARGE INSTRUCTIONS  
ANTERIOR LUMBAR DISC REPLACEMENT SURGERY**

1. It is important that the first 4-5 days after surgery you rest and take it easy with most time spent in bed, on the couch, or in a reclining chair. It is okay to sit up for periods of time to eat and we encourage you to take several walks a day to encourage blood flow and prevent stiffness.
2. After surgery you may experience pain in the region of the incision. Some back and leg pain as well as tingling or numbness may also be present. Initially it may be of greater intensity than pre-operatively, but will usually subside over time as the healing process occurs. This discomfort is caused from surgical retraction of tissue as well as inflammation and swelling of the previously compressed nerves.

**Activity:** Avoid lifting more than 15lbs or any overhead activities. Ensure you walk several times a day. You do not need to do any particular exercises, but try to move around normally while limiting the amount of bending, lifting, and twisting that you do with your back in the immediate post-operative period.

**Incision Care:** You may shower 48 hours post-operatively. However, when you shower, be certain to cover the incision with saran-wrap or another non-permeable layer to prevent the incision from getting wet. After showering, remove the non-permeable layer, the tape and underlying gauze. There will be some white strips ("steri-strips") on your skin – LEAVE these in place. Place some dry gauze sponges on top of these and then tape this in place. You may do this daily. Do not apply ointments or creams. Monitor your incision for drainage or redness or any increased tenderness. Notify Dr. Shifflett regarding fever (**>101.5 degrees F**) or drainage.

**Medications:** You will likely receive a prescription for pain medication and a muscle relaxant. It is recommended that you take an over the counter stool softener for the first two weeks as well (ie. – Colace). Narcotics are very effective for pain relief but may cause other side effects. The possible effects vary among patients and may include: sleepiness, nausea, constipation, flushing, sweating, and occasionally euphoria or confused feelings. If these occur notify your nurse. It is anticipated that you will be off or almost off of these medications 1-2 weeks after surgery.

In general, you may resume taking all of your regular medications prescribed by your primary physician. Also, if you are taking any **BLOOD THINNERS** (ie. Aspirin, Lovenox, Eliquis, Pradaxa, Coumadin, etc) please check with Dr. Shifflett prior to resuming. You will be instructed when these are safe to resume.

**Medical Follow-up:**

It is recommended that you schedule a follow-up appointment or at least a phone call with your primary care provider (ie. – internist, family doctor) in the first couple of weeks post-operatively to discuss your medical status and to make any necessary adjustments to your medication regimen.



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### **Bowel Function**

It is very common for bowel function to be disrupted post-operatively and it may take 3-5 days prior to having your first bowel movement. Stool softeners are recommended to be taken starting immediately post-operatively. Getting off narcotics early also helps to hasten the recovery of your bowel function. If you note severe abdominal pain or distention, or having problems with the anterior incision, please contact your vascular surgeon.

### **Driving**

Do not drive until instructed by your physician. This is generally when you are off narcotic pain medication.

**Contact Information:** Please feel free to contact my office during business hours 8am-5PM M-F at **(310)-574-0400 (main line), 949-988-7882 (Giselle), 949-988-7187 (Hanna)**. If you have a question after hours you may call the main line number and will reach the surgeon-on-call.

### **Home Activity**

Your recovery is an essential part of your surgical process. Following these guidelines and the instructions given to you by your physician and nurse will provide you with the best opportunity to return to your desired activities as completely as possible.

#### **Week 1**

- Early to bed, late to rise and frequent rest periods throughout the day. Get at least 8 hours of sleep each night. A disrupted sleep pattern is common after discharge from the hospital and will return to normal over time.
- You may not drive, but you may be driven.
- Take several short walks every day.
- Eat a balanced diet.
- Take medications as prescribed, using narcotics as needed.
- Practice good back posture and **ice** as needed for comfort.
- No lifting of anything weighing more than 15 pounds.

#### **Week 2-6: \*\*Each week should be a progression to the next**

- Resume normal rising and retiring schedule, but continue to rest throughout the day.
- You may not drive if you are on narcotics still, but you may be driven.
- No lifting of anything weighing more than 15 pounds.
- Continue scheduled walking, increasing distance and frequency each week.
- May resume sexual relations if comfortable around 3 weeks post-operatively.
- If not off narcotic medication, begin narcotic weaning as pain diminishes, relying mainly on non-narcotic medications
- May return to work around 2-3 weeks, but consult with Dr. Shifflett first
- Start adding normal daily activities back in
- You may go in the pool for light swimming at 4 weeks
- You may get in a hottub and take baths at 4 weeks



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**Week 6 and Beyond:**

- Physical therapy will start at this time if indicated
- You may resume light exercise at this time and slowly add on more exercise as you progress with PT
- No impact sports
- No bent over, heavy lifting activities
- Slowly build up your activity from 6 weeks to 12 weeks

**Week 12 and Beyond:**

- This is when you will have another assessment of your back; if everything looks good then you will be released to do all activities short of impact sports and bent over heavy lifting!

**Disability**

The usual period of recovery from lumbar surgery is 8 to 12 weeks and complete healing may take up to 6 months. Some patients may return to work sooner than others depending on their job, response to surgery, and ability to perform other lighter tasks in the work place. Physician approval is required prior to returning to work.

**\*\*Your first appointment will be for a wound check anywhere from 7-14 days post-operatively.**

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