

# Robert W. Lowe III, MD

## TENNESSEE ORTHOPAEDIC ALLIANCE

345 23<sup>RD</sup> AVENUE NORTH, SUITE 212

NASHVILLE, TN 37203

P: 615.963.9200 • F: 615.963.9201

## Posterior Cervical Fusion Discharge Instructions

### Wound Management:

1. You will have an incision in the middle of the back of your neck. Please keep the wound covered for two weeks after discharge. If you have visible outside sutures, you will want to keep incision covered until sutures are removed, generally at a two week post op appointment.
2. There might be skin “glue” covering the incision, this will generally start to flake off over the next few weeks. Please try not to pick at the glue.
3. After two weeks, if your wound is dry, and no drainage is noted, there is no need to apply a dressing. You may shower the incision and keep the wound exposed to air. Please do not get incision wet until outside sutures are removed if you have any.
4. If the wound is draining or does not appear to be completely sealed, apply a new bandage or gauze pads over the incision and keep it covered until the draining stops and the incision is healed.
5. Do not apply any creams or ointments (e.g. Neosporin) to your surgical site.
6. **Many patients experience significant swelling and sometimes bruising around the surgical site.** The swelling and bruising generally occurs during the first week following your surgery. Swelling can be uncomfortable but generally not painful.
7. Sometimes, you may have a strange sensation or “fullness” when swallowing in the week(s) following surgery. This will continue to improve. You will also have a significant amount of muscle tightness in the back of your neck as you heal.

### Signs and Symptoms to Report:

1. Notify the office if your temperature rises above 101. **Please note that a low-grade temp below 100.4 is not uncommon in the first 3 days after surgery.**
2. Calf pain
3. Increased drainage from incision
4. Excessive swelling around incision and difficulty swallowing liquids or saliva

**\*\* If you experience chest pain or shortness of breath report to an emergency room \*\***

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### Activity:

1. Ambulation as tolerated is encouraged. It may be helpful to use a walker or cane in the first two weeks if needed. Walking helps prevent blood clots and promotes healing.
2. Do not lift more than 10 pounds. This is equal to a gallon of milk. This restriction will stay in place until AT LEAST your first post op appointment (in 4 weeks).
3. You may turn your head, gently. No sudden movements or extreme bending of the neck. You may be discharged with a soft neck brace, this is generally given for comfort only (i.e. on long car rides home or occasionally during the first week) and should not be worn full time, unless specifically instructed to do so by your surgeon.
4. Apply an ice pack for 20 minutes every hour as needed for swelling and discomfort. We recommend 5-6 times per day for the first 2 weeks.
5. **Any submersion in water, including a bath, jacuzzi, or swimming pool is NOT permitted during the first 6 weeks.**
6. Driving: There is nothing your surgeon can sign, do, or say that will determine when you may resume driving. You should not attempt to drive until you are off all narcotic pain medication and are able to walk with a cane. It is also important that you can look out of all mirrors after your neck surgery before you begin driving.
7. High impact activity such as jumping, aerobics, tennis, and skiing should be avoided during the first 3 months after surgery.
8. You should have a follow up appointment 3-4 weeks after your surgery. Please call (615) 963-9200 to schedule that appointment if it has not already been made.

### Diet:

1. Resume your regular home diet. You should also resume taking your routine, maintenance medications (e.g. blood pressure meds) unless directed otherwise prior to your discharge.
2. Be sure you have a well-rounded diet with plenty of protein to aid in wound healing.
3. If you are diabetic, make sure you keep blood sugars **below 140** to promote healing.

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### Medications:

1. You will be sent home on a few different medications to help control your pain and muscle tightness post-operatively.
2. Generally, a narcotic is given. This may be Oxycodone or Hydrocodone. This is a strong opioid medication that is to be strictly taken on an **AS NEEDED** basis. Please note, that due to DEA regulations, we will not be able to fill these medications early if you take more than prescribed.
3. You may only require your narcotic medication for the first 1-2 weeks after surgery.
4. Also, you will be sent home on a muscle relaxer. This is generally Valium (diazepam) or Robaxin (methocarbamol). This is to help with the muscle tightness in the back of your neck that can occur after surgery. This is also to be taken on an as needed basis only.
5. Muscle relaxers and opioid medications can cause significant dizziness and adverse side effects. You cannot drive on these medications.
6. Sometimes you may be sent home on a nerve medication (Gabapentin) or a strong anti-inflammatory steroid pack (Medrol Dose Pack). This will be different for every patient and dependent on if your surgeon finds it appropriate for you when you are discharged. Please see list below for what you are specifically discharged with.
7. Post-operative pain is to be expected but manageable on the above medications. After your first post-operative visit, we will start decreasing your medication dosages as appropriate.

### Discharge Medications For Me:

(TOA USE ONLY)

<input type="checkbox"/>	_____
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