

## **General Post-operative Instructions**

### **Call Our Office if you have:**

- Fever of 101.5 degrees or higher
- Difficulty Breathing or Chest Pain
- Postural Headache
- A sudden increase in severe pain, numbness or weakness
- Loss of bowel or bladder control
- Progressive redness, swelling or tenderness from the incision
- Drainage from your incision (other than occasional spotting of blood)
- If the office is closed and you cannot reach an On-Call Physician, go to the nearest Emergency Room for Evaluation.

### **FREQUENTLY ASKED QUESTIONS:**

- Pain
- Sutures
- Staples
- Incision
- Smoking
- General Hygiene
- Diet
- Constipation Medication
- Follow-up appointment
- Collars/ back braces

### **Pain**

It is completely normal to have Post-operative pain, muscle spasm, numbness or tingling. These symptoms should gradually resolve as your muscles and nerves heal. Numbness and tingling are usually the last symptoms to resolve, since nerves take the longest to heal (weeks to months). It is common to have a sore throat after endotracheal intubation. This tenderness should resolve in a few days.

\*One rare complication of surgery is internal bleeding. One of the complications of this rare occurrence is compression or increased pressure on your spinal cord. This will cause your symptoms to drastically worsen. This may cause paralysis and is life and limb threatening. Go to an Emergency Room immediately for evaluation.

### **Incision Closure:**

### **Sutures:**

Most of the time, your incision will be closed with stitches below the surface of the skin. These internal stitches will dissolve on their own, usually within 2-4 weeks. Don't be alarmed if they fall out on their own. If your incision oozes small amounts of blood after surgery, don't be alarmed. Keep initial dressing in place and reinforce the dressing with new gauze. Change this dressing every 2 days or until your incision is dry.

Your incision will be covered by Dermabond, an organic glue, or with sterile steri-stitches. The dermabond is water resistant and you may shower with this and keep it uncovered after 48 hours. You may wash this as described above. If you have steri-strips, these will loosen and fall off in 5-10 days. You may wash over the steristrips. Once the steri-strips fall off, you may keep incision uncovered and dry.

### **Staples:**

Keep your incision dry, do not attempt to remove the staples. These will be removed at your 2 week post-op appointment.

### **General Hygiene:**

Keeping your incision dry will decrease your chance of developing an infection. The surgical dressing functions to absorb any blood that may occur after surgery. It also functions to

You may shower in 3-5 days after your surgery. Please wait 3-4 weeks before soaking in a bathtub or spa. The general rule is if there is still a scab present, you cannot take a bath.

### **Incision Site:**

Keep Incision covered with a bandage for the first 48 hours after surgery. After this time, your incision will need to be looked at daily. Keeping the incision as dry as possible will help your incision stay clean and free of infection. Wash the incision daily at day 3. Dab the incision with a damp soapy sponge- do not scrub the incision. Gently dab dry the incision, do not rub or add lotion/powder. Let the incision air dry for 1 hour three times daily. It is important to keep the incision as dry as possible. The dryer your skin, the less likely you are of developing an infection. Some redness around the incision site is normal and should diminish with time.

### **Indications for a bacterial infection include:**

- Fever over 101.5 degrees,
- Rapidly increasing redness around incision site,
- Foul odor or pus filled discharge from incision site

### **Diet:**

We encourage a balanced diet full of fiber to decrease the possibility of constipation. Soft or liquid diet is best tolerated until it is easy to swallow. Over the counter products such as prune juice or Metamucil will help. Use as directed. Drink twice as many fluids as you did prior to surgery, or 6-8 glasses of water daily. A multi-vitamin that includes calcium and iron should be taken as well.

### **Constipation:**

Multiple factors in the peri-operative time frame can dehydrate the body and increase your

chance of constipation. Not eating or drinking the night before surgery, anesthesia and most importantly intravenous and oral narcotic pain medication will cause constipation. As stated above, please drink plenty of fluids, use over the counter stool softeners and decrease narcotic pain medication when able.

### **Follow-up Appointment:**

In most cases, your post-operative appointment will be 2 weeks after your surgery. This will be scheduled by the office staff, please call to confirm your time.

### **Medication:**

All of your medications may be refilled during normal office hours (9am-5pm, M-F). However, your medication cannot be refilled on the weekend or after office hours.

- **Medrol dose pack:** If you were told to take oral steroids, make sure you have a prescription before leaving the hospital and take as directed. Occasionally, steroids can increase swelling and irritation to the incision site. Also they may increase your blood glucose levels so if you are diabetic, check your blood sugars religiously.
- **Pain Medication:** Make sure you have a prescription before leaving the hospital and take as directed. Narcotic medication has been shown to be addictive and can lead to tolerance and loss of effectiveness if taken chronically. You are encouraged you to be proactive in weaning yourself off of narcotic medication and use it as needed. Almost all pain medication will make you constipated so increase your fiber intake and stay hydrated. These medications will make you drowsy SO: Don't operate machinery, drive, or drink alcoholic beverages while on your pain medication.
- **Muscle Relaxants:** Make sure you have a prescription before leaving the hospital and take as directed. These medications will make you drowsy SO: Don't operate machinery, drive, or drink alcoholic beverages while on your pain medication.

### **Medication to Avoid if you have undergone SPINAL FUSION:**

Any Non-Steroidal Anti-Inflammatory (NSIAD) Aleve™ (Naproxyn), Ibuprofen (Motrin ®, Advil®), Celebrex, Feldene, Lodine, Orudis.

You may take Tylenol as this is not known to inhibit fusion.

### **Hard Cervical Collar:**

The functions to help limit neck motion and promote stabilization. You will wear this at all the times for 2-12 weeks post-operative, 24 hours a day, 7 days a week or until directed to be removed. You will be given the length of time to wear the brace which will vary from cases to case. If you are unsure, continue to wear your brace and call Dr. Gravely for clarification.

You should shower with your collar on. You may remove you collar temporarily after showering to remove the wet padding and place these with dry replacement pads.

### **Soft Cervical Collar:**

Use as needed.

### **Smoking:**

If you use tobacco products, it is in your best interest to stop. Nicotine constricts blood vessels

and decreases blood flow to your operative site. This decreases your bodies' ability to heal and increases your chances of having a poor surgical outcome and chronic pain.

**Back Braces:**

We know these braces are uncomfortable, but unfortunately they need to be worn when out of bed. Basically wherever you go, the brace must follow you there. The only time the brace may be removed during the day is to clean and dry your incision site. This is necessary to decrease the risk of infection. You may exercise, but start slow and gradually increase your activity. During your first week post-operatively, do not sit for more than 10 minutes at a time. Sitting puts more pressure on your back than does standing or walking. After your first office visit, you may increase your sitting time.

**Return To Work:**

Returning to work varies with occupation and the type of surgery you had performed. This will be discussed with you at your Post-Operative visit.