## HSNC Houston Spine & Neurosurgery Center, P.A.

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## POSTOPERATIVE INSTRUCTIONS FOR BACK PATIENTS

This is a list of general postoperative guidelines and instructions for your recovery period after surgery. Please remember that Dr. Wang may have specific "do's and don't's" in your case. These will be discussed with you prior to your discharge. Apply these recommendations with common sense. All restrictions apply until your follow-up appointment around 2 weeks after surgery. Please call us if you have any questions or concerns.

- 1. If you have any trouble breathing <u>at all</u>, call 911, go to the emergency room, or call the office depending on the severity.
- 2. As discussed prior to surgery, the purpose of the operation is to prevent worsening of neurological symptoms, with the hopes of improving back and/or leg pain. Leg pain may persist after surgery due to nerve damage from the previously compressed nerve roots. If your leg pain improves after surgery, it is not uncommon to feel a little "reminder" of the pain from time to time. If symptoms persist or increase, call the office.
- 3. If you notice any new tenderness, pain, swelling in your legs (especially the calf), call the office or go to the emergency room as this could be a sign of a blood clot and could be lifethreatening.
- 4. A low grade temperature is common after surgery, and is usually due to not taking deep breaths and/or being too inactive. This is called atelectasis, and it can lead to pneumonia. Staying out of bed, walking as much as you can, and taking deep breaths should bring down the temperature. If the temperature persists, is over 101°F, or is associated with wound problems (see below) or any other problems, call the office.
- 5. Your incision may have been closed with sutures or staples which need to be removed about 14 days after surgery. Remove the dressing 2 days after surgery, then leave the incision open to air. Do not apply creams, ointments, or powders on the incision. On the third day after surgery, you may shower, but no baths. The incision may get wet as long as it is not immersed under water, so no swimming pools or hot tubs. Once you are out of the shower, dry the incision completely. The best way to do this is to gently pat dry the wound with a towel, then have someone blow dry the wound with a hair dryer on air (not heat) mode.
- 6. If not already done, call to make your appointment to have your wound checked and staples or sutures removed around 14 days after surgery.

- 7. Designate a person to monitor the incision(s) to observe for signs of infection. These may include:
  - a. Pain and tenderness at the surgical site that persists or increases
  - b. Diffuse redness (a little redness around the staples is not uncommon)
  - c. Excessive swelling
  - d. Drainage through the incision
  - e. Excessive warmth at the incision
  - f. Fever, chills, loss of appetite

Call the office or go to the emergency room at once if any of these signs or symptoms is present.

- 8. You may be given a brace after surgery. The type of brace and length of time it must be worn will vary, from 2 weeks to 3 months. The brace should be worn at all times except when lying down in bed or in the shower. Wear a cotton t-shirt under the brace for skin protection. If you have any concerns with the "fit" of the brace or painful areas from chaffing, call the office or the brace company.
- 9. The safest positions for you include standing, walking, sitting for short periods, and lying on your back or side. **Do not lie on your stomach!** Changing positions often will help prevent stiffness and more pain.
- 10. Walking is one of the best exercises to reduce postoperative complications and improve your overall fitness and endurance level. Start with a few small trips a day and gradually increase the distance as tolerated. Don't try to do too much too soon! You may climb stairs at any time, but use the handrails. It may be advisable to have someone with you the first few times. Rest between activities, as you may find that you tire more easily after surgery. This is to be expected, and it may take some time until your energy level returns to normal.
- 11. Try not to sit longer than 30-40 minutes at a time, and when you sit, try to use some type of lumbar support. Remember to use good posture.
- 12. You may ride in the car, but you cannot drive yourself for 1 week. It is advisable to stop every 30-40 minutes to get out of the car and walk around before resuming your trip.
- 13. No lifting, pulling, or pushing objects over 15 pounds (i.e. infants, grocery bags, vacuum cleaners, and lawn mowers). Avoid bending at the waist; rather, bend with the knees. Avoid twisting motions.
- 14. Avoid abdominal or back strengthening exercises during the recovery period. Depending on the type of surgery, you may be able to resume normal activities and exercises 4 weeks to 3 months after surgery. Physical therapy may be recommended.

- 15. Sexual relations are permissible but should not be too vigorous. Use your judgment.
- 16. You may be given a prescription for pain medication and/or muscle relaxants. Medication should only be taken when you have pain or muscle spasms. You may call your pharmacy for refills on these medications and the pharmacy will contact our office for approval. Prescriptions are called in and refilled during office hours only. Due to new laws, refills of some pain medications (especially hydrocodone) may require an office visit.

Do not take any anti-inflammatories (such as Advil, ibuprofen, Motrin, Naprosyn, Aspirin) for three months after a fusion.

- 17. Questions regarding your return to work will depend on the type of job you have, type of surgical procedure, and your general recovery. The normal time off from work is 2-6 weeks, but may be longer. We will be happy to fill out any forms needed for a fee.
- 18. DO NOT SMOKE. Remember, nicotine is the enemy of fusion!