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POSTOPERATIVE INSTRUCTIONS FOR NECK 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 at all, call 911, go to the emergency room, or call the office depending on the severity.
2. Some degree of swallowing difficulty is very common after surgery. Call the office if you have persistent difficulties, or are unable to swallow liquids or eat. Lozenges and chloraseptic spray may help. Some patients will also have hoarseness that usually improves with time.
3. 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.
4. 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 life-threatening.
5. 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.
6. As discussed prior to surgery, the purpose of the operation was to prevent worsening of neurological symptoms, with the hopes of improving the pain in your neck and/or arms. Arm pain may persist after surgery due to the nerve damage done to the previously compressed nerve roots. If your arm 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.

7. Your incision may have been closed with sutures or staples. If your sutures are under the skin, these do not need to be removed. Remove the dressing 2 days after surgery. If you have Steri-strips on your incision, let them fall off by themselves. Leave the incision open to air. Do not apply creams, ointments, or powders to the incision. On the third day after surgery, you may shower, but no baths. It is okay to get the incision wet as long as it is not immersed under water. Once you are out of the shower, the incision needs to be dried off completely.
8. If not already done, call to make your appointment to have your wound checked, or staples removed, around 14 days after surgery.
9. 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.

10. After a cervical fusion, you will wear a collar for a period of time, depending on how many levels were fused. The collar should be worn at all times, except in the shower. The fit should be snug to prevent movement of your head. If it is too loose, it can chafe your skin and cause irritation. If absolutely necessary, you can remove the collar to eat. If you have any concern with the fit of the collar or irritation of the skin develops, call the office.

Patients undergoing artificial disc placement do not have to wear a hard cervical collar. A soft collar will be given to you to wear only as needed (i.e. if you have neck muscle spasms).

11. When temporarily removing the collar, remember to avoid moving your neck as much as possible. The worst position for your neck is extension (looking up).
12. Avoid neck strengthening exercises during the recovery period. When you return for your follow-up appointment, an exercise program and/or physical therapy may be recommended if needed.
13. No lifting, pulling, or pushing objects over 15 pounds (i.e. infants, grocery bags, vacuum cleaners, and lawn mowers). It can aggravate the muscles in your neck, shoulders, and upper back.
14. You may ride in the car, but you cannot drive yourself for at least 5 days after surgery. Depending on your situation, the driving restriction may last longer. Do not drive when wearing the hard cervical collar.

15. You may sleep in whatever position that is most comfortable, except **do not lie on your stomach**. Make sure the collar is on tightly.
16. 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.
17. Sexual relations are permissible but should not be too vigorous. Use your judgment.
18. 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.

For patients undergoing artificial disc placement, you will take ibuprofen for 8 weeks after surgery.

19. Questions regarding your return to work will depend on the type of job you have, type of surgical procedure, and your general recovery. Time off from work may be 1 week to 3 months. We will be happy to fill out any forms needed for a fee.
20. **DO NOT SMOKE**. Remember, nicotine is the enemy of fusion!