

Post- Operative Instructions

MEDICATION – Medication will be prescribed to you to be taken on an **as needed basis** and not intended to be taken more than what is indicated on the medication bottle. **Any use beyond this is inappropriate.**

- **Pain medication** is to be taken **if needed** up to the frequency indicated. If the pain medication is *not needed it should not be taken*.
- If prescribed an **antibiotic**, this should be taken as prescribed even if you are feeling better. It is necessary to complete the antibiotic prescription to rid your body of the infection/concern for infection and avoid development of bacterial resistance to antibiotics in the future.
- **Muscle relaxer medication** may be taken in the same fashion as that of pain medication and is indicated above.

INCISION CARE/ BATHING - For the first 3 days after surgery we do not recommend any shower or bathing, simple sponge bathing is fine; **avoid applying water or soap directly to the surgical sites.**

- After the first 3 days, you may shower but should not allow for direct shower pressure to the surgical sites.
- You may allow water to run over these sites and may gently wash the area, no scrubbing.
- All bathing (bathtub, pool or hot tub) should be avoided for 4 weeks after date of surgery.
- You may change dressing the day after surgery.
- You will need to keep your incision dry and clean by changing the dressing as needed.
- Pat the wound dry and cover with a new dressing after bathing. Please do not rub your wound.
- **Do not put anything on your wound except the sterile dressing.**
- Avoid the use of hydrogen peroxide, alcohol, or antibiotic creams/ointments, unless otherwise instructed by your physician.

RETURN / FOLLOW UP VISITS – Every surgical patient should expect a scheduled post op visit about 2 weeks after surgery. The following post op appointments may vary depending upon the surgical procedure and concerns, but the typical schedule is 4-6 weeks after the previous appointment.

PHYSICAL THERAPY – Not all patients will require, nor do we ALWAYS recommend physical therapy after surgical intervention. If it is assigned, **it will be addressed at the time of the first post op visit.**

IMAGING – Follow up imaging is typical but not at the time of the first post op visit. When seen 2 weeks after surgery, imaging orders will be provided to you as necessary.

TOBACCO USE – All tobacco/ nicotine use is detrimental to the healing of the spine after surgery, use will also degenerate the spine at a more rapid pace than normal. We always recommend cessation of nicotine. This should be done through your primary care physician if needed.

OBSERVATIONS – Likely findings: swelling, tenderness, minor redness close to the surgical site, minor bleeding or seeping blood, mild thin liquid drainage (may be clear to yellow or pink tinged) from the surgical site.

- Concerning findings would be increase in temperature of the skin in conjunction with extended redness to the surgical site, may or may not be associated with a fever over 100.8 orally.
- **If you develop drainage, fever (that does not subside after 24 hours of using Tylenol as directed), or unusual swelling or redness around the incision, please call the office immediately!**

BACK BRACE/CERVICAL COLLAR USE – Back brace/cervical collar should be used regularly for the first 4 weeks after surgery to help minimize pain and support the surgical site itself. **Further use will be addressed at the time of the first follow up visit.**

BONE STIMULATOR USE – In some cases, a bone stimulator will be ordered. If one is assigned to you as a patient, follow the directions given to you by the representative of the bone stimulator company.

ACTIVITIES:

- Walking should be your most vigorous activity and is the best exercise to perform. Brisk walking can be an aerobic exercise if you increase your heart rate to the appropriate level. Aerobic activity is beneficial for your back, heart, circulation, and muscles. Aerobic activity increases the oxygen level in your blood which means increased nutrition to your fusion and a greater chance of healing and success.
- Bones need a certain amount of stress to grow and stay strong. Walking is the best way to provide that stress. Early after surgery, it is best to walk shorter distances more frequently. At first, your exercise program should consist of walking until you are just short of being uncomfortable or tired. You will need to build your time, distance, and speed up to a vigorous walk for at least 20 minutes once or twice a day. Avoid walking to the point of increased pain.
- Driving should be avoided during the first 48 hrs. or until otherwise specified by your physician. If necessary, you may ride in a car for short distances. The exact time you will be prohibited from driving should be discussed with your physician.
- You may resume sexual activity around 4- 6 weeks after your surgery.

RISKS:

- Every surgical procedure is associated with a risk of developing blood clots in the legs (also known as "DVTs") which can be potentially fatal if they travel to the lungs (also known as "pulmonary embolus" or "PE"). If you experience any swelling or tenderness in one of your legs, please go immediately to the nearest emergency room and inform the healthcare provider there that you have had recent surgery and to evaluate for DVTs with an ultrasound. Similarly, if you experience any shortness of breath immediately go to the nearest emergency room and inform them that you have had recent surgery and are concerned that you may be experiencing a pulmonary embolus.