



POST OP / DISCHARGE INSTRUCTIONS CERVICAL SPINE SURGERY

Mark Santman, MD / Rudi Dimas, PA-C

WOUND CARE:

- A sterile surgical glue (Dermabond) was placed over the incision (under the bandage) at the time of surgery. Dermabond can be removed after the 1st post op appointment.
- Keep incision site clean and dry.
- Avoid use of topical creams, ointments or lotions for first 2 weeks.
- Keep site covered with gauze dressing for 1-2 days after surgery, then it is ok to leave surgical incision and surgical super glue open to air.
- May shower the day after discharge (remove dressing to shower). Pat area dry.
- Do not soak incision in water such as in a bath, hot tub or swimming pool for 2 - 3 weeks.
- Ice packs for 20 minutes to incision and neck 4 -5 times a day will help with swelling.

MEDICATIONS:

- We will give you a prescription for pain medication upon discharge from the hospital.
- If you need a medication refill after surgery, call the office at (512) 509-0235 between 8am – 4pm, Monday thru Thursday. It may take 24 hours before script is ready.
- Medication refills are not given after hours or on the weekends.
- Take all medications as prescribed.
- Call your physician or ask the pharmacist any questions about medications or if you are unable to take the prescribed medications.
- DO NOT drink alcohol or drive a motor vehicle while taking pain medications.
- Pain medications cause constipation. Recommend regular use of fiber, over-the-counter laxatives and stool softeners (Surfak or Colace) on a daily basis while taking any pain medications.
- DO NOT take Ibuprofen, Aleve, Mobic or any NSAID following your spine surgery. These medications interfere with fusions and bone healing.
- You may re start your baby Aspirin the day after.
- If you were taking Coumadin (Warfarin) or Plavix before surgery, you can resume blood thinners 5-7 days after surgery.
- You may substitute Tylenol (Acetaminophen) for your pain medication; however, no more than 4,000 milligrams in 24 hours because it can cause liver damage. Please note that most narcotic pain medications (i.e. Norco) have Acetaminophen combined with them.

DIET:

- Recommend a clear liquids and/or a soft diet after surgery. May advance to a normal diet if passing gas and no nausea or vomiting.
- A sore throat and hoarseness often occur after intubation and anesthesia.
- Some patients may experience difficulty swallowing.
- Drink plenty of cold fluids and/or eat ice chips to decrease a sore throat and swelling.
- If you have any difficulty breathing or swallowing liquids, go to the ER immediately.
- Take a stool softener daily with full glass of water.

ACTIVITY:

- Walk daily. Walking is your physical therapy for the first 6 weeks after surgery; start slowly and increase distance and frequency of walks as tolerated.
- Continue to use your incentive spirometer every hour while awake after discharge.
- Practice deep breathing exercises daily.
- Wear the cervical collar when out of bed or sitting in chair as directed.

RESTRICTIONS:

- No lifting, pushing or pulling > 10 lbs. (a gallon of milk is approximately 10 lbs.).
- Avoid looking up or down.
- Avoid repetitive bending, strenuous activities or vigorous pounding (i.e. heavy housework, yard work, running or boating).
- Avoid spending all day in bed. Take short naps during the day if needed.
- No driving after surgery due to cervical collar.
- DO NOT use tobacco products for at least 6 months after a spinal fusion surgery. Even small amounts of tobacco use can interfere with bone healing.

FOLLOW-UP:

- 1st appointment will be in office in 2 weeks after surgery with PA Rudi Dimas.
- 2nd appointment will be in office 6 weeks after surgery with Dr. Mark Santman.
- X-rays will be performed for all cervical spine FUSIONS at each visit; please show up 30 minutes early to have films done prior to appointment.
- For any questions or concerns, call the Nurses Line for the Orthopedic Spine Surgery Department at (512) 509 0235.

CALL THE OFFICE:

- Signs of infection such as: fever > 101 degrees, chills and night sweats.
- Bleeding or continuous drainage from the incision.
- Redness or heat around surgical incision.
- Acute onset of swelling around neck or to incision.
- Increasing neck pain not controlled with prescribed pain medications.
- Neurological deterioration to include new arm pain, weakness or balance problems.
- Severe headaches.

GO TO ER FOR THE FOLLOWING:

- Worsening and/or extreme difficulty swallowing.

- Nausea and vomiting.
- Abdominal pain.
- Respiratory distress or difficulty breathing.
- Chest pain.
- Leg swelling, pain or signs of a blood clot.