

Lumbar Spine Fusion Pre-Op Surgery Handout

Mark Santman, MD / Rudi Dimas, PA-C

The most common questions and answers about lumbar spine surgery are below. We may modify recommendations depending on your medical history and spine problem.

1. How long will I stay in the hospital?

To be discharged home, a patient must be able to

1. Eat & drink;
2. Urinate/pee;
3. Only require pain medications by mouth;
4. Ambulate/walk in the hallway.

Most patients will go home or to a rehabilitation facility within 48-72 hours.

2. Back brace:

Patients will be instructed to wear a lumbar brace for 6-12 weeks after surgery. The brace should be worn at all times except at night while sleeping or in the shower, unless told otherwise. Time in a back brace is based on bone quality, number of levels fused and your medical history.

3. Time to recover:

While every patient's pain tolerance, healing times and medical conditions are different; most people will recover from a lumbar spine fusion within 8-12 weeks. It can take approximately 1 year for the average patient to completely recover and have a solid lumbar spine fusion.

4. When can I return to work?

It depends on the type of work you perform and the job requirements for your position. In general, most patients can return to a sit-down type job with light duty restrictions between 2-4 weeks after surgery. Patients who have heavy duty and labor intensive jobs can expect to be out until their fusion is solid (*approximately 3 months*).

Light duty restrictions include:

- No lifting, pushing or pulling >10 lbs.
- No repetitive bending or twisting at the waist;
- Avoid strenuous activities or vigorous pounding (i.e. heavy house chores, yard work, running, boating, etc.).

5. When can I drive?

Most patients can drive in 2-4 weeks after surgery. Driving while under the influence of any narcotics or pain medications is against the law.

6. Surgical Incision and Dressings:

Your incision will be closed with dissolvable sutures. The skin will be sealed with a sterile blue surgical superglue called *Dermabond*. You may get the incision wet in the shower the first day after surgery; however, do not scrub or soak the incision. Pat area dry and reapply a dry gauze pad/dressing with paper tape every day until the first post-operative appointment. Please visit the local drug store before surgery to buy any medical supplies needed for daily dressing changes after surgery (i.e. sterile gauze pads and paper tape). No submersion in a bath, hot tub or pool for 6 weeks. Please do not put tape on the surgical superglue.

7. Surgical Drain:

During surgery, a small drain is placed to help prevent a hematoma (*collection of blood within the soft tissue*) from developing under the incision. The drain is normally discontinued between 48-72 hours after surgery and prior to discharge home.

8. When can I take a bath?

Approximately 6 weeks. No submersion or soaking incision in water such as a bath, hot tub or swimming pool until your incision has completely healed. If you develop any drainage from the surgical site, contact the office immediately.

9. When can I take a shower?

You may shower 2-3 days after surgery (approximately 24 hours after the surgical drain is removed); however, do not scrub or soak the incision under water.

10. Walking after surgery:

Patients are encouraged to walk with assistance the morning after surgery. You may stand at the bedside and/or walk the evening/night of surgery, but you must request help from the nursing staff to get out of bed. After discharge, we recommend you walk several times a day as tolerated.

11. Will I require the use of a walker or cane?

Some patients will require an assistive device such as a cane or walker after surgery. This is determined on an individual basis after surgery.

12. Physical therapy:

Physical therapy is consulted on every inpatient after surgery. Upon discharge, you will either go home or to a rehab hospital:

A). If you go home, it is recommended you walk several times a day. Walking is your physical therapy for the first 6–12 weeks after surgery. We can arrange for a home health physical therapist to visit your home and help with the rehabilitation process.

B). If you go to rehab, the rehab doctor will instruct physical therapy how to start your rehabilitation process.

13. Follow up visits after surgery:

1st appointment will be 2 weeks after surgery with PA Rudi Dimas.

2nd appointment will be 6 weeks after surgery with Dr. Santman.

X-Rays will be performed at the 2nd office visit. Show up 30 minutes early.

14. How much weight can I lift?

No more than TEN pounds. A gallon of milk is a good reference for 10 pounds.

15. Sexual relations after surgery:

Yes, you may resume sexual activities as soon as you feel up for it. This may vary from a few days to a few weeks after your back surgery. Avoid positions that cause back discomfort or pain.

16. Travel:

Most patients are free to travel after their initial post-operative appointment (*14 days after surgery*). Keep in mind; you will not be able to carry any luggage greater than 10 pounds for 3 months after a lumbar fusion. We recommend you get up and walk around every 30-45 minutes while on the plane to help prevent a blood clot or low back stiffness. We recommend you wear your white compression stockings from the hospital for the first 1-2 months.

17. Constipation: Stool Softeners and Laxatives

We recommend you take an over-the-counter stool softener with a full glass of water every day while taking pain medications. Examples of stool softeners include: Colace and Surfak. A laxative (*i.e. Milk of Magnesia or Dulcolax*) may be needed after surgery for constipation due to the pain medications.

If you have abdominal pain, nausea or vomiting, fevers or chills, or blood in your stool: call your doctor or go to emergency room immediately.

18. Walking up/down stairs:

Most patients are allowed to walk up or down stairs after surgery if they were able to walk stairs before surgery.

We recommend you limit the amount of times you go up & down the stairs, and use the hand rail the first few days after surgery.

19. Swimming pools:

You may submerge the incision under water 6 weeks after surgery; however, swimming is not recommended for 3 months after a lumbar spine fusion.

20. When will my back and leg pain improve?

Every patient's pain tolerance, swelling and medical conditions vary. In general, most patients experience immediate relief of leg and nerve pain the day of surgery. It is not uncommon to have low back pain, stiffness, soreness, muscle spasms & incisional tenderness for several weeks after back surgery.

Some patients may develop a hematoma (*collection of blood within the soft tissue*) under the incision after surgery. If a hematoma develops, we recommend using an ice pack for the 1st two weeks after surgery and a heating pad >2 weeks after surgery. Apply ice/heat to the back for 15-20 minutes 4 times a day as needed. A hematoma can resolve slowly over weeks to months and does not normally require additional surgery or drainage.

21. Why does everything hurt a week after surgery when I felt so good immediately afterwards? There are several reasons:

A) During surgery, you were given medications along with a general anesthesia to help relax your muscles and decrease your pain during surgery. The combination of medications can stay in your system for a few days after surgery.

B) As you start feeling better, you will become more active and this increase in physical activity can lead to an increase in swelling and muscle spasming which results in more pain. Swelling can occur up to several weeks after lumbar fusion surgery.

22. Sore Throat:

A sore throat and/or difficulty swallowing can result from general anesthesia and intubation. Endotracheal intubation involves inserting a "tube" in your airway during surgery to help you breath. This may result in swelling of your throat. Mild soreness and difficulty swallowing solid foods is normal and usually resolves within a few weeks.

23. Tobacco products:

DO NOT use tobacco products for at least 6 months after a lumbar spine fusion. Even small amounts of tobacco use can interfere with a fusion and slow down bone healing.

24. Aspirin and Non-steroidal Anti-inflammatories (NSAID's):

DO NOT take any non-steroidal anti-inflammatories (*Motrin, Naproxen, Mobic, Aleve, etc.*) or Aspirin 10 days before spine surgery. These medications increase bleeding during and after surgery.

You may restart your Aspirin the day after you go home from the hospital.

DO NOT restart or take NSAID's for 3 months after a lumbar spine fusion.

25. Blood Thinners:

No blood thinners (*Plavix, Pradaxa, Xarelto, etc.*) for 10 days prior to surgery.

Coumadin (*Warfarin*) can be stopped 7 days prior to spine surgery.

Ask your doctor if you have any questions or concerns and only stop your blood thinners if medically cleared by your primary care provider and/or Cardiologist.

Most patients are able to restart blood thinners 5-7 days after their spine surgery.

26. Pain medication and refills:

A prescription for pain medication will be sent electronically to your pharmacy upon discharge from the hospital. We will continue to prescribe all pain medication for 3 months after your spine surgery.

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 the medication is refilled. Medication refills are not normally given after hours or on the weekends.

Occasionally, we may have your pain management provider continue to prescribe all pain medications after surgery.

27. The night before surgery:

Do NOT eat anything or drink fluids after midnight the night before surgery.

Bring all your medications to the hospital the morning of surgery.

Pack your overnight bag, toiletries, medications and BACK BRACE.

Leave jewelry and valuables at home.

Bring any Advance Directives and Medical Power of Attorney paperwork.

Shower with the Chlorhexidine wash given to you at the pre-op visit.

Set your alarm clock!