

GEORGETOWN ORTHOPAEDIC SPINE SURGERY

Lumbar or Thoracic Fusion With or Without Decompression

PLEASE DO NOT TAKE ANY NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDs like Advil, Ibuprofen, Motrin, Naprosyn, Aleve, etc) OR ASPIRIN PRODUCTS FOR 7-10 DAYS BEFORE SURGERY. These medications can increase bleeding during surgery. If you absolutely need to be on these medications until the date of surgery, check with **your surgeon**.

Your Spine Problem

There may be two separate problems in your spine. First is spinal stenosis, a condition in which the spinal nerve roots are compressed by degenerated (“worn out”) portions of the lumbar spine, such as bone spurs. The compression of the nerve roots can cause symptoms such as pain, numbness, tingling or weakness of the buttocks and legs.

The second problem may be an instability of one vertebra on another or arthritis. The instability can make the spinal stenosis worse as well as cause pain.

Your surgery

The surgery is designed to address each of the problems present. Not every patient has both problems – the surgery is tailored to your particular problems as discussed with you by your surgeon.

If you have spinal stenosis, your surgeon will remove the portions of the lumbar spine (typically bone spurs) that are causing the compression. This is called a “decompression” or “laminectomy.” The entire spine is not removed-only the areas compressing the nerve root are removed. The decompression helps to free up space for the nerve roots so that they are no longer “pinched.”

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If you have instability, a fusion may be performed. This is done using metal implants (usually screws and rods) to connect the problem vertebrae. A bone graft is also used. Using the implants and the bone graft, a proper environment is created so that the problem segments will fuse together and heal into one bone. The entire spine is not fused! Only those segments causing the problem are fused. It can take up to one year for the fusion to completely heal. During that time, you may progressively increase your activities under your surgeon's guidance. However, you should always be careful to ensure that the fusion heals properly. You will be given information on what you can and can't do after surgery.

Incision

An incision will be made down the middle of your lower back in order to access your spine. The size of the incision depends on many factors including the number of levels requiring decompression and your body weight. There will generally not be any stitches to remove.

There will be a small plastic drain that comes out near the wound. Its purpose is to keep blood clots from pooling in the wound. Usually, your surgeon's team will remove the drain on day two to three after surgery, but it may be pulled out earlier or later depending on how much comes out of it.

Your Hospital Stay

After surgery, you will be taken to the anesthesia recovery room. When you are awake after anesthesia (usually about 2 hours later) you will then go to your hospital room. There your family and friends will be able to see you.

Diet

Initially, you will only be given ice chips to eat. This is because it is common for your GI tract to not function normally immediately after surgery. This is called an "ileus", and it generally resolves within a few days. Factors that prolong the period of ileus include: taking high doses of narcotic pain medications and physical inactivity. On the other hand, getting off IV pain medications as soon as it is reasonable and walking as much as possible will help the ileus to resolve. Your ileus resolves when you pass flatus (gas) from below. At this point, you can eat regular food.

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Physical Therapy

You will participate in physical therapy as early as the day of surgery. This is *extremely* important to your overall recovery from surgery for a number of reasons. Getting out of bed is good for your lungs; it prevents blood clots from forming in your legs, and speeds your recovery.

However, until your surgeon says otherwise, the only physical therapy you should do initially is walking. No strengthening or stretching of the lower back is necessary. These may actually be harmful unless prescribed to you later at an appropriate time by your surgeon. Some people will need to use a walker during their initial recovery period, others may not.

Pain Medications

You will be given a PCA pump for pain control after surgery. The PCA is a machine that allows you to push a button to receive pain medication (usually morphine) when you feel pain. You can push the button as often as you wish. It is extremely rare to overdose because the machine limits the amount of medication you get every hour. Use the machine to make yourself feel comfortable.

However, because using the PCA for long periods of time can have side effects, it is best to switch to oral pain medicine as soon as possible. Your surgeon will do this for you in the hospital at the appropriate time.

Going home

Your length of stay in the hospital depends on many factors, including your general medical condition and the severity of your spine problem. Most patients who have a one level decompression and fusion can go home in three to five days. If more levels need decompression, your hospital stay may be longer.

You can go home when: 1) you are taking oral pain pills; AND 2) you can eat and drink enough to sustain yourself (don't worry -- most people will not feel like eating and drinking too much after surgery, and that is ok); AND 3) you are able to get out of bed and walk around. Having a bowel movement is not necessary before going home.

Some patients may need to go to a rehabilitation facility first before going home. There they can build up their strength until they are ready to go home.

What to do when you get home

Instructions on "do's and don'ts" once you get home are on the next page.



WHAT TO DO AFTER YOUR SURGERY LUMBAR OR THORACIC FUSION WITH OR WITHOUT DECOMPRESSION

Wound Care

- Keep your incision clean and dry.
- There are no stitches to remove, unless you have been told otherwise. All of the stitches are “inside.”
- If the wound is dry, no further dressings are needed and the incision can be left open to air. If there is some drainage, the wound can be covered with a clean dressing as needed.
- You may shower when the wound has been clean and dry for 24 hours (usually 3-5 days after surgery). However, do not soak the wound in a bathtub or pool. Gently clean your wound – do not scrub it vigorously until it is completely healed.
- If you have them, let the steri-strips (the tape on your incision) fall off by themselves. If some are still there by the end of two weeks, you may peel them off.
- Do NOT put any ointments or antibacterial solutions over the incision or steri-strips.
- If you notice any drainage, redness, swelling, or increased pain at the incision, call the office.

Activities

- Walking is the best activity. Walk as much as you like. It is good for you and will help you recover more quickly.
- Gentle movements of your lower back are inevitable and allowed, however, AVOID the BLTs: Bending, Lifting, Twisting of your lower back. You may exercise your arms and legs with light weights if desired as soon as you feel like it -- as long as those activities do not cause you to perform BLTs on your lower back.
- Do not try to do too much too early. Use your common sense. Again, walking is the best activity, and we encourage you to walk.
- If you have been given physical therapy visits at home, these are for safety and help with walking/ getting around, not for doing the “BLTs”.
- When getting out of bed, turn on one side, draw your knees up and drop your feet over the edge. At the same time, push yourself up with your arms
- **No** sexual intercourse for 4 weeks. When resumed, positions which place the least amount of stress on the operated back should be assumed.

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- You may climb stairs. Limit stair climbing the first week at home. If you have weakness in your leg, lead with your stronger leg going up and your weaker leg going down.

Exercise

- Walk as much as you like. Walking is good for you. Start slowly and try to add one mile each 2-4 weeks, increasing up to 3-5 miles or more per day as pain and fatigue permit.
- Use your common sense: no strenuous or sports activities until okayed by your surgeon (i.e. jogging, contact sports, weightlifting, etc...)
- However, you may exercise your arms and legs with light weights (5-10 pounds) if desired as soon as you feel like it -- as long as those activities do not cause you to put stress on your neck.

Sitting

- While you are in the hospital it is not uncommon to sit in a reclining chair for extended periods of time. When you return home, the length of time you sit should be based on your comfort level.
- Remember that sitting puts more pressure on your lumbar disc than any other position, so it is important to get up and move about on a regular basis.

Driving

- Do not drive a car unless your surgeon has specifically allowed you to do so, or until you have seen your surgeon at follow up 2-4 weeks after surgery.
- Riding home in a car after you are discharged from the hospital is permitted. Limit the amount of time you spend riding in a car especially after surgery. After about 6 weeks, longer drives are allowed—stop occasionally to get out of the car and stretch. *Please follow any prescription warnings regarding driving, etc*

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Brace

- **Not everyone needs a brace. If your physician feels one is necessary, you are generally told prior to your surgery.**
- A brace limits the movement of your vertebrae to help them heal. You will be instructed on wearing and caring for your brace while you are in the hospital. The back brace does not need to be worn while sleeping. It must be worn at all other times (except at night if you need to get up to use the bathroom). After about 3 months, your surgeon will advise you about weaning yourself from the brace.

Medications/Pain control

- You can expect to have pain after surgery and medications will be prescribed to help relieve your pain. **PLEASE NOTE: Certain pain medications cannot be refilled by phone (i.e. duragesic, Morphine, Oxycontin, Percocet, Roxicet).** If you need a refill prescription, someone must come to Georgetown to pick up a prescription or it can be mailed to you. Mailed prescriptions may take several days to reach you. **If you call a day or two before you run out of your prescription, it will not reach you in time.**
- You could be switched to something else less intense than in the first few days after surgery and most of these meds can be phoned into your pharmacy.
- Pain medications are helpful around the time of surgery, but they can cause problems if taken for too long. The goal is to try to get you off of the medications by 3-4 weeks or earlier, if possible. Some people may need medications for longer than 3-4 weeks, and that's ok. But try to wean yourself off of them if you can.
- When you find that your pain is really mild, try taking plain **extra strength Tylenol** instead.
- **PLEASE DO NOT TAKE ANY NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDs like Advil, Aleve, Ibuprofen, Motrin, etc) FOR 3 MONTHS AFTER SURGERY.** These medications can adversely affect fusion.
- **If you were on a baby aspirin prior to surgery, you may generally resume that 2 weeks after surgery.**
- **If you were on a blood thinner (like Coumadin/ Lovenox/ Heparin products/ Plavix), check with your surgeon as to when that may be resumed after surgery.**

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Constipation

- The pain medicines may tend to make you somewhat constipated. Feel free to take any over the counter laxatives if you need to.
- High fiber foods and sufficient water/fluid intake are necessary.
- Please call the office if you are having difficulties even with these measures.

Diet

- Eat whatever you like. You may not feel like eating too much for a few days, and that's ok. Foods high in fiber (fruits, vegetables) are good in that they can help reduce constipation.
- Drink plenty of fluids.

General

- It is common to get occasional twinges of pain in one or both legs, and you may experience leg cramps or aching in your legs at night. These should go away on their own.
- If you had numbness or weakness in your legs before the operation, **this may take months to go away.**
- When activities are increased, you will most likely get some pain in your back as the scar tissue is stretched. This should not cause alarm and does not mean you are injuring yourself or decreasing your chances of recovery by continuing with activities as outlined.

Follow up

- If you have not already been given a postoperative follow up appointment, call your surgeon's secretary within the first few days after you get home. Tell her that you had surgery and need a follow up appointment.

Questions

- Feel free to call your surgeon's office with any questions
- If you are having an emergency, call the Spine Center at 202-444-8766 or go to the emergency room.