

Lumbar Spinal Surgery: Sample Discharge Instructions

The following are general guidelines to help you care for yourself after surgery. Please read them carefully and completely.

This guide is **NOT A SUBSTITUTE** for your doctor's personal care.

Dr. M. Adam Kremer, M.D.

Board Certified Neurosurgeon

(616) 610-1354

Tyler Hendershot, PA-C

(989) 312-4873

www.mi-neurosurgery.com & www.mis-tlif.com

Bay City Office

4 Columbus Ave.

Suite 260

Bay City, MI 48708

Phone: 989-308-1840

Mt. Pleasant Office

1221 South Dr

McLaren Central Hospital

Mt. Pleasant, MI 48858

Phone: 989-308-1840

West Branch Office

2333 Progress St

West Branch, MI 48661

Phone: 989-701-2538

Contact the Nursing Line with any questions or concerns

989-528-9493

It is very important that you attend your follow-up appointments, so that the surgeon can evaluate your progress and incision.

General Timeline for Follow-up

Routine follow-up appointments will be scheduled for you.

4 weeks post-operatively: You will have a clinic appointment. Your surgical incision will be examined, and postoperative questions will be addressed. If you had a fusion procedure, a follow-up x-ray order will be sent 1 week prior to this appointment. It is helpful to bring all your discs with x-rays from before and after surgery for comparison. Additionally at this time, when you can return to work will be determined.

12 weeks post-operatively: You will have a clinic appointment. If you had a fusion procedure, a follow-up x-ray order will be sent 1 week prior to this appointment. It is helpful to bring all your discs with x-rays from before and after surgery for comparison. Additionally at this appointment, a prescription for physical therapy will be provided and activity restrictions may be eased, if appropriate.

Pain Medications

A prescription for pain medication will be provided for you when you are discharged from the hospital. This will be enough medication to last you for 1 (one) week. Please call our office 2 (two) days before you need a refill and a new prescription will be provided to you. Please use medication only as directed. Medication will be provided for up to 12 weeks after surgery. **If you require additional pain medication beyond 12 weeks after surgery, you will be referred back to your primary physician or pain management.**

Tylenol (acetaminophen) and Motrin (Ibuprofen)

600mg to 800mg of Motrin (Ibuprofen) every 6-8 hours may be taken if you do not have any kidney problems. This medication should be taken with food as it may cause upset stomach. 1000mg of Tylenol (acetaminophen) may also be taken every 8 hours

Wound Care:

- Your postoperative bandage may be removed in 24 hours, or sooner if it gets wet. Keep your incision clean and dry, open to the air; not smothered or sweaty. If you *must* touch near your incision, make sure your hands are freshly washed.

- A surgical skin glue was used to close the skin edges- Don't pick at it. Absorbable sutures are below the skin. The film on the skin will remain in place for 5 – 10 days, then it will naturally fall off.
- Some swelling and redness and pain is common with all wounds. This slowly improves. Taking a picture with your phone every other day may be helpful to document improvement in appearance. These pictures may be reviewed during your follow-up appointment.
- You are allowed to shower 24 hours after surgery using gentle soap and water. Do **not** scrub your incision. No tub baths, swimming, or hot tubs until the incision site is completely healed and any scabbing is resolved.
- Do not place any lotions, creams, ointments, or tape on your incision.
- **Ice** will help with discomfort and swelling. **Heat** will help with muscle spasm. Postoperatively you are likely to experience both inflammation and muscle spasm. Use your icepack or heating pad (whichever is working better) for 20 to 30 minutes **every** hour while you're awake. It may not be necessary for you to use your ice pack/heating pad this often a week or so after surgery. Do not allow the ice pack/heating pad to rest directly on your skin. Always have a light barrier between you and the pack/pad.

Activity Restrictions for the next 12 weeks:

- **Avoid** aggressive pushing or pulling
- Do **not** lift anything heavier than a gallon of milk until Dr. Kremer says it's okay.
- **No high impact activities** like sports, weightlifting, running
- Do **not** drive a car or operate machinery while you are still using any narcotic or muscle relaxant medication.
- Do **not** operate any machinery or devices that vibrate like lawnmowers, tractors, jackhammers, etc.
- **Limit** your sitting for the first 2 weeks. Standing, reclining, lying down and walking are the best positions. Sitting a long time in any one position will be uncomfortable so it is better to change positions frequently. Walking is excellent, just DO NOT overdo it!
- **Avoid** sexual activity for 2 to 3 weeks.

- If you undergo a fusion, you will be given a brace, **which is to be worn whenever you are up and out of bed**. You do not need to sleep with the brace on, or sit with the brace on, unless you are sitting upright more than 45 degrees.
- If you are not required to wear a back brace **OR** if you must remove your brace, be sure **not** to twist from side to side when it's off.
- Keep bending and twisting to a **minimum!** Avoid twisting, bending, and stooping for the first 6 weeks after a discectomy or decompression. If a fusion was performed, then these activities will be limited for 3 months.
- Exercises of the upper body are alright after 2-3 weeks *only if lightweights are used and the back is protected with the brace on*.

Bowel and Bladder:

- Drink lots of water to help keep your bowels soft and your bladder flushed.
- Constipation is common for a few days after surgery. You may also use a **gentle stool softener** like Colace® (docusate sodium) until you are having regular bowel movements. Also, consider eating high fiber foods such as fruits (with skin on it), salads, and prunes/prune juice. If constipation persists, for more than 3 days contact the office.
- If you prefer, there is a more natural approach we call the “The Bomb” drink. Many patients have used this recipe to gently relieve constipation. Recipe includes: 1 part apple juice, 1 part prune juice, 2 teaspoons butter (or margarine). Mix all ingredients together and warm in microwave for at least one minute and stir. Should be nearly as hot as a cup of coffee. If not, heat further as necessary but always check temperature before drinking.
- If taking the narcotic pain medication, it is highly recommended to take a stool softener and/or a laxative to continue to experience regular bowel movements

Equipment

LUMBAR BRACE

After a fusion is performed, bracing is usually prescribed for 6 weeks. You will be

scheduled for an appointment to be fitted for your brace, prior to your operation. The use of your brace is a very important part of your recovery. It is vital that you wear it as directed.

Usually the brace can be removed and replaced while standing at the bedside or lying down. In addition, patients are generally allowed to use the restroom without having to put on the brace. However, longer periods out of bed or the recliner should be spent with the brace (and snug)

Other things:

- Remember that you may always need to take antibiotics prior to any dental work or surgical procedure from now on unless otherwise directed by your surgeon. Wait until three months after your surgery for ANY more dental work unless it is an emergency like a tooth abscess. You may get the prescription for the antibiotics from your surgeon or family doctor.
- Travel: For most minimally invasive surgery patients, you may begin once you are sufficiently comfortable to do so. Avoid sitting for more than one (1) hour, and if necessary, take stops every hour to walk for a few minutes. For patients who must fly (such as out-of-town or out-of-country patients), we prefer that you remain in the area for at least 3 days postoperatively. First or Business class seating accommodations are much preferred when returning to your home. For all others we recommend delaying trips for at least 2 – 6 weeks unless absolutely necessary.
- **Keep your follow-up appointments!** It is very important that the surgeon sees you to check your progress and the healing of your incision.

Things to Watch For: If you develop the following symptoms during office hours (Monday-Friday 9:00 am – 5:00 pm)-please call the office. If it is after hours, visit the nearest emergency department.

- If your temperature is **greater than 101.5 degrees.**

- If your temperature is above **100 degrees** Fahrenheit for over 48 hours. A low-grade fever is common after surgery, however, call the office if it persists.
- If you experience an **increase** in pain, redness, drainage, pus, swelling or odor from your incision. Some pain, swelling and bruising is normal.
- If your incision is **opening**
- If you experience **shortness of breath or chest pain**
- If you experience **new or worsening** numbness, weakness, or loss of motion in the arms or legs
- If you experience **loss of control** of bowel or bladder function

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