

Orthopaedic Spine Center Discharge Instructions

Lumbar Fusion Surgery

Incision

- Please make sure your incisions are checked at least daily for signs and symptoms of infection.
- If any of the below should occur, please call the office:
 - Drainage from incision site
 - Opening of incisions
 - Fevers greater than 101.5 F
 - Flu-like symptoms
 - Increased redness and/or tenderness
- You will be discharged from the hospital with a dressing placed over your incision. This may be placed at either the time of surgery or changed during your hospital stay.
- You should remove your hospital dressing and replace with a clean, dry dressing 1-2 days after being home.
- Place fresh dressings on your incision each day and keep the incision covered until it is clean and dry. Your wound should typically be dry and without drainage by post-operative day 5-7.
- Once your incision is dry and there are no signs of drainage, you can leave your incision uncovered.
- If you have staples or sutures in your incision they may be removed 2-3 weeks following your surgery. This will be done at your first post-operative appointment.

Showering

- You may shower as normal once your surgical incision is clean, dry, and without drainage. Prior to that, your incision should be kept dry and covered for showers with a watertight dressing.
- Hair washing is permissible while in the shower.
- You may clean wound with sterile saline or gentle soap and water. Do not scrub incision.
- Pat dry. Do not dry with hair dryer.
- Do not submerge your incision under water. No tub baths, hot tubs, whirlpools, or swimming pools until seen in the office.

Exercise

- You have unlimited walking and stair climbing privileges.
- Walking outside (in nice weather only) or walking on a treadmill (no incline) is also allowed. Avoid unsafe and uneven surfaces.
- Use your discomfort as a guide.
- Do NOT lift anything weighing greater than 5-10lbs.
- Do NOT bend or twist at the waist. Always bend with your knees!
- Limit your sitting to 20-30 minute intervals at a time to avoid muscular discomfort.
- During the healing process in the first few weeks after surgery, you will likely tire more easily and will need to rest between activities. It can take a few weeks for your energy level to return to normal.

Sleeping

- You may sleep in any position which makes you comfortable.
- Many patients find comfort sleeping in a recliner chair.
- It is normal to have difficulty sleeping for the first several weeks following your surgery.

Pain

- Nerve pain and recovery is somewhat unpredictable. Most patients experience significant improvement in their leg pain and nerve symptoms, but many do notice some residual symptoms and paresthesias following surgery. These symptoms may come in a delayed fashion after days or weeks. This is typical and usually from nerve healing, and likely to improve over time.
- Take pain medication as prescribed.
- Narcotic pain medication can be habit forming and can also cause uncomfortable constipation, so it is important to consider the amount of pain you are in and the amount of pain medication you are taking.
- As your pain level decreases, you may begin to take over-the-counter Extra Strength Tylenol (acetaminophen) to help you wean off of your narcotic pain medication.
- If you need medication refills, please contact your surgeon's office 2-3 days in advance.
- Do **NOT** take any anti-inflammatory medication (Advil, Aleve, Motrin) for the first SIX weeks following your surgery, unless otherwise directed by your surgeon.
- To help alleviate persistent soreness around a bone graft site on your hip or if you have pain in your lower back, apply ice or warm compresses.
- It is normal for graft discomfort and lower back muscle spasms to persist for several weeks following your surgery.
- The best thing is to keep walking and strengthen the hip muscles.

Prescription Opioid Medication

- Prescription drug abuse is a serious public health issue.
- Opioids reduce pain for a short time, but can be dangerous if used improperly.

Side Effects

- Drowsiness, dizziness, nausea, vomiting, constipation, and slowed or difficult breathing

Safe Use

- Improper use of pain medicine is a leading cause of accidental death.
- Combining opioids with alcohol or other drugs increases the risk of death.
- Take medications only as prescribed.
- Never take more than instructed.
- Never take somebody else's medicine.
- Never give or sell your medicine to someone else.
- Combining opioids with medicines used to calm anxiety can result in overdose.
- Using opioids for something other than pain (anxiety, sleep, fear of pain, to feel good) can create a harmful dependence/addiction.

Safe Storage

- Unused medicines in your home are at risk for inappropriate use.
- Pain relievers are a leading cause of serious poisoning of children and pets when they are left where others can get them.
- Hide or lock up opioid medications to avoid access by family, friends, or houseguests.
- Keep prescription medications in their original packaging so it is clear for whom the medications were prescribed and to save the directions for appropriate use.

Safe Disposal

- Return unused opioids to the pharmacy (most police stations now have disposal units).
- Find a disposal site near you at this website:
<https://www.deadiversion.usdoj.gov/pubdispsearch>
- If no medicine take-back program is available in your area, you can flush them down the toilet or follow these simple steps to dispose of most medicines in the household trash:
 - Mix medicines (do NOT crush tablets or capsules) with an unpalatable substance such as kitty litter or used coffee grounds;
 - Place the mixture in a container such as a sealed plastic bag and throw the container in your household trash.
 - Before throwing out your empty pill bottle or other empty medicine packaging, remember to scratch out all information on the label to make it unreadable.

Constipation

- This is a common complaint after surgery and is often a result of taking narcotic pain medication and anesthesia.
- You may not have a bowel movement (BM) for up to 1 week after surgery.
- To help relieve this you should increase your fluid and fiber intake and make sure to walk as much as possible.
- You should take a daily stool softener such as Colace as long as you are taking narcotic pain medication.
- If you are still having difficulty having a BM, you can start with a gentle laxative such as Miralax or Milk of Magnesia.
- If you are still having difficulty, you can try a medium strength laxative such as Senokot.
- If you have not had a BM after 1 week PO you can try either an enema or magnesium citrate.
- If you fail either an enema or magnesium citrate please call the office immediately.

Driving

- You may not drive a car until told otherwise by your physician.
- You may not drive a car until you are off of your narcotic pain medication and any muscle relaxants.
- You may be a passenger for short distances (20-30 minutes). If you must take a longer trip, make sure to make several stops so that you can walk around and stretch your legs.
- Reclining the passenger seat seems to be the most comfortable position for most patients.
- Do not drive while taking narcotic pain medication or muscle relaxants.

Follow-up Appointments

- Your follow up appointment for the first post-operative evaluation will be at approximately 2-3 weeks after surgery.
- This appointment may be found on your surgical itinerary or on your discharge instructions.
- If you have any questions or concerns, please call your surgeon's office.

When to Call

- Please call the office if you have:
 - Severe pain that is not relieved by pain medication or rest
 - Swelling, redness, or drainage from your incision that is getting worse
 - Decreased feeling in your arm, leg, or foot
 - Trouble moving around
 - New numbness or weakness

- Fever greater than 101.5 F
 - Shaking chills
 - Any other symptoms that worry you
- Call 911 if you have:
 - Chest pain or shortness of breath
 - Severe headache or confusion
- REMEMBER: in an emergency, ALWAYS call 911