

Lumbar Spine Post Operative Instructions

Medication:

Final list of take-home medications will be provided at the time of discharge. In general:

- Tylenol: 1000mg three times a day recommended unless discussed otherwise or medically contraindicated
- Robaxin or other muscle relaxer: as instructed on the bottle, usually up to three times a day for pain and muscle spasms
- Oxycodone (or similar narcotic): as needed for severe pain as prescribed. Try to wean within the first 1-2 weeks
- Do not start any aspirin, plavix, or NSAID (i.e. Ibuprofen/motrin, advil, aleve) medications unless instructed to do so by your surgeon.
- Zofran (or similar anti-nausea medicine): as instructed for nausea
- Stool softeners (senna, colace, mirilax): as instructed or over the counter as needed to maintain regular bowel movements and prevent constipation

GENERAL INFORMATION ABOUT TAKING MEDICATIONS:

- Take all medications as directed.
- Do not skip a dose of medication. If you forget to take your medication, do so as soon as you remember, but do not take a double dose.
- Do not take any over-the-counter medications or herbal therapies without consulting your health care provider, or pharmacist.
- Have a routine for taking your medication: take at the same time each day.
- Use a pill box to help you remember to take your medication.
- Keep an updated copy of your medication list with you at all times.
- Please see the narcotic pain medication policy for further information on narcotic pain medications prescribed at the time of surgery

Diet:

- Resume home diet with added protein supplement 3-4 times a day
- Please see perioperative nutrition section for further information on diet and nutrition

Activity:

- No heavy lifting greater than 8-10 pounds.
- No vigorous activity.
- No bending/twisting/lifting
- 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.

You may climb steps unless stair climbing has been specifically restricted by your healthcare provider. Be careful when you are coming down the stairs because you may be

off-balance. You may need to rest part of the way if you become tired. Try to arrange your activities so that you do not have to climb up and down stairs several times during the day, especially when you first arrive home.

Walk every day. The first few times you walk, take someone with you for safety. Gradually increase your distance. Focus on increasing your distance or the amount of time you walk, but don't focus on speed.

Wound Care:

Keep area(s) clean and dry. It is ok to take off overlying gauze dressing from the wound after 2 days from day of surgery if you have a gauze dressing. SILVERLON dressings are good for 5-7 days, and then can be removed. It is okay to shower 3 days after time of surgery. Do not scrub wound(s) let the soap run down the incision, then pat dry. Do not submerge wound(s) in standing water for 6-8 weeks after surgery (no tub bathing, swimming, or hot tubs). If you have sutures/staples, please cover the incision area with Saran Wrap or something similar, and tape when bathing/showering.

Please visually inspect your wound(s) at least once daily. If the wound(s) are in a difficult to see location, please use a mirror or have someone else assist with visual inspection.

Do NOT apply ointment or lotion to the incision, such as Neosporin, Bacitracin, or any other healing ointments.

If you have sutures that you can see outside of the skin or staples:

- Call Surgeon's office to schedule wound check & suture/staple removal appointment. If you live more than two hours or more away from the UofL you may call your PCP's office to see if they are willing to remove the sutures/staples 14-20 days after the date of surgery. OK for the home care RN, or rehab provider to remove when due. If there is any concern for wound healing the staples should be left in place and an in person follow up visit should be scheduled. Do not remove the staples/sutures on your own. Return sooner or notify Surgeon's office if wound(s) or surrounding area have increased swelling, pain, warmth, redness, or drainage that is thick, yellow and/or green.

If you have no visible suture or staple above the skin:

- You have absorbable sutures in place. These do not need to be removed. Skin glue or steri strips were applied to the incision and will peel off by itself as the incision heals.

Symptoms or health problems to watch for after I leave the hospital:

- Have significant drainage (more than just a few drops) and / or odor from your wound.
- Have increased redness/swelling at the incision site
- Have a fever greater than 101 degrees Fahrenheit, or 38 degrees Centigrade.
- Have new or unfamiliar pain or weakness in the arms or legs.

- Have unexplained incontinence (accident) of bowel or urine, are unable to urinate, or have new onset of pain or numbness in the rectal, vaginal or scrotal area.
- New or increased swelling of the legs and feet.
- Shortness of breath or dizziness at rest
- Signs of activity intolerance that last longer than 20 minutes or that return on a regular basis, including chest discomfort, excessive shortness of breath, dizziness or irregular heartbeats.

Please call Dr. Boden's office to report any concerning symptoms.

Durotomy problems to watch for after I leave the hospital:

Your surgeon will inform you if there was any concern for dural tear or spinal fluid leak during your surgery. If you develop a spinal headache after surgery, try to lie down as much as possible. If the spinal headache persists, and it is not relieved by bedrest, fluids, or pain relieving medications, then you will need to call your doctor and/or neurologist, or go to the emergency room. You may need to have a blood patch to seal the leaking fluid from the lumbar procedure.

To help relieve a headache, lie down and drink extra fluids. Drinking beverages with caffeine, such as coffee, tea, and colas, may be especially helpful to relieve headaches. However, do not drink only those beverages.

For each beverage you drink with caffeine, drink at least one without caffeine. Do not drink caffeine if a doctor has instructed you to avoid it (for example, caffeine may cause rapid heart rates in people who are sensitive to caffeine).

If spinal headache persists, and it is not relieved by bedrest, fluids, or pain relieving medications, then you need to call your doctor and/or neurologist, or go to the emergency room.

When should I call my health care provider?

Call your health care provider if:

Constipation is a new problem for you.

You have blood in your stool.

You are losing weight unintentionally.

You have severe pain with bowel movements.

Your constipation has lasted more than 7 days.

Follow-Up:

Please call 502-588-3630 to schedule a follow up appointment with Dr. Boden after surgery if one has not already been scheduled for you.

-Typically, the first post operative visit will be between 14-21 days after surgery

-If you have any further questions please call the office or send a message through MyChart

Other Follow-Up Appointments:

Please call your PCP and follow up within 2-3 weeks of hospital admission

Additional Instructions:

- Continue to use the incentive spirometer 10 breaths an hour during the day/evening for the next 7 days.
- Ice and Apply an ice pack to injured area for 20 minutes, four to eight times a day. You can use a cold pack, ice bag or plastic bag filled with ice wrapped in a towel. To avoid frost bite and cold injury, do not apply the ice for longer than 20 minutes at a time.

If your supply of pain medication is running low (4-5 days before you are to run out) and you feel you will need more pain medication:

Get refills at your scheduled follow up appointment or call the office to request a refill.

If you normally smoke or use nicotine products, it was expected that you stopped at least 6 weeks prior to surgery and continue to not use for at least 3 months (or longer, ideally forever) after surgery to limit the negative effects of nicotine.

- If you are having an emergency, call 911 or present to the UofL Emergency Department (or the closest emergency department to you).