

## HOME RECOVERY

### **Physical Activity**

Daily walking is your physical therapy initially when you go home. We recommend ten small walks a day. This means whatever distance you can comfortably do ten times a day. Try to increase your distance a little each day, setting a pace that avoids fatigue or severe pain. You may climb stairs more frequently as you feel comfortable (holding the rail). If you have a living situation in which you have to go up stairs, you will only want to do this a little to start, but should increase the frequency as tolerated.

Remember BLT- keep your bending, lifting, and twisting to a minimum following surgery. You may start to increase these activities as you can tolerate. We recommend lifting no more than 5 pounds for the first two weeks following surgery. This is roughly less than a gallon of milk. Avoid household chores.

Sexual relations may be resumed during the recovery period, but positions that cause pain should be avoided.

“Listen” to your body. Discomfort is normal while you gradually return to normal activity, but pain is a signal to stop what you are doing and proceed more slowly.

### **Working**

Your doctor will help determine when you can return to work and with what limitations. If a work release is required, it will be given to you when the time comes for you to return to work. In general a release to work will be dependent on what your position

is and how well you are feeling. Sometimes we will return you to work on a part time/light duty setting and increase your hours and lifting over time.

### **Driving**

You should not drive for two weeks after general anesthesia. You may resume driving only when you feel your reaction times have recovered fully. We advise that you do not drive while taking pain medication or wearing a cervical collar.

### **Medication**

Take all of your medications as prescribed. You may be given antibiotics in addition to medications for pain or muscle spasm. We recommend a multi-vitamin daily, Vitamin C (1000mg) daily, Calcium supplement of 1200mg/day with Vitamin D, and 6-8 glasses of water daily in addition to your other medications. Constipation commonly occurs after surgery. We recommend treating this, if necessary, with stool softeners (such as Colace) or laxatives (such as Dulcolax or Milk of Magnesia) or combinations stool softeners/laxatives (such as Senekot). Finally, a Fleets enema may work when other measures have failed. These medications are all available at your local pharmacy over the counter. A diet of whole grain cereals, fruits, and fruit juices (prune juice) will also help. Call the office if you need help in this area.

You should gradually use less pain medication while recovering at home. This can be accomplished by increasing the amount of time between taking

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pills, then by reducing the number taken each time. A certain amount of discomfort and pain can be expected until the inflammation and nerve sensitivity have subsided. Ice and/or heat, exercise, and short rest periods will also help relieve pain. Do not stop narcotic medications abruptly. When you feel ready to begin tapering your medications, you may contact the office to receive specific instructions on how to do so.

### **Hygiene**

We ask that a clean dry dressing is applied to the incision daily. Do not apply antibiotic gels, ointments (such as Neosporin or Bacitracin), lotions, peroxide, or iodine solutions on the incision. The incision is to remain dry (no showering) for three days following surgery. On the third day out of surgery, we ask that you remove the dressings prior to showering. Wash the incision gently with soap and water. Pat the incision dry thoroughly when finished and then cover the incision with a new dry gauze dressing. In the case of an anterior cervical fusion, you do not need to keep the incision covered once home from the hospital unless there is irritation from your clothes or collar. You may have adhesive steri-strips covering your incision; please leave these intact until you are seen in the office at your post surgery appointment. You should avoid soaking the incision in a bath tub, hot tub or swimming pool until the incision has healed completely.

If you notice increased redness, swelling, or any drainage around the incision after leaving the hospital, please let us know immediately. If you notice fever, chills, sweats or temperatures above 100 degrees F, please let us know.

Your sutures will either absorb or need to be taken

out at the time of your post surgery visit, approximately 12-14 days after surgery.

### **Nutrition**

A well balanced diet is necessary for proper healing. Include foods from each basic food group: dairy products, meats, vegetables, and fruits as well as protein rich foods. Since you will be less active during recuperation, avoid rich, heavy foods and those high in calories but low in nutrients. It is important to understand that your body needs roughly double the number of calories as it did prior to surgery. We encourage consuming small, balanced meals at least four times a day. Nutrition and calorie intake is important after surgery, not only to provide energy but to promote healing.

### **SPECIFIC INSTRUCTIONS**

#### **Fusion surgery**

**Bracing-** If you have been told to wear a brace, lumbar or cervical, you should do so whenever you are out of bed. However, most of the time bracing is recommended for comfort only and is not necessary to use all the time unless otherwise instructed.

**Anti-inflammatories-** DO NOT TAKE anti-inflammatories (NSAIDs) such as Advil, Motrin, Ibuprofen, Aleve, Voltaren, Dicoflenac, aspirin (unless directed by your surgeon or cardiologist), for 3 months after any fusion operation. This is because anti-inflammatories can interfere with the fusion process.

**Nicotine Use-** DO NOT USE NICOTINE PRODUCTS. This too can interfere with the fusion process as well as the healing of tissues. Nicotine increases your perception of pain therefore requiring more post operative pain medication.