



# Recovering from Spine Surgery

There are many steps involved in recovering after your spinal surgery. We hope you find this information helpful. Your questions are important to us and we hope this packet will make you feel more comfortable with expectations, restrictions and ways you can help yourself have the most successful surgical outcome.

Please read this before your pre-operative visit so we may address any questions. Please share this information with family or friends that will be helping to care for you. Please read this before your pre-operative visit so we may address any questions. Please also share this information with family or friends that will be helping to care for you.

## POST-OPERATIVE VISIT

We will see you back in our office in 2-3 weeks for a scheduled post-operative visit. This visit is very important to assess how you are healing. We will look at your incision and if healed, remove steri-strips and sutures. You will have x-rays taken of your surgery to assess initial progress. We will discuss and provide appropriate guidance for your medication use. After this visit, we generally schedule a 3 month follow-up visit.

## EMOTIONAL CHANGES

Anesthesia can cause you to not act like yourself. It is normal to feel discouraged, tired or 'not yourself' for several days after surgery. These feelings may be your body's natural reaction to the circulation of extra hormones necessary to handle the surge of stress from surgery. Although emotional changes are not uncommon, try to stay positive for a healthy recovery.

## PAIN

It is normal to have pain after any operation. The incision area may be very tender. This is normal and expected and does not mean that your surgery was unsuccessful or that you will have a slow recovery. Pain in the spine or in the arms or legs is not unusual. This is often caused by an inflammatory response after surgery. Medications are used to control pain. In the hospital, you will likely have a PCA (patient controlled analgesia) button that you can press every few minutes for pain relief immediately after surgery. This is monitored and controlled so you cannot overdose. The anesthesia team manages this service and will see you for any changes. Muscle relaxers can also be helpful for pain associated with spasms. You may be given antibiotics in addition to medications for pain or spasms. You will be sent home with a plan for post-operative medications.

At home, take all of your medications as prescribed. Do not exceed any maximum restrictions. Ice will help after surgery and we recommend using ice packs over the incision or around areas of pain. Make sure you have a barrier between your skin and the ice pack to avoid frost burn and do not leave ice in place for longer than 20 minutes.

You should gradually use less pain medications while recovering. To wean medications, you can extend the time between taking pills and/or reduce the number of pills taken each time. Log when you use your medications daily to help you understand how much you are taking and when you are taking them. Discomfort and pain are expected after surgery until inflammation and nerve sensitivities have subsided. Use ice/heat, light exercise, and short periods of rest to help relieve pain. Try not to sit or lie at home all day, this is not helpful for your recovery. If you need specific instructions on tapering your medications, please contact your provider.

## ANTI-INFLAMMATORY MEDICATIONS

DO NOT TAKE anti-inflammatory medications such as Advil, Ibuprofen, Motrin, Aleve, Naprosyn, Naproxen, Voltaren, Dicoflenac, Aspirin, Celebrex, etc. for 3 months after a fusion surgery unless directed by your surgeon or cardiologist. These medications delay healing and can interfere with the fusion process.

## NICOTINE USE

DO NOT USE NICOTINE PRODUCTS. Nicotine interferes with the healing process, increasing the perception of pain, and threatens successful wound and fusion healing.

## NERVE HEALING

The onset of nerve recovery will start immediately after the nerve is decompressed. However, nerves heal at a slow rate, approximately 1 mm a day or an inch per month. Although many patients notice an immediate difference in symptoms after surgery, results can vary. This does not mean that surgery was unsuccessful. Immediately after surgery, pain may improve followed by improvements in numbness and tingling. This can take weeks or months to improve or resolve.

## 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 upstairs, you will only want to do this a little to start but then increase as tolerated. The need for physical therapy will be discussed at your post-operative visit.

Remember your BLT restrictions (bending, lifting, twisting) following surgery. We recommend lifting no more than 5 pounds for the first 2 weeks following surgery. This is less than a gallon of milk. Avoid household chores. The length of time your restrictions are in place is dependent on your type of surgery. Restrictions are in place for 3 months for all fusion patients as we need this time for bone to properly heal. If you have been told to wear a brace, follow the instructions given to you by your surgery team.

Sexual relations may be resumed during the recovery periods. Avoid positions that cause pain. Your surgeon will clarify any concerns with you.

“Listen” to your body. It is normal to have discomfort as you gradually return to normal activity. You may have increased pain temporarily as you begin moving more and work with physical therapy. Pain is a signal to stop what you are doing and proceed more slowly.

## DRIVING

Once home, we recommend you do not drive until you are fully recovered. In general, you may resume driving only when you feel safe, your reaction times have fully recovered and you are not taking narcotic medications when you need to drive. You need to be able to see other cars safely by rotating your neck or trunk or by using mirrors, and completely in control of the car. You should not drive if you are wearing a neck collar. In some states, including Virginia, if you are pulled over and known to be on narcotics or muscle relaxers that impair your ability to drive you may be charged with a DUI. If you need to travel for over an hour, take frequent breaks to stand, walk and stretch to eliminate pain from sitting from prolonged periods. Please contact your provider with any specific questions about driving.

## GASTROINTESTINAL AND URINARY SYSTEMS

**Constipation:** Constipation is a common side effect from narcotic pain medications and is often a challenge for patients after surgery. This can be more severe in large surgeries or in those with an abdominal approach. Once at home, we recommend using stool softeners or laxatives such as Colase, Dulcolax, Milk of Magnesia, Senekot, or Magnesium Citrate. If these are not successful, you may need to use a Dulcolax suppository or a Fleets enema to stimulate a bowel movement. It is important to have regular, soft bowel movements. These medications are all

available over the counter at your local pharmacy – you do not need a prescription. It may be helpful to consult your pharmacist while you are shopping if you have any questions. A diet of whole grain cereal, fruits and fruit juices (especially prune juice) will also help. Call the office if you need guidance.

**Nausea:** It is common in the post-operative course to experience nausea. This is typically due to anesthesia or pain medications. Anesthesia will wear off with time, this can take many days.

**Urinary Retention:** Urinary retention is an inability to void completely. This can happen after surgery when a urinary catheter is used. You will feel as if you need to urinate but are unable to do so. Retention can be very painful and needs to be evaluated at an urgent care or ER location. If this happens, please call our office to let us know.

## HYGIENE

Use a clean, dry dressing to your incision daily. You may have thin steri-strips on your incision after surgery – do NOT take these off. We will do so at your post-operative appointment. Do not apply antibiotic gels, ointments (Neosporin or Bacitracin), lotions, peroxide, or iodine solutions on or around the incision. You may shower on the THIRD day after surgery. When you shower, remove any dressings beforehand but remember to keep the steri-strips in place. Let warm soapy water run over the incision area. Do not scrub the area. Pat the incision dry and make sure the area is completely dry before placing another protective bandage if needed. If you have had an anterior cervical fusion (neck incision), you do not need to keep the incision covered once home unless clothes or a collar irritates the area. You are not allowed to soak your incision in a bath tub, hot tub, or swimming pool until the incision has completely healed. We will look at your incision and take out sutures if they are ready to come out at your post-op visit.

If you notice increased redness, swelling or any drainage around the incision at home, please let us know immediately. If you notice fever, chills, sweats or temperatures greater than 100.4F, this could be a sign of infection and you should call the office to inform your doctor.

## NUTRITION

Immediately after surgery, you will likely not be hungry. Depending on your surgery, we may slowly advance your diet from water to food as your appetite and gastrointestinal functions return. A well balanced diet with high protein intake is necessary for proper healing. It is important to understand that your body needs roughly double the number of calories it did before surgery in order to heal. Be sure to eat more than usual, but only of good nutritious foods. We encourage eating small, balanced meals at least four times a day. Protein or nutritional shakes are a good way to get more calories with protein. For patients having larger surgeries, we recommend Ensure or Boost shakes 2-3 times a day during the first 4-6 weeks after surgery. We offer nutritional counseling at the Virginia Spine Institute, please contact us if you would like to set up a consultation before surgery.

## WORKING

Your doctor will help determine when you can return to work and with what limitations. If work release is required, we will provide this at the appropriate time. In general, work release is dependent on what your position is and how well you are feeling. You may return to work part time or on light duty and increase your hours and lifting over time.

## HEALING

Healing is a natural process of restoring damaged tissues and does take time. It requires a gradual and persistent effort to increase your physical strengths; it is expected to still have good and bad days but over time the good days



should become more and more present. Try to concentrate on what is improving over time rather than what symptoms remain. We see you at intervals after surgery to make sure that you are continuing to heal and progress, these visits are very important to make sure surgery is as successful as possible.

Thank you in advance for entrusting us to care for your spine health care needs. Please call our office with any additional questions during your recovery.