



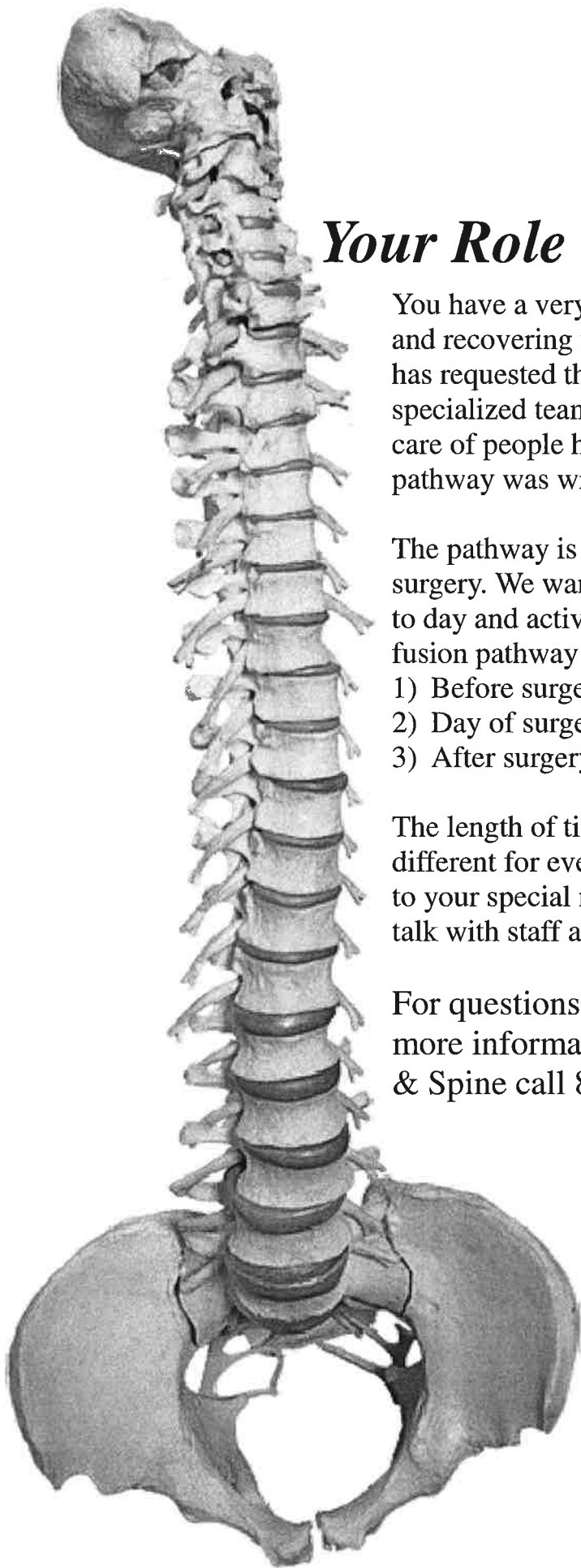
What to Expect During Your

Lumbar Fusion

Your Pathway to Healing

princetonbrainandspine.com

 **PRINCETON
BRAIN & SPINE**
The art and science of care.™



Your Role in Recovery...

You have a very important role in preparing for and recovering from your surgery. Your physician has requested that this process be coordinated by a specialized team of healthcare professionals who take care of people having spine surgery. This lumbar fusion pathway was written for you by that team.

The pathway is a map of activities before and after your surgery. We want you to know what to expect from day to day and actively participate in your recovery. The lumbar fusion pathway is divided into three phases:

- 1) Before surgery
- 2) Day of surgery
- 3) After surgery

The length of time it takes to complete each phase is different for every patient. Your path may be tailored to your special needs at any point. Please feel free to talk with staff and your doctor about your concerns.

For questions regarding your Lumbar Fusion pathway or more information on the spine services of Princeton Brain & Spine call 888-741-7272

WHAT TO EXPECT DURING YOUR Lumbar Fusion

Phase I: Before Surgery

Preparation for Surgery

- Discuss current medications with your surgeon.
- Stop aspirin, anti-inflammatory medications, supplements or any other blood thinners as instructed by your surgeon.
- Quit use of all tobacco and nicotine products.
- Eat healthy and increase your protein intake.
- Review online and written educational material regarding your condition as directed by your surgeon.
- Attend the “Pre-operative Spine Education” class to learn about your hospital stay and correct body mechanics.
- Arrange for a family member or friend to drive you home from the hospital when you are discharged. You will not be able to leave the hospital unless you have a driver.
- Arrange for a family member or friend to stay with you when you go home from the hospital. You will need help cooking, walking, and caring for yourself for at least a few days if not more.

Surgeon’s Office for Pre-Operative Visit

- Discuss surgical procedure with surgeon and ask questions regarding the surgery.
- Discuss post-operative care such as pain management techniques and

Night Before Surgery

- **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT**, unless directed by surgeon or anesthesiologist.

Day of Surgery

- Arrive at hospital at requested time.
- Intravenous lines will be started in the preoperative holding area.
- Medication may be given to help you relax and become sleepy prior to surgery.
- Your family may wait in the main lobby. A patient representative will keep them informed about the progress of your surgery.

WHAT TO EXPECT DURING YOUR Lumbar Fusion

Phase II: Day of Surgery – Postoperative

Tests

- Vital signs (blood pressure, pulse, respiratory rate, temperature).
- Neurovascular checks (leg strength, movement, numbness, tingling).

Treatments

- Deep-breathing exercises every two hours while awake with an incentive breathing exercise (IBE).

Possible Equipment/Tubes

- Surgical drain at incision site.
- Dressing over incision site.
- IV (intravenous) pump for medications.
- Finger probe to monitor oxygen levels.
- Patient-controlled anesthesia pump for pain medicine
- Bladder catheter.
- Sequential compression device (SCD) or tight hose to prevent intravenous blood clots in legs.

Medicine

- IV fluids for hydration.
- Antibiotics to prevent infection.
- Pain medicine may be given by an injection in the muscle, through your IV, or orally.
- Pain medicine may also be given via a patient-controlled anesthesia (PCA) pump, in which you control the delivery of your pain medicine, if ordered by your surgeon.
- Medication for nausea and muscle spasm will be available as ordered by your surgeon.
- Stool softener to prevent constipation provided, as ordered by your surgeon.
- Your routine home medications will be restarted as directed by your surgeon. (The nurses will administer these. Do not take your own medications without first discussing it with the nurse.)

Food

- After surgery – ice, clear or full liquids as tolerated; advance diet as tolerated.
- Increase protein and fiber in your diet to promote healing and prevent constipation.

Activity

- Out of bed as tolerated per surgeon's order. It is best for your recovery to sit at the side of the bed or in a chair and/or walk to the bathroom and in the hallway as tolerated and per surgeon's orders.
- Log roll side to side with help every two hours, keeping back straight.
- May elevate head of bed slightly.
- Minimize bending or twisting at the waist.

Need to Know

- How to order food, call the nurse, and log roll to get in and out of bed.
- Tell the nurse if you need medications for pain, nausea or muscle spasm.
- Tell the nurse what you drink and when you urinate so it can be measured.

Feeling and Sensation

- Uncomfortable, but pain should be bearable with medications.

WHAT TO EXPECT DURING YOUR Lumbar Fusion

Phase III: After Surgery – Postoperative Day 1

- Tests**
- Vital signs and neurovascular checks.
 - CT Scan or X-rays of back post-operatively if not already completed.
 - Routine morning blood tests.
 - Evaluations by physical therapy and/or occupational therapy.

- Treatments**
- Continue deep-breathing exercises.

- Possible Equipment/Tubes**
- Surgical drain may be removed.
 - IV fluid may be discontinued if eating and drinking well.
 - PCA pain pump may be discontinued, if used.
 - Sequential compression device (SCD) or tight hose will remain until walking regularly in the hallway.
 - Brace or corset is to be worn when out of bed, if ordered by surgeon.
 - Bladder catheter is removed.

- Medicine**
- Continue IV fluids until eating and drinking well.
 - Complete antibiotics.
 - Pain medicine given in the muscle or through your IV may be converted to oral pain medication.
 - Medication for nausea and muscle spasm provided as ordered by your surgeon.
 - Stool softener to prevent constipation provided as ordered by your surgeon.

- Food**
- Advance to regular diet as tolerated. Increase protein and fiber in your diet to promote healing and prevent constipation.
 - Drink liquids to avoid dehydration and constipation.

- Activity**
- Continue walking in hospital room and hallway with clinical partner, nursing staff, physical therapy or family, if allowed.
 - Sit in chair for meals, if allowed.
 - Minimize bending or twisting at the waist.

- Need to Know**
- Tell the nurse if you need medications for pain, constipation, nausea or muscle spasm.
 - Get in and out of bed without difficulty.
 - Spine Center nurse available to answer questions, if needed.
 - Review spine precautions, proper body mechanics, mobility and any questions or concerns with your physical therapist.

- Feeling and Sensation**
- Tired and sore.
 - Hurts to move, but receiving pain medication.

WHAT TO EXPECT DURING YOUR Lumbar Fusion

Phase IV: After Surgery – Postoperative Day 2-3

- Tests**
- Vital signs, neurovascular checks.
 - Evaluations by physical therapy and/or occupational therapy.

- Treatments**
- Continue deep-breathing exercises.

- Possible Equipment/Tubes**
- Hard or soft back brace is to be worn as directed by your surgeon.
 - Sequential compression device (SCD) or tight hose will remain until walking regularly in the hallway.

- Medicine**
- Continue IV fluids until eating well, then discontinue.
 - Pain medicine given in the muscle or through the IV may be converted to oral pain medication.
 - Medication for nausea and muscle spasm available as ordered by your surgeon.
 - Stool softener to prevent constipation provided as ordered by your surgeon.

- Food**
- Regular diet as tolerated. Increase protein and fiber in your diet to promote healing and prevent constipation.
 - Drink liquids to avoid dehydration and constipation.

- Activity**
- Continue walking in hospital room and hallway with clinical partner, nursing staff, physical therapy or family member, if allowed.
 - Increase activity as ordered in preparation for discharge.
 - Minimize bending or twisting at the waist.

- Need to Know**
- Know how to take off and put on your brace or corset if ordered by your surgeon.
 - Review back precautions, proper body mechanics, mobility and any questions or concerns with your physical therapist.
 - Review discharge instructions with your nurse and surgeon.

- Expectations**
- Tired and sore for first few days.
 - Moving better and progress to moving with minimal help.
 - You are ready to go home.

Discharge Instructions

SURGEON SPECIFIC INSTRUCTIONS

- Do not lift more than 10 pounds until seen by your doctor.
- Do not drive until seen by your doctor. You may not drive, if you are taking narcotic medication.
- Limit sitting to 45 minutes for every hour you sit. Walk or lie down between sitting periods. You may sit for meals.
- You may remove the dressing over the incision on post operative day 5. If there is no drainage, you may leave the incision open to air. This facilitates healing.
- You may get the incision wet on post operative day 7.
- Post-operative follow-up appointment with _____ . Phone number _____ .

GENERAL INFORMATION

1. Recuperation may take from a few weeks up to a few years for full recovery, depending on the extent of your surgery. It will take at least three to six months before the spinal fusion is REASONABLY strong.
2. Minimize bending or twisting at the waist – it's better to bend your knees.
3. You may ride in a car, bus or airplane as long as you are comfortable. Reclining the passenger seat may be the most comfortable for you.
4. Avoid sexual intercourse for four weeks after surgery.
5. Do not smoke – it slows healing and may cause the bone not to fuse.
6. Do not drink alcohol while taking prescription pain medication.
7. Use a bed mattress of your choice.

FOLLOW-UP APPOINTMENTS

1. Upon discharge, if you don't already have a post-operative follow-up appointment scheduled, please call your surgeon's office to schedule an appointment.
2. Your surgeon may order X-rays prior to certain follow-up appointments.

PAIN

1. You will be sent home with a prescription for pain medication if you don't already have pain medication at home. Take as directed and only if needed.
2. You may continue to experience low back pain, which should improve with time. You also may notice the return of some of your pre-operative symptoms following surgery or after increased activity. These symptoms should resolve by taking it easy. The symptoms should gradually improve with increased activity.

MEDICATION

1. Review medication instruction sheet given by your nurse.
2. Do not take anti-inflammatory medications (Advil, Aleve, Aspirin, Celebrex, Ibuprofen, Motrin, or Naprosyn) until cleared by surgeon.
3. Resume all medications you were taking before surgery unless specifically discontinued by your surgeon.
4. Taking a multivitamin each morning for three months is encouraged.

(continued on reverse)

Discharge Instructions CONTINUED

INCISION

1. Remove the dressing on your incision as directed by your surgeon. If you have steri-strips, these will generally fall off on their own within seven to ten days. If the steri-strips have not fallen off after that time, you may remove them.
2. If you have sutures or staples, you will need to have them removed within 10-14 days.
3. Keep the incision dry and clean. Ointments are not needed.
4. It is normal to have some numbness around your incision.

SHOWER

1. Wait to shower until your surgeon allows it. Do not soak your incision in water. No tub baths, pools, hot tubs or jacuzzis for one month.
2. If instructed to keep the incision dry, apply a plastic covering over the incision during your shower. Plastic covering should be removed after showering.

ACTIVITY

1. Walking is the best activity you can do for your recovery. It is the only exercise that you may do until the follow-up appointment with your surgeon. Do not lift weights.
 - a. You should begin walking at a pace and distance that is comfortable for you.
 - b. Gradually increase the amount of walking based on how you feel until you are able to walk 45 minutes per day, five days per week. Let your comfort level be your guide.
 - c. You may use a treadmill to walk if your surgeon allows, but no running on the treadmill. You may also use an exercise (recumbent) bike if approved by your surgeon.
2. You may go up and down stairs if needed, but please try to limit the amount of time each day that you go up and down the stairs.

NUTRITION

1. Maximize your nutrition to allow your incision to heal and your bones to fuse.
 - a. Eat healthy.
 - b. Maximize protein intake.
2. Many pain medications cause constipation as a side effect. To prevent constipation:
 - a. Increase the amount of fluids you drink.
 - b. Eat fruits and vegetables.
 - c. Increase fiber in your diet. Add prunes and bran to your diet.
 - d. Take an over-the-counter stool softener such as Colace or Metamucil.

BRACE

1. If you are instructed to wear a brace post-operatively, wear the brace as instructed by your surgeon.
2. Braces are generally recommended for the first 3-6 months after surgery however this is dependent upon your surgeon.
3. The brace should be worn whenever you are up and out of bed except for showering. It should not be worn at night while sleeping unless instructed differently. If you need to go to the bathroom in the middle of the night, you do not need to put your brace on.

CALL YOUR SURGEON IF THESE SIGNS AND SYMPTOMS DEVELOP:

A. INFECTION

- Swelling and/or drainage from the incision site, often yellow or green in color with a foul odor.
- Redness around the incision.
- A temperature over 101° F.
- Incision is hot to the touch.
- Chills or night sweats.
- Opening of the incision.
- Uncontrolled pain not relieved by pain medication.

B. BLOOD CLOT

- Calf is painful or feels warm to the touch and tender on pressure.
- Persistent swelling of the foot, ankle or calf that does not go away with elevation of the leg.
- Chest pain or shortness of breath.

C. OTHER

- Bad headache.
- Any changes in your condition, concerns and/or questions.