

Home Care Instructions

Anterior Lumbar Interbody Fusion (ALIF), Transforaminal Lumbar Interbody Fusion (TLIF), Lateral Lumbar Interbody Fusion (LLIF), or Extreme Lateral Interbody Spinal Fusion (XLIF) With or Without Posterior Instrumentation

You are recovering from an ALIF, LLIF, TLIF and/or XLIF spinal fusion. Bone graft (donor/cadaver and/or synthetic bone graft) was placed inside specially engineered PEEK cages, which have been inserted between the vertebrae of your spine in an attempt to gain a solid fusion in that area as well as to provide decompression indirectly to the adjacent spinal nerves. Anterior instrumentation, such as a plate with screws may also have been used to provide additional stability and cage support, possibly reducing the need for a brace. At times, posterior spinal fusion surgery is necessary and is performed during the same hospitalization. Below are guidelines that your doctor requests that you follow after you are discharged from the hospital.

PAIN MANAGEMENT

At first, you will be aware of pain and soreness directly related to your surgery. Surgical soreness and numbness over and near your incision(s) is expected and will gradually decrease. Your doctor will give you a prescription for oral pain medication based on what you were taking in the hospital at the time of being discharged. Follow the directions on the bottle. *Do not drive or drink alcohol while taking narcotic pain medications.* Most narcotic pain medications contain tylenol (acetaminophen); please do not take any extra tylenol (acetaminophen) or products containing tylenol in addition to the narcotic pain medications. If a refill is needed, please call the office and request a refill for each medication you will need. Your doctor may decrease the strength of your medication as your discomfort and need for medication decreases. Please note: Refills are not processed on weekends or holidays and require a minimum of 48 hours to process. Narcotic pain medication prescriptions must be picked up at the office, and cannot be called into a pharmacy.

Do not take any non-steroidal anti-inflammatory drugs (such as Advil, Motrin, Aleve, Naprosyn, Naproxen, Meloxicam, Mobic, Ibuprofen, Voltaren, Diclofenac, Relafen, Nabumetone, etc.) for three months following your surgery, or until your surgeon allows this. This type medication has been shown to interfere with spinal fusion healing.

It is recommended to use an ice pack over your incision for pain control. Please be careful to only apply ice for short periods of time (15-20 minutes) to prevent tissue freezing and injury.

Please call your doctor's office in the unlikely event that your postoperative pain suddenly increases, or, if you develop any of the following symptoms: wound drainage from your incision(s), new weakness in legs; loss of sensation or severe pain in your legs, or loss or change in bowel or bladder control.

DIET

Please be sure to eat when taking pain medication as it can cause nausea. Pain medication and lack of activity can be a major reason for difficulty with bowel movements. Drink plenty of water and fluids and eat fruits and vegetables every day to help prevent constipation. A healthy diet is a good way to manage this. Stool softeners should be taken daily while on pain medication. Laxatives may also be needed. Call your doctor's office if you have any questions or refer to the postoperative bowel management regimen given at your preoperative visit.

INFECTION / WOUND CARE

Infection is not expected after surgery, but it can occur. It is important for you or someone else to look at your incision(s) every day until your first office visit. The incision(s) should look deep pink and the edges should be together. Some swelling around the incision(s) or drain site is normal. Fluid can accumulate under the skin, which can be bothersome. This area of swelling should be watched daily. Over time, it should slowly decrease. If the swelling worsens, or if the incision begins to drain, please call your doctor's office immediately. Also call if the incision becomes "angry looking", such as: very red, swollen and hot to the touch, or if a fever greater than 101.0° by mouth occurs. This may be a sign of infection and may need to be evaluated and treated right away. If you need to call after office hours or on the weekend, your doctor's answering service will provide instructions on how to reach your doctor or his associate on call.

In most cases, incisions are closed using special suture (stitches) that dissolve over time and do not require removal. With ALIF surgery, incisions are covered with a special clear dressing that can be used in the shower. Continue to wear this dressing for 3-5 days after surgery, then remove the dressing as you would a Band-Aid. Please remove the dressing if it appears to be loosening or will allow water in prior to 3-5 days. **All other types of dressings may be removed the second day after surgery, or when you get home from the hospital.** Under the outer dressing, you may see Steri-strips, or adhesive strips placed over the incision; these will fall off over time, usually 1-2 weeks after surgery. Also frequently used is a protective glue that is applied over the incision(s). It will often look like a scab and can be left in place and will eventually fall off as the incision(s) heals.

You are allowed to begin showering following spinal fusion surgery 2 days after surgery. You do not need to cover your incision(s) when showering. Tub baths, Jacuzzi's, whirlpools and swimming pools should be avoided until all incisions are completely healed to reduce the risk of infection.

Please call your doctor's office if you have any questions or concerns regarding your incision.

ACTIVITY

At first, you will limit yourself due to pain, stiffness and soreness from your incision(s). **Patients having ALIF, LLIF or XLIF surgery can have a painful or slightly weak thigh on the same side as the incisions, which should improve over the weeks to follow.** After the first 2-3 weeks, however, you will want to become more active.

Therefore, you should be aware of the following to prevent injury and to assist with the fusion healing process.

- 1) **Avoid twisting, bending forward from the waist or heavy lifting (no lifting greater than 10 pounds for the first month after surgery).** Bending at the hips and knees into a hip-hinge position is acceptable as long as your back remains straight.
- 2) Sitting may be bothersome after low back surgery. **Limit sitting to 20-30 minutes for the first few weeks after surgery.**
- 3) **Walking is the best form of exercise after spinal fusion surgery.** The amount of time you spend walking each day should be slowly and steadily increased. You should be walking approximately 1 mile per day within 1 month of surgery. Stair climbing, riding as a passenger in a car or taking public transportation is permitted in most cases.
- 4) **DO NOT drive while taking narcotic pain medication.** Driving is usually allowed after the first office visit with your doctor (approximately 2-4 weeks after surgery). If you are taking much less pain medication and can function, call your doctor about driving sooner.
- 5) Please note there is no formal physical therapy for 3 months following spinal fusion surgery.
- 6) **RETURN TO WORK:** This will vary for each patient. Your doctor will make this decision based on the reason for surgery, the outcome of the surgery, the type and length of work required, etc. Return to work during the fusion healing period will only be allowed if the patient can return with restrictions (generally no lifting greater than 10-15 pounds and no repetitive bending or twisting from the waist). Check with your employer about returning to work with these restrictions.

SCAR CARE

Exposure of a healing incision to sunlight or tanning beds can be potentially harmful and bad sunburn may occur. It is recommended to apply a sun block over the incision during the first year unless otherwise advised by a doctor. After the first year, the scar can have the same sunscreen as used elsewhere for UVA/UVB sun protection.

BRACE TREATMENT OR BONE GROWTH STIMULATOR

Brace treatment after surgery may be required. **If you were given a brace, it should be worn at all times, except when sleeping or showering, unless instructed differently by your doctor.**

A soft cotton undershirt or other protective barrier may be worn under the brace to prevent pinching, rubbing or excessive perspiration. Rubbing alcohol should be applied to your skin anywhere the brace/collar is in contact with your body. This helps to keep the skin dry. Lotions and powders should not be used in this area as these products may cause increased moisture and possible skin sores.

After discharge, if further adjustments are required, please call the brace company for an appointment.

If your spinal fusion is two or more levels, a bone growth stimulator may be recommended. If your doctor would like you to have one, you will be contacted directly by the distributor. Please follow manufacturer instructions for use.

DENTAL PRECAUTIONS

Your dentist and/or oral surgeon should be aware that a metal spine implant system has been implanted prior to any dental cleaning or work. Please avoid any dental procedures the first 2 weeks following surgery. You will not need any prophylactic antibiotics prior to dental work. .

FOLLOW-UP

Follow-up is very important after any spinal fusion surgery. Your cooperation in returning to see your doctor at the listed times is appreciated.

Your surgeon will need to examine you and take x-rays each time you return. This will allow your doctor to determine if your spinal fusion is progressing and observe for any potential problems. The doctor will be able to update you on your activity allowances at each office visit.

The follow-up schedule is as follows: **2 weeks after surgery, followed by appointments 6 weeks, 3,6,12 and 24 months after surgery.** This may vary based on your individual needs.

If a problem occurs, please call your doctor's office to determine if an office appointment is necessary.

This instruction sheet has been written to give you useful information following an ALIF, LLIF TLIF, and/or XLIF spinal fusion surgery. If you have any questions, please call your doctor's office.

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Postoperative Bowel Management Regimen

Constipation is a common problem many patients face after surgery. If left untreated, constipation can cause significant pain, nausea, vomiting, and lead to injury or re-hospitalization. For this reason, we recommend you follow a bowel regimen while you are on the pain medications used after surgery (i.e. Norco, Percocet, etc.), which are known to cause constipation.

If you develop any abdominal pain, nausea, vomiting, or have not had a bowel movement by the 5th postoperative day, call spine surgery office for further instructions.

The following medications are non-prescription, over-the-counter drugs generally thought to have a high degree of safety and efficacy. If you are allergic to any of the below medications, or have had a bad experience with them, do not use them.

If you have a prescription of narcotic-containing pain medications, please follow this regimen:

1. The day you arrive home from the hospital, begin **docusate sodium with senna (Pericolace or Sennakot-S)**: Take one tablet by mouth twice per day with plenty of water.
2. If you have not had a bowel movement by the second day home, continue #1 and take **polyethylene glycol (Miralax)**, one capful in 6-8 ounces of fluid every morning.
3. If you have not had a bowel movement by the third day home, continue #1 & #2, and take **bisacodyl (Dulcolax)** suppositories, one rectally every twelve hours.
4. If you still have not had a bowel movement after the above treatments, continue #1, #2, & #3, and drink one full bottle of **magnesium citrate**, undiluted.
5. If all of these measures have failed to induce a bowel movement, call the spine surgery office.

*If you develop loose, frequent, or watery bowel movements, reverse these steps.