Anterior and/or Posterior Spinal Fusion Post-operative Instructions

Contact the Dr.s office if you develop any new complaints including: increasing or new pain, wound drainage, fevers or chills, or new neurologic symptoms.

Office Hours: 561-734-5080

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Activity

1. After discharge from the hospital, and until you have had your first post-operative appointment with Dr. Hepler, avoid EXCESSIVE activity.

2. No lifting anything weighing more than 2 lbs. This restriction will gradually increase as you recover.

3. The brace you have been fitted for is called a TLSO (Thoraco-Lumbar-Sacral Orthosis). You must wear your brace 23 out of 24 hours a day. You may take your brace off to shower, or when you are lying flat in bed. You must wear your brace while sleeping and when you are up out of bed, unless otherwise directed by Dr. Hepler.

4. No bending or twisting of the back even with your brace on. During your hospital stay, the nurses and physical therapist will teach you proper body mechanics with your brace.

5. No heavy housework or yard work.

6. You may go up and downstairs, taking one step at a time and always using the hand rail.

7. No exercising EXCEPT WALKING. You should start taking short, frequent walks daily. Staying in bed all the time is not good for you. You may walk outdoors as soon as you feel ready. You should begin to gradually increase your walking as much as you can comfortably do so.

8. You may resume sexual activity whenever it is comfortable for you to do so.

9. No driving or sitting in a car except to leave the hospital or to come to our office for your post-op visit.

Daily Activity Guidelines

The progress of your recovery and your activity guidelines are very individualized. Every patient is different. You can expect that it will take a full year before you are fully able to resume previous activity and tolerance. It is important that progress be gradual. If you experience increased pain after/or with walking, reduce the amount of walking in time and distance.

1. Walking should be done at a comfortable, even pace. You should never hurry or rush.

2. Frequent, short walks will rebuild your strength and endurance more rapidly than trying to walk long distances right away. Start walking 2 to 3 times a day.

3. When you first arrive home, begin with 5 minute walks around the house every hour as tolerated.

4. It may take several months before you are able to increase the frequency and length of your walks. Be patient with yourself, remember that proper healing takes time!

5. Walk on level surfaces. Be cautious walking out of doors du to slippery of adverse weather conditions (especially during the winter months).

6. Wear good walking shoues.

7. Stairs are okay as long as you are careful of your footing. Always hold onto the handrail.

8. Walk slowly taking one step at a time. **DO NOT BOUNCE** down the stairs. If you have a sore hip from the bone graft, you will find it easier to lead up the stairs with the "good" leg and down the stairs with the "bad" leg. Always remember to take one step at a time.

INCISION CARE

1. Your incisions are closed with sutures which are absorbable and steri-strips which are placed over the incisions. The dressing should be changed daily at which time you can examine the incision. It is not uncommon to have some swelling, bruising, tenderness, or small amounts of drainage around the incision after surgery but these changes should improve with each passing day. If they do not improve or worsen contact Dr Hepler's office and plan on coming to the office for a re-examination. Otherwise, you should have scheduled a follow visit 7-10 days after surgery.

2. Please keep your incision clean and dry until your first post-operative visit with Dr. Hepler. You may shower with a sealed dressing but protect the incision from any direct exposure to the shower or water. Do not soak the wound (bathtubs/pool) for a minimum of 4-6 weeks after surgery.

3. Please notify Dr. Hepler's nurse if you notice any increasing pain, redness, abnormal drainage from the incision or a temperature greater than 101.5.

Pain

1. Do not become discouraged if some back and/or leg pain persists for a while after surgery. The healing process occurs slowly.

2. You will be given a prescription for narcotic pain medication. Remember to use it only as prescribed. Narcotic pain medication may cause constipation. Drink as much water as you can possibly tolerate and an over-the-counter stool softener may be helpful.

3. Pain medication refills are only given during office hours. Do not wait until you run out before you call the office or the pharmacy for a refill.

4. You may use an ice pack over your incision and bone graft site to decrease swelling and discomfort.

Ice Bags

1. 3-cups of water.
2. 1-cup of rubbing alcohol.
3. 2 ea. quart size zip-lock bags.

Mix above ingredients together, divide mixture into the zip-lock bags equally and freeze until mix turns to slush. Put towel next to skin then apply ice to area (4) times a day for 15-minutes. (May re-use ice packs).

Other Important Information

1. The use of tobacco can cause your bone graft to be absorbed and your bone not to fuse. There is a 30% chance of non-fusion in smokers as compared to only an 8% of non-fusion in non-smokers.

2. Contact the Dr.s office if you develop any new complaints including: increasing or new pain, wound drainage, fevers or chills, or new neurologic symptoms.

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No anti-inflammatory medications (i.e. ibuprofen, Aleve, Voltaren, Lodine, Relafen, Cataflam, Vioxx, Celebrex, Bextra, or Mobic) are to be taken for 6-8 weeks after spinal fusion surgery unless directed by Dr. Hepler.

Osteoporosis medications (anti-resorptive agents such as Fosamax) should be discontinued for 6-8 weeks before and after surgery since they may have a negative effect on bone healing.

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GLOSSARY OF TERMS

What your doctor means when he says…

ALLOGRAFT BONE:	Sterile bone derived from another person, which is used for grafting procedures.
ANTERIOR:	The front part of the body. It is often used to indicate the position of one structure relative to another.
ARTHRODESIS:	The fusion of bones across a joint space, thereby limiting or eliminating movement. It may occur spontaneously or as a result of a surgical procedure, such as a fusion of the spine.
AUTOGRAFT BONE:	Bone transplanted from one part of the body to another in the same individual.
CADAVER:	A term generally applied to a dead human body preserved for anatomical study.
CAGES:	A type of spinal instrumentation used in fusions. The bone graft is situated within the cage.
CERVICAL:	The neck region of the spine containing the first seven vertebrae.
COCCYX:	The region of the spine below the sacrum. It is also known as the tailbone.
DISC:	The tough, elastic structure that is between the bodies of spinal vertebrae. The disc consists of an outer annulus fibrous enclosing an inner nucleus pulposus.
DISC DEGENERATION:	The loss of the structural and functional integrity of the disc.
DISCECTOMY:	Surgical removal of part or all of an intervertebral disc.
EPIDURAL:	Situated outside the thin, tough dural membrane that surrounds the brain and spinal cord.
FACET:	A posterior structure of a vertebra that articulated with a facet of an adjacent vertebra to form a facet joint that allows

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	motion in the spinal column. Each vertebra has two superior and two inferior facets.
FORAMEN:	A natural opening or passage in bone.
FRACTURE:	A disruption in the normal continuity of bone.
FUSION:	Union of healing bone.
HERNIATED DISC:	When the inner part of the disc material extrudes or "seeps" through the outer part of the disc. This can cause inflammation and consequently pain, especially if the extruded material presses against a nerve root.
ILIAC BONE CREST:	The large, prominent portion of the pelvic bone at the belt line of the body. This site is frequently used for bone grafts.
INFERIOR:	Situated below or directed downward.
INSTRUMENTATION:	The "metallic" (usually titanium) instruments or "hardware" used in spine fusions to secure the spine while the graft and existing bone fuse.
LAMINA:	An anatomical portion of vertebra. For each vertebrae, two lamina connect the pedicles to the spinous process as part of the neural arch.
LAMINECTOMY:	An operation for removal of part (called a Laminotomy) or all (called a Laminectomy) of the lamina of a vertebra commonly performed in order to be able to remove a disc protrusion or to decompress a nerve root.
LUMBAR:	The lower part of the spine between the thoracic region and the sacrum. The lumbar spine consists of five vertebrae.
NERVE ROOT:	The portion of a spinal nerve in close proximity to its orgin from the spinal cord.
OSSIFICATION:	The process of forming bone in the body.
OSTEOPOROSIS:	A disorder in which bone is abnormally brittle, less dense, and is result of a number of different diseases and abnormalities.

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PEDICLE:	The part of each side of the neural arch of a vertebra. It connects the lamina with the vertebral body.
PHYSICAL THERAPY:	The treatment consisting of exercising specific parts of the body in effort to strengthen, regain range of motion, relearn movement and/or rehabilitate the system to improve function.
POSTERIOR:	Located behind a structure, such as relating to the backside of the body.
PSUEDOARTHROSIS:	A form of non-union in which there is the formation of a false joint with some cartilage covering the ends of the bones and a cavity containing fluid that resembles a normal joint.
SCIATICA:	A lay term indication pain along the course of a sciatic nerve, especially noted in the back of the thigh and below the knee.
SCOLIOSIS:	Lateral (sideways) curvature of the spine.
SPINAL FUSION:	A surgical procedure to permanently join bone by interconnecting two or more vertebrae in order to prevent motion.
SPONDYLOLISTHESIS:	A defect in the construct of the bone between the superior and inferior facets with varying degrees of displacement so the vertebra with the defect, and the spine above that vertebra are displaced forward in relationship to the vertebra below. It is usually due to a development defect of the result of a fracture.
SPONDYLOLSIS:	Displacement of one vertebra over another with fracture of a posterior portion of the vertebra.
THORACIC:	The chest level region of the spine that is located between the cervical and lumbar vertebrae. It consists of 12 vertebrae, which serve as attachment points for the ribs.

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