# Cervical Spine Surgery
# 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 Phone: 954-530-4344

## 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.

1. 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.

1. 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.

## Activity

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

1. No lifting anything for the first several days after surgery. This restriction will gradually decrease as you recover, but not until Dr. Hepler recommends.

1. Please wear your neck brace at all times. No bending or twisting of the neck. Some patients may begin weaning out of the collar within 2-4 weeks following surgery while others may require the collar for 3 months or longer. Dr Hepler will make that decision with you at your 2 week follow-up

1. No driving until you are no longer wearing your neck brace.

1. Avoid pushing/pulling with your arms.

1. You may go up and down the stairs, taking one step at a time and always using the handrail.

1. No exercising except walking. You should start taking short, frequent walks daily. Staying in bed all of 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.

1. You may resume sexual relations whenever if is comfortable for you to do so.

1. Physical therapy for neck range of motion and strengthening will begin at 6 weeks for posterior decompressions and 3 months for fusion procedures.

1. It is not uncommon to have some new pain, numbness, and in some cases even weakness after surgery due to local inflammation and surgical manipulation. These changes should be mild and decrease with time. Contact the office for any changes that appear significant or do not improve or worsen.

1. Most patients have some difficulty swallowing after neck surgery which usually improves over 1-6 weeks. Begin with liquids and soft foods and you may advance to regular food as tolerated. Contact the office for any unusual difficulty with swallowing.

## Daily Activity Guidelines

The progress of your recovery and your activity guidelines are very individualized. Every patient is different. It is important that the progress be gradual. If you experience increased pain after/or with walking, reduce the amount of walking time and distance.

1. Walking should be done at a comfortable, even pace. You should never hurry or rush. Be patient with yourself and remember that proper healing takes time!

1. Frequent, short walks will rebuild your strength and endurance more rapidly than trying to walk long distances right away.

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

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

1. Wear good walking shoes.

1. You may use the stairs as long as you are careful of your footing. Take one step at a time and always use the handrails.

## Pain

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

1. Your will be given a prescription for a narcotic pain medication. Remember to use it only as prescribed. Narcotic pain medication may cause constipation. Drinking at least 6 to 8 glasses of water a day and an over-the-counter stool softener may be helpful.

1. Pain medication refills are only given during office hours. Do not wait until you run out of medication to call the office and plan on several days for your call to be received and the prescription refilled.

1. You may use an ice-pack over your incisions to decrease swelling and discomfort.

## Ice Bag

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

Mix above ingredients together, divide mixture into the zip-lock bags equally and freeze until the mix turns to slush. Always place a towel next to your skin then apply the ice to the area 4 times a day for 20 minutes. You may reuse the 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.

1. Contact the office if you develop a temperature of 101 degrees or greater, any change in your incision (such as inflammation, redness, swelling, or excessive drainage), pain that is not relieved by rest, ice packs and your pain medication, or if you have any questions or concerns.

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.

No anti-inflammatory medications (i.e. ibuprofen, Aleve, Voltaren, Lodine, Relafen, Cataflam, Vioxx, Celebrex, Bextra, or Mobic) are to be taken for 2 weeks after spinal fusion surgery unless directed by Dr. Hepler.

## GLOSSARY OF TERMS

***What your doctor means when he says…***

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| 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. |

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| 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 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. |

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| 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 beltline 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 origin from the spinal cord. |
| OSSIFICATION: | The process of forming bone in the body. |

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| OSTEOPOROSIS: | A disorder in which bone is abnormally brittle, less dense, and is result of a number of different diseases and abnormalities. |
| 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. |

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| 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. |