



**VALLEY ORTHOPAEDIC  
SPECIALISTS**

**Gary R. Richo, M.D., Ph.D.**

General Orthopaedics  
Foot and Ankle Surgery

**Ignatius Komninakas, M.D.**

General Orthopaedics  
Total Joint Reconstruction

**Scott Waller, M.D.**

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Orthopaedic Surgery

**Mark Blechner, M.D.**

Orthopaedic Spine Surgeon

**Arthur G. Geiger, M.D.**

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Sports Medicine

**Megan Gleason, M.D.**

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**Chanakya K. Jandhyala, M.D.**

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1275 Post Rd Ste 208  
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## **POST-OPERATIVE PATIENT INSTRUCTIONS**

### **Lumbar Fusion**

#### **What to Expect:**

Following lumbar spinal fusion, patients are routinely maintained in the recovery room or in observation in a special monitored bed, even in uncomplicated cases. The average hospital stay is three to four days, but may be longer in special cases.

In general, you can expect you back to be sore immediately following surgery, and this should improve day to day over the first post operative week. In most cases you analgesia (pain medications) will be distributed by self-administered intravenous morphine. You will also wake up with compression balloon stockings on your calves and a catheter in your bladder. This is usually removed on the post op day number one.

Most patients will be encouraged to be out of bed and start ambulating the day after surgery. It is very common to have back pain and also dizziness when you first sit up on your hospital bed and attempt to ambulate. In general, it is very beneficial to start to at least get out of bed the first postoperative day as this stimulates the muscles and helps to relieve pain. Do not be concerned of a feeling of weakness in both the back and leg on the first few preoperative days. Of course, you should not experience persistent numbness or tingling, and if this occurs, you should contact the office.

#### **Caring for the Surgical Wound:**

At the time of hospital discharge, your wound will be covered by an outer gauze dressing held on by a clear plastic or white tape. You may shower on post-op day number five, applying a new clean dressing. Bathing should be avoided until after the first postoperative office visit. The outer dressing should be removed on the morning of the third day after surgery. If the gauze on this dressing is completely clean this dressing can be left off and the wound open to air. If there is any fluid draining from the wound, a new sterile gauze dressing should be applied and changed twice a day. Persistent drainage over the next two days should be reported to the doctor's office.



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### **Medications:**

Discharge medications may include antibiotics, anti-inflammatory medications and pain relievers. Patients may or may not need medications from these three broad categories, but all patients should have at least one prescription pain reliever prescribed for discharge for use if needed at home. Antibiotics (such as Keflex) may be needed for an additional few post-op days. If an antibiotic is prescribed, it should be used until finished. Some patients will be prescribed Decadron (Dexamethasone) using a decreasing dosage schedule for three to six days. This is a potent cortisone like anti-inflammatory and should be used in the diminishing doses as prescribed. **Non-steroidal anti-inflammatory medications such as Advil, Motrin, Naprosyn, Aleve, Naproxen and aspirin should not be taken for 6 months after surgery as these interfere with bone healing.** Pain relievers include medications such as Darvocet, Tylenol with Codeine, Vicodin, and Percocet can be used in the postoperative course. They should be used only as needed, usually diminishing in need over the first few days after surgery. When you are comfortable enough, only over-the-counter pain relievers such as Tylenol or Extra Strength Tylenol can be used.

### **Activities:**

All patients should be up and walking, including going to the bathroom, by the first postoperative day. In general, over the first six weeks after surgery, lifting and bending at the waist should be avoided. Walking is strongly encouraged, including up and down steps. At least one half hour a day of ambulation should be accomplished. This can be at one time or at separate times. There is no other physical therapy required for the first 2-3 months, except for ambulating. Walking increases blood flow to the back muscles and bone, and helps healing. You should not use a treadmill or stationary bike and you should not run at any time. Normal activities of daily living are permitted. Riding in a car is permitted. In general, everything in moderation is encouraged and try to avoid excessive bed rest. Driving should be avoided until you are more comfortable with your pain in the back and are able to respond in case of



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emergencies. Sexual relations can be resumed postoperatively once you feel comfortable.

**Bracing:**

Depending on the type of surgery you are having, bracing may or may not be part of the postoperative treatment. If you are required to wear a brace, you will be given a prescription prior to your surgical date. You will need the brace fitted and become accustomed to the brace prior to the operation. This allows you to understand, the feeling of the brace in a time when you do not have postoperative pain. The brace will be brought with you at the time of your admission; however, you will be required to wear the brace as instructed unless instructed to do so until the third postoperative day. After that the brace should be worn at all times, except for hygiene. The usual and customary length of time in a brace is six weeks to two months.

Call Gretchen Hall at Orthofix (cell phone 860-306-6364) to arrange for an electrical bone stimulator unit and for any questions regarding its use. This is to be worn for 4 hours a day for 3 months after the surgery. This device will help your bone fusion heal.

**Smoking:**

NO cigarettes or cigar smoking for the first 6 months after surgery as these will interfere with bone fusion.