



# Spine Surgery

## Medications to Stop Before Surgery

Please stop any blood thinning, anti-platelet, and anti-inflammatory medications seven days before surgery. You will receive a list of the medications to stop in your surgical packet. If you are on one or more of these, be sure to discuss this with your surgeon and prescribing provider.

## Check-ups Before Surgery

You will need to see your primary care practitioner within 30 days of surgery. Additionally, if you have a Cardiologist or Pulmonologist, you will need to see them within six months before surgery. You may also need bloodwork, an EKG, or a chest X-ray, depending on your medical history. The first page of your surgical packet will inform you what needs to be arranged. Do not have any dental work (including cleanings) done within three weeks leading up to surgery.

## Nutrition and Preventing Constipation

Managing constipation after surgery can be done with careful diet, fluids, and stool softeners or gentle laxatives. Eating small, frequent meals as opposed to the traditional three-meal day will help not only to keep your bowels moving but also ensure you have food in your stomach when you take medications. Your small meals should include both proteins (meat, eggs, nuts) for healing as well as carbohydrates (breads/grains, fruits, vegetables) for energy to help get your body the nutrition that it needs.

## Help at Home

If you leave on the same day as your surgery, you will need an adult to stay with you for 24 hours. It is not required to have someone stay with you after that time, however having someone to help at home during the first week is encouraged. It is important to prepare your home before surgery, especially if you have family, pets, or other duties at home you take care of. Have easily prepared meals and snacks on hand. Arrange your home for easy walking paths and clear rugs out of the way to reduce tripping hazards.

## Activity

You will be encouraged to move frequently to help with healing as well as decrease discomfort and reduce your risk for blood clots. Take short, frequent walks hourly when you are awake. Going up and down stairs is allowed but should be limited. You will not be able to drive until at least your first follow-up visit, your surgeon will speak to you more about driving at that time. For the first six weeks, we will ask that you avoid:

- Bending or stooping
- Lifting more than ten pounds
- Twisting your body at the torso
- Pushing or pulling motions



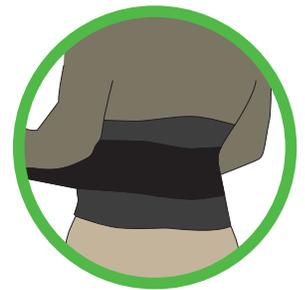
Avoid bending forward.



Avoid heavy lifting.



Avoid twisting.



Wear your back/neck brace when doing activities, as recommended by your doctor.

Showering is allowed if you can keep your incision totally covered and dry. Otherwise, sponge bathing is encouraged.

You will have your first wound dressing change in the hospital. After that, it should be changed 2-3 times a week. Use gauze pads to cover the incision and a waterproof dressing over the gauze such as Tegaderm or foam tape.

## Braces and Supports

Depending on your surgery, your surgeon may recommend that you wear a brace, ice belt, or other support during your recovery. Wear this as instructed.

## Follow-up Appointments

You will have regular follow up appointments with your surgeon around the two-week, six-week, and three-month timeframes. You may have more, depending on your surgery and progression.

## Managing Your Pain

You are going to feel discomfort after your spine surgery. We want to ensure it will be manageable. Medications you may be taking after surgery include both opioid and non-opioid pain pills, nerve medications and muscle relaxants. Patients typically use pain medicines for the first two weeks and then gradually decrease. Most patients are completely off pain medications by six to twelve weeks after surgery. Pain that cannot be managed with the medications or continues to get worse is a reason to call our office. Fusion patients should avoid NSAID medications for three months after surgery.

**Ice** is also helpful with pain as well as swelling; this should be applied to the incision site in a wrap or brace (not directly against the skin).

**Use a pillow** under your knees or between your legs when you are lying in bed to help with positioning.

## What to Look For

Swelling is a common occurrence after surgery and may not be noticeable until after you leave the hospital. The swelling typically peaks at 7-10 days after surgery, but it can be present for several weeks. Many patients also notice they are overly tired for the first few weeks after surgery. The body is taking a lot of energy to heal from your surgery, so take frequent breaks to rest throughout the day and try to get adequate sleep at night.

## Warning Signs and When To Seek Help



### Bleeding or Drainage

Some blood or drainage on or around the dressings is common. However, if it continues to develop after you get home, or if dressing changes continue to have more than a quarter sized drainage, contact our office right away.



### Neurological Symptoms

If you have recurrent nerve pain or new symptoms that are sharp, shooting, persistent or worsening, contact our office.



### Infection

The body's natural response to surgery as well as the effects of narcotics can increase your temperature slightly and give you chills. Watch for signs of infection, such as fever over 101 degrees, heat, excessive drainage, foul odor or redness at the incision site and call our office if you notice these.



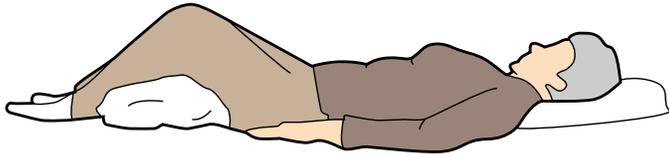
### Blood Clots

Call our office if you notice leg pain, swelling or redness. This could be a sign of a blood clot in your leg called a deep vein thrombosis (DVT). Call 911 for increased or new shortness of breath, or chest pain. This could be a sign that a blood clot travelled to your lung, resulting in a pulmonary embolism (PE).

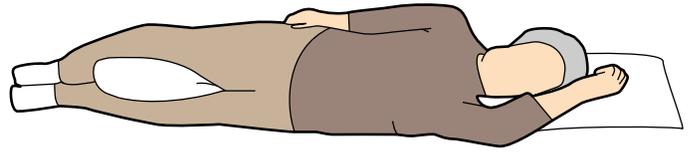
# Protecting Your Back After Your Surgery

You will need to modify some of your daily activities to avoid pain or complications while your body is healing over the first few weeks after surgery.

## IN BED POSITIONING



Pillow under knees.

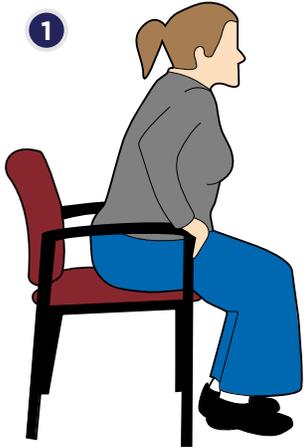


Pillow between legs.

## STANDING UP

Do the reverse order for sitting down.

1



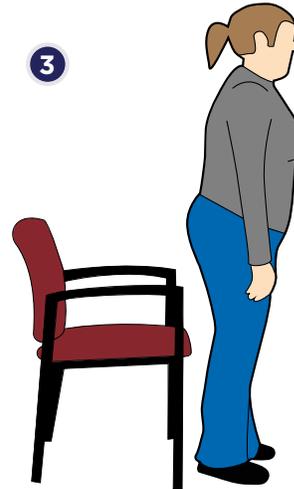
1 Scoot to the front of the chair. Brace your abdominal muscles and place one foot slightly in front of the other.

2



2 Push up using the sides of the chair or armrests.

3

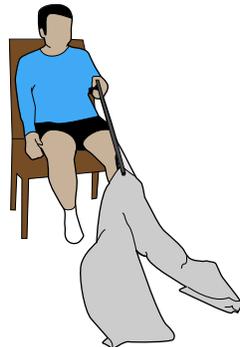


3 Bend at the hips and use your leg muscles to push your body up. Keep your ears, shoulders and hips in line.

## DRESSING & BATHING



Bring your leg up towards your trunk to dress and bath as tolerated.

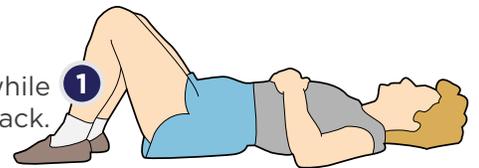


Use adaptive equipment to dress and clean your lower extremities as recommended by your therapist.

## GETTING OUT OF BED

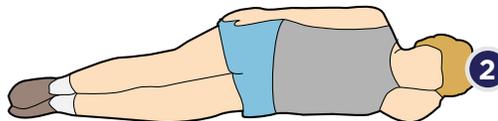
Bend your knees while lying on your back.

1



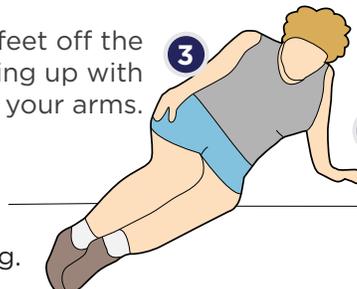
Roll to your side, keeping your ears, shoulders and hips in line.

2



Walk your feet off the bed, pushing up with your arms.

3



4

4 Scoot to the edge of the bed, placing your feet on the floor.

### Other important things to consider:

- Sit down to complete dressing and bathing tasks.
- When completing toileting, wipe from the front to avoid twisting.
- Wear slip on shoes as appropriate.



We are available to answer any questions that may come up.

OrthoNebraska Office

Nurse Navigation (Monday – Friday, 8am – 4pm)

(402) 609-3000, #1

(402) 609-2278

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