

CERVICAL DECOMPRESSION POST-OPERATIVE INSTRUCTIONS & INFORMATION

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IMMEDIATELY FOLLOWING SURGERY:

- Wear your collar for comfort and stability. You may remove the collar to eat, sleep, and when seated or resting. You may transition out of the collar as your comfort level allows. If experiencing soreness or muscle fatigue, wearing the collar might help.
- You may shower 48hrs after surgery. You can get the incision wet but avoid saturation and pat-dry excessive moisture. Avoid tub bathing or swimming for 4 weeks following your surgery.
- The incision is generally closed with dissolvable suture that does not need to be removed or cut. Occasionally, the suture used will be tied outside the skin. This looks similar to fishing line and will be removed at the first post-op visit.
- You may change the exterior dressing (if applicable) 48hrs after surgery. Leave the bandage strips directly over the incision intact; these promote healing, prevent infection, and will fall off on their own.
- Avoid bending at the waist. If you must bend, squat using your knees to lower your body while keeping your neck straight.
- Limit lifting and carrying to less than 10lbs and keep objects between your chest and waist; No overhead lifting.
- You may travel in a car as a passenger only for the first two weeks limiting travel distance to less than 10 miles.
- There is no right or wrong way to sleep. Whatever is comfortable to you and not straining your neck is appropriate. Patients often prefer sleeping in a recliner for the first few days following surgery.

Please contact our office if you experience any of the following signs and symptoms:

- **Temperature > 101.5. Some temperature fluctuations are normal as your body responds to surgery.**
- **Any opening, drainage, redness or increased swelling at your incision site**
- **Go to the nearest emergency room or call 911 if you experience difficulty breathing and an inability to swallow. This will usually be accompanied by a significant increase in noticeable swelling. This is a very rare scenario.**

HELPFUL HINTS:

Discomfort in the back of the neck and shoulder area is normal and occurs in most patients following surgery. This can last for several weeks and sometimes longer in Multi-Level procedures. Keep in mind that in order to access the vertebrae for your procedure, several layers of muscle and other connective tissue must be separated from the vertebrae. These muscles are very much involved in movement as well as posture and connect your cervical spine to the surrounding areas including above and around the incision, as well as the head and shoulders. Similar to any muscular injury, the muscles must have time to heal and be rehabilitated properly.

It is common to experience both pain and numbness in the upper extremities as the nerves heal following surgery. Usually pain is not as often or severe relative to your pre-operative symptoms and is often described by patients as a “different” feeling or sensation. These continued neurological symptoms should improve in a matter of weeks but can last longer; often correlating with the severity of nerve compression and the duration of time the nerves were compressed prior to surgery.

MEDICATIONS:

- You may resume all of your pre-operative medications except Anti-Inflammatories (See Medication Handout) the day after surgery.
- You will be given a prescription for a narcotic pain reliever, a muscle-relaxer, and a corticosteroid. You must take these medications only as prescribed and only if needed. Pain medication **WILL NOT BE REFILLED EARLY.**
- Our goal is to transition off of pain medication over a period of 4-6 weeks. This is accomplished by decreasing dosage and frequency. Please pay attention to both the dose and frequency on the prescription bottle. Pain medication **WILL NOT BE REFILLED EARLY.**
- Due to the potential of abuse and dependence, if Narcotics are still needed beyond 6 weeks we will coordinate an evaluation with one of our Pain Management Physicians to manage your medication.

ACTIVITY:

- **Change positions** frequently to help prevent your muscles from becoming stiff.
- **Repetitive** activities using your arms may increase muscular discomfort around your neck and upper back. Modify your activity with this in mind.
- **Driving** - You may begin to start driving two weeks following surgery when you feel up to it and you have adequate ROM to safely drive. Start with short distances initially and increase as comfort allows. **DO NOT** drive while under the influence of your post-op medication.
- **Sex** - You may begin to have sex two weeks following your surgery. Be smart, avoid unnecessary stress on your neck and arms.
- **Smoking** - Please refrain from smoking for at least 6 weeks following surgery. In addition to the well-known negative effects smoking has on your health, smoking significantly increases the chance of your surgery not healing properly.

RETURN TO WORK:

Although cliché, everyone responds to surgery differently (age, activity level, weight, etc.). Below is an estimate of the ability to return to work following a fusion but does not necessarily apply to everyone:

- Sedentary jobs (Office-Based, Clerical, Teaching, etc) - 2-4 weeks
- Moderate physically demanding jobs - 6 weeks
- Physically demanding jobs that require heavy lifting, frequent bending, or climbing - 12 weeks

If you have FMLA, STD, or LTD paperwork that needs to be completed, please get this to our office as soon as possible. Due to the workload of disability forms, our office policy allows for 7-10 business days for completion.

Social Security disability is a process that is adjudicated by the court system and initiated by the person seeking disability. Dr. Heiges and his office are not involved in the decision or the process.

REHABILITATION:

- **Early range-of-motion** is beneficial in your recovery. Gentle movement in all planes (looking up, down, left and right) is encouraged immediately following surgery and progressing slowly as your comfort allows.
- **Walking** is the only exercise permitted initially. We would like for you to work up to 1-2 miles daily and more as tolerated. Walking is very beneficial for your postural muscles.
- **Physical Therapy** - A packet of rehabilitation exercises or a prescription for outpatient physical therapy will be given to you 4-6 weeks following your procedure. Strengthening the muscles in and around the neck and shoulders is imperative in your recovery. Regardless of the success of the procedure, **overall success of your surgery is very much dependent on you.** Although you may be an “active” person, it is still necessary to target specific muscle groups for stabilization and strengthening.

FOLLOW-UP CARE:

Post-Operative appointments will be with either Dr. Heiges or one of his Mid-level providers Jonathan Thornton PA-C and Harold Jackson NP-C. These appointments will consist of a clinical evaluation as well as an x-ray to assess instrumentation and evaluate the fusion. Typically, post-operative appointments will be made at 2, 6, and 12 weeks following your surgery and as needed thereafter.

ADDITIONAL INFORMATION AND RESOURCES:

The following websites are useful for additional information regarding spinal conditions and surgical treatment:

<http://orthoinfo.aaos.org/menus/spine.cfm>

<http://knowyourback.org/Pages/Default.aspx>

<http://www.spineuniverse.com>

QUESTIONS?

Call Dr. Heiges' office at 912.644.5300

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Spine.OptimHealth.com

00636-CervicalDecompression

