

LUMBAR DECOMPRESSION POST-OPERATIVE INSTRUCTIONS & INFORMATION

Bradley Heiges, MD

IMMEDIATELY FOLLOWING SURGERY:

- Wear your brace for comfort and stability. You may remove the brace to eat, sleep, and when seated or resting. You may begin to transition out of the brace as your comfort level allows beginning at the two week mark following surgery (unless instructed otherwise). As you transition out of the brace, keep it accessible to wear if you begin to experience soreness or muscle fatigue.
- If given a walker, use it. A walker is beneficial for support while walking as well as position changes. You may start to go without the walker once you are able to walk at a relatively normal pace and do not feel any sense of being unsteady. If you were not provided a walker at the time of your discharge and you feel that having one might be beneficial, please call our office.
- 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. Other types of closure (staples, traditional suture), can be used and are patient dependent (obesity, diabetes, previous back surgery). These too will be removed at your first post-op visit.
- You may change the exterior dressing 48hrs after surgery. Leave the bandage strips directly over the incision intact; these promote healing, prevent infection, and will fall off on their own. As a general rule, the less you change the exterior dressing the better (especially early-on). If the dressing is in need of change, make sure you or the person helping you washes their hands thoroughly both before and after the dressing change.
- 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 10 pounds and keep objects between your chest and waist; No overhead lifting or carrying below the waist.
- You may resume a normal diet as tolerated but it might be beneficial to start with a simple, bland diet (avoiding greasy or spicy foods). It is common for patients to feel a decrease in appetite early on.
- 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 for you and not straining your back 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, significant drainage, redness or increased swelling at your incision site. Some drainage is normal early on in all patients and is often seen in patients with diabetes or who have had previous surgery.**

HELPFUL HINTS:

It is common to experience both pain and numbness in the legs 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.

Discomfort in the back is expected following surgery. This can be similar to pre-operative symptoms but, can also be perceived as a different type of discomfort. Patients often describe their back pain following surgery as a “burning or fatigued” sensation. 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 lumbar spine to the surrounding areas including above and around the incision, as well as the hips and buttocks. Similar to any muscular injury, the muscles must have time to heal and be rehabilitated properly.

Low back pain in itself is a multi-factorial problem best treated by a combination of various treatments. A Lumbar fusion is not a cure-all. The primary goals of fusion are to remove pressure off of the nerves as well as re-establish and stabilize the disc space. While we hope that this can be of some benefit to your low back discomfort, we **DO NOT EXPECT** to rid you completely of all back pain.

MEDICATIONS:

- You may resume all of your pre-operative medications except for Anti-Inflammatories (See Medication Handout) the day after surgery.
- Your postoperative prescriptions will consist of 2 narcotic pain relievers, a muscle relaxer, and a medication for nerve pain. You must take these medications only as prescribed. Pain medication **WILL NOT BE REFILLED EARLY.**
- The prescriptions you are given should last until your 6 week post-operative visit. Because narcotic pain medication can no longer be prescribed over the phone and requires a signed prescription, you will be given 2 prescriptions: One to be filled immediately and the other is to be filled at a later date.
- Our goal is to transition off of pain medication over a period of 4-6 weeks. This is accomplished by decreasing the strength of the medication and the interval that which you will take it. 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 12 weeks following your surgery, 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.
- **Walking** is encouraged and beneficial to you early on in your recovery.
- **Driving** - You may begin to start driving 2 weeks after your 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 back.

In general, activity is permitted to increase as your comfort allows once you are 6 weeks out from surgery. Keep in mind that your activity level has been significantly decreased for some time and it will take an equal amount of time or longer to regain both strength and stamina. Start your desired activities slowly and work your way up to the desired level slowly.

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 6-8 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:

- 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 and early, basic movements.
- 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. Therapy will initially focus on stretching and range-of-motion before transitioning to more of a strengthening program. Rehabilitating the muscles in and around the back and legs is **imperative** in your recovery and it is recommended that this be a life-long commitment. 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

210 East DeRenne Avenue
Savannah, GA 31405

Spine.OptimHealth.com

