

Minimally-Invasive Lumbar Fusion Postoperative Instructions

Wound Care

- Keep incision area dry and clean. Do not put any ointments or antibiotic solutions on the incision. Let the steri-strips fall off by themselves. You should remove them after two weeks. If you notice **any drainage**, redness, swelling or increased pain at the incision site, call the office immediately. You may use an ice pack for 7 days after surgery to help with incisional discomfort as needed.
- You will likely go home from the hospital with a drain. Please refer to the postoperative drain instruction sheet provided to you for any additional showering, incision, and drain care instructions.
- You may shower 3-4 days after your surgery, as long as you do not have a drain in place. Remove your dressings after 3 days. Do not take a bath or get into a pool for two weeks.
- For the best cosmetic result, keep your incision away from direct sunlight and tanning booths until it fades completely to flesh tone. Otherwise, there is a risk of permanent discoloration. You may use vitamin E lotion to massage the incision after 6 weeks.

Activities and Restrictions – at least 6 weeks after surgery

- **No forward bending, twisting, or stooping forward at the waist.**
- Your shoulders and hips should move together as a unit without twisting your low back. In bed, log roll to change positions, and roll onto your side before sitting up.
- Do not use a reclining chair (mainly because they force you to slump, and are difficult to exit properly). You may cross your legs at your feet and your knees for dressing. Avoid crossing your legs for extended periods of time.
- You may be scheduled for an appointment to review the postoperative spinal precautions listed above with our physical therapist.
- No lifting over 20 pounds.
- Regular walking is the best exercise after this type of surgery. Stair climbing is permitted. Formal physical therapy will generally start about 3 weeks after surgery. You may engage in sexual activities 2 weeks after surgery, provided the activity is not painful. You may resume driving 2 weeks after surgery when your judgment is not impaired by pain medication.
- Perform your ankle pumps and incentive spirometry (10 times/hour while awake) until you become more active and are spending most of your day out of bed.
- There is always a small chance that a brace or orthosis will be necessary after surgery. Your surgeon will discuss this matter if the need arises.

Medications and Nutrition

- **Increasing your protein intake dramatically improves the rate of successful wound healing. We strongly recommend drinking up to 2 protein shakes per day (in addition to your customary diet) for the first 6 weeks.**
- Take over-the-counter calcium (600 mg) with vitamin D (400 I.U.) three times daily with meals for 3 months following surgery.
- Avoid constipation (caused by narcotic medication) by following the bowel regimen described on the separate sheet provided.
- For the next 2 years, you should take antibiotics prior to any dental work or invasive medical procedure. If possible, avoid dental procedures for 6 weeks after surgery.
- Do not take anti-inflammatory medication (e.g., ibuprofen, naproxen) for 1 week before and 6 weeks after surgery, unless specifically discussed with your surgeon.
- Do not take any blood thinning medication (e.g., Coumadin, Plavix, Lovenox, Fragmin) for 1 week before and 1 week after surgery. You may resume aspirin 1 week after surgery.
- Do not take any osteoporosis medication (e.g., Fosamax, Actonel, Evista) for one month before and 3 months after surgery, unless specifically discussed with your surgeon.
- Do not take any oral rheumatoid arthritis medication (e.g., Arava, Imuran, Plaquenil, sulfasalazine) for 2 weeks before and 2 weeks after surgery, unless specifically discussed with your surgeon.
- Do not take any injectable rheumatoid arthritis medication (e.g., Enbrel, Humira, Orencia, Remicade, Rheumatrex) for one month before and one month after surgery, unless specifically discussed with your surgeon.
- Just a reminder: **NO SMOKING.** Tobacco smoke (even second-hand smoke) and nicotine (even gum, patches, or E-cigarettes) after fusion surgery will jeopardize the healing process, and may result in chronic pain and the need for further surgery.

Long-Term Management

The key to success after a lumbar surgery is prevention of future episodes. The critical elements to good back health are:

- Strong core stabilizing muscles (back extensors, abdominals, gluteals)
- Hamstring flexibility
- Proper lifting technique (*how* you lift is much more important than *how much* you lift)
- Avoidance of a flexed or slumped low back (e.g., stooping over to pick something up)
- Weight loss (especially in patients with a large midsection)
- Regular aerobic exercise (30 minutes, 3x/week)
- Avoidance of tobacco products

Adherence to these principles will maximize your chances of avoiding future surgery. However, no one else can apply these concepts except the patient.

Questions and Emergencies

Call 815-398-9491 during business hours for questions and emergencies (Monday-Thursday 8 A.M. to 4 P.M., Friday 8 A.M. to noon). **Medication refills will only be authorized during business hours.** Please specify if you calling for an emergency and you will be connected with the spine nurse. All emergencies are reported to the physician immediately.

After business hours, you may call 815-398-9491 and the answering service will contact your physician. If he is out of town or if it is the weekend, another physician or physician's assistant will be available.