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## **SACROILIAC JOINT FUSION**

### **SURGICAL EXPLANATION:**

A small incision is made in the side of the hip area to reach the pelvic bone. 2-3 screws are placed under x-ray guidance across the sacroiliac joint to stabilize and fuse the joint in a minimally invasive fashion.

### **HOSPITALIZATION:**

This surgery is typically done as outpatient, and the patient can expect to go home the same day. The recovery nurses will help you get out of bed and start toe touch weight bearing with crutches. You will see physical therapy prior to surgery for training on this restriction.

## **Sacroiliac Joint Fusion Postoperative Instructions**

### **Wound Care**

- Keep incision area dry and clean. Do not put any ointments or antibiotic solutions on the incision. Steri-strips or staples are used to close the skin. Let the steri-strips fall off by themselves or you should remove them after two weeks. If you have staples, you will receive a staple removal appointment 3 weeks after surgery. If you notice **any drainage**, redness, swelling or increased pain at the incision site, call the office immediately. You may use an ice pack after surgery to help with incisional discomfort as needed 20 minutes on then 20 minutes off.
- You may shower 3-4 days after your surgery, as long as your white waterproof dressing (Silverlon) is sealed and intact. Remove your waterproof dressing 7 days after your surgery. Do not take a bath or get into a pool for 6 weeks and evaluated by physician
- 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**

- **Toe touch weight bearing restriction for 6 weeks after surgery**
- You will be given crutches or walker prior to surgery and scheduled with physical therapy to teach you the proper techniques for weight bearing restrictions
- 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..
- No lifting over 20 pounds.
- Formal physical therapy will generally start about 6 weeks after surgery. You may engage in sexual activities 6 weeks after surgery, provided the activity is not painful. You may resume driving 2-4 weeks after surgery when your judgment is not impaired by pain medication.
- TED stockings should be worn for 2 weeks after surgery during the day then remove at night.

### **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.**
- Avoid constipation (caused by narcotic medication) by following the bowel regimen described on the separate sheet provided.

- For the next year, you should take antibiotics prior to any dental work or invasive medical procedure. If possible, avoid dental procedures for 3 months after surgery.
- Do not take anti-inflammatory medication (e.g., ibuprofen, naproxen) for 2 weeks before and 6 weeks after surgery, unless specifically discussed with your surgeon.
- Do not take any blood thinning medication (e.g., Coumadin, Plavix, Eliquis, Xarelto, Aspirin) for 1 week before. Refer to your post op instruction sheet to resume blood thinner as directed by physician.
- Do not take any osteoporosis medication (e.g., Fosamax, Actonel, Evista, Prolia) for one month before and 3 months after surgery, unless specifically discussed with your surgeon.
- Medications for Rheumatoid Arthritis may need to be held for a time period both before and after surgery. Notify your physician of any of these medications (e.g., Enbrel, Remicade, Imuran, Arava, Humira) and refer to your post op instruction sheet for timeframe directed by physician.
- Do not take herbal supplements including fish oils or Niacin (vitamin B3) 2 weeks before or 2 weeks after surgery
- 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.
- Take over-the-counter calcium (600 mg) daily and vitamin D3 (2000 I.U.) two times daily with meals prior to surgery and for 6 months following surgery. Depending on your pre-op vitamin D level, we may require that you take a prescription vitamin D3 supplement instead. If you have a history of kidney disease or kidney stones, please talk to your PCP regarding adjusting calcium dose before starting supplementation. Increasing your protein intake also improves the rate of successful healing.
- The medications prescribed for your post-operative pain are to be used as needed, not scheduled. You may alternate your pain pill with Tylenol for breakthrough pain as needed (daily limit of Tylenol 4000mg) as needed. Do not take your pain pill and your muscle relaxer at the same time. These medications should be taken 2-3 hours apart.
- Norco/hydrocodone is a habit forming medication. You should stop this medication as soon as possible

## 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.