



What to Expect During Your Lumbar Fusion

Your Pathway to Healing



SPINE SERVICES





Your Role in Recovery...

You have a very important role in preparing for and recovering from your surgery. Your physician has requested that this process be coordinated by a specialized team of healthcare professionals who take care of people having back surgery. This lumbar fusion pathway was written for you by that team.

The pathway is a map of activities before and after your spinal fusion surgery. We want you to know what to expect from day to day and to be able to actively participate in your recovery. The hospital recovery process following a lumbar fusion is divided into three phases:

- 1) Before surgery
- 2) Day of surgery
- 3) After surgery

The length of time it takes to complete each phase is different for every patient. Your path may be tailored to your special needs at any point. Please feel free to talk with staff and your doctor about your concerns.

For questions or concerns regarding your lumbar fusion, call our Spine Services Care Coordinator at 404-605-2890.

For more information on Spine Services at Piedmont Hospital, call 404-605-1011 or 1-800-605-1011.

What to Expect During Your Lumbar Fusion

Phase I: Before Surgery

Preparation for Surgery

- Discuss current medications with your surgeon.
- You will be instructed when to stop aspirin, anti-inflammatory medications, supplements or any other blood thinners.
- Quit use of all tobacco and nicotine products.
- Eat healthy and increase your protein intake.
- Review educational material regarding your condition and “Inpatient Surgery” packet for orientation to Piedmont Hospital.
- Attend “Smart Spine” class to learn about correct body mechanics, if suggested by your doctor.
- Arrange for a family member or friend to drive you home from the hospital when you are discharged. You will not be able to leave the hospital unless you have a driver.
- Arrange for a family member or friend to stay with you when you go home from the hospital. You will need help cooking, walking, and caring for yourself for at least a few days if not more.

Surgeon’s Office for Pre-Op Visit

- The surgical procedure will be discussed and questions answered.
- You will review and sign the consent for the surgery.
- Pain management techniques may be discussed, particularly how to manage post-operative pain.

Anesthesia Pre-Op Visit

- After a visit to your surgeon’s office, you will proceed to the hospital to meet with anesthesia services in pre-op testing.
- Medical history and current medications will be reviewed. Bring a list of all current medications.
- Blood and urine tests will be collected.
- Possible EKG and chest X-ray will be performed.
- Medical or cardiology clearance may be recommended.
- Anesthesia services will instruct you as to which medications may be taken on the day of surgery.

Night Before Surgery

- DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT, unless directed by surgeon or anesthesiologist.

Day of Surgery

- Arrive at hospital at requested time.
- Intravenous lines will be started in the pre-operative holding area.
- Medication will be administered to help you relax and become sleepy prior to surgery. It also will make your mouth dry.
- Your family may wait in the main lobby. A patient representative will keep them informed about progress.

What to Expect During Your Lumbar Fusion

Phase II: Day of Surgery	
Tests	<ul style="list-style-type: none"> • Blood pressure, pulse and temperature are checked by the nurse.
Treatments	<ul style="list-style-type: none"> • Deep-breathing exercises every two hours while awake, may use breathing exerciser (IBE). • Frequent monitoring of your vital signs, sensation and strength of your legs.
Equipment/Tubes	<ul style="list-style-type: none"> • Surgical drain. • Dressing on back/surgical site. • IV (intravenous) pump for medications. • Finger probe to monitor oxygen levels. • Bladder catheter. • SCDs (sequential compression devices are wraps on your legs or ankles that work by tightening and relaxing), foot pumps or tight hose.
Medicine	<ul style="list-style-type: none"> • IV fluids for hydration. • Antibiotics to prevent infection. • Pain medicine will be given by IV, orally or injection as ordered by your surgeon. • Medication for nausea and muscle spasm will be provided as ordered by your surgeon. • Your routine home medications will be restarted as directed by your surgeon. (The nurses will administer these. Do not take your own medications without first discussing it with the nurse.)
Food	<ul style="list-style-type: none"> • After surgery – ice, clear or full liquids as tolerated. • Advance diet as tolerated.
Activity	<ul style="list-style-type: none"> • Out of bed as tolerated per surgeon's order. • Roll side to side with help every two hours, keeping back straight until you are approved to go to the bathroom with help. • May elevate head of bed slightly. • May do ankle pump exercises. • Minimize bending or twisting at the waist.
Need to Know	<ul style="list-style-type: none"> • How to call the nurse. • Tell the nurse if you need medications for pain or nausea. • Tell the nurse what you drink and when you urinate so it can be measured.
Feeling and Sensation	<ul style="list-style-type: none"> • Uncomfortable, but pain should be bearable with medications.

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Phase III: After Surgery, Post-Op Day 1

Tests	<ul style="list-style-type: none"> • X-rays of back post-operatively if not already completed. • Possible blood tests. • Evaluations by physical therapy and/or occupational therapy.
Treatments	<ul style="list-style-type: none"> • Continue deep-breathing exercises. • Monitoring of vital signs, sensation and strength of your legs continues.
Equipment/Tubes	<ul style="list-style-type: none"> • IV may be capped if eating well. • PCA pain pump may be used. • SCDs, foot pumps or tight hose will remain until walking. • Brace or corset is to be worn when out of bed, if ordered by surgeon. • Bladder catheter is removed.
Medicine	<ul style="list-style-type: none"> • Continue IV fluids until eating well. • Complete antibiotics. • Pain medicine will be administered by IV, orally or injection as ordered by your surgeon. • Medication for nausea and muscle spasm provided as ordered by your surgeon. • Stool softener to prevent constipation provided as ordered by your surgeon.
Food	<ul style="list-style-type: none"> • Advance diet as tolerated. • Try solid food if not nauseated.
Activity	<ul style="list-style-type: none"> • Out of bed as tolerated per surgeon's order. • Out of bed for meals and/or chair with physical therapy or other staff. • Roll side to side every two hours. • May do ankle pump exercises. • Minimize bending or twisting at the waist.
Need to Know	<ul style="list-style-type: none"> • Tell the nurse if you need medications for pain or nausea. • Tell the nurse what you drink and when you urinate so it can be measured.
Feeling and Sensation	<ul style="list-style-type: none"> • Tired and sore. • Hurts to move, but receiving pain medication.

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Phase IV: After Surgery, Post-Op Day 2-3

Tests	<ul style="list-style-type: none">• Possible blood tests.• Evaluations by physical therapy and/or occupational therapy.
Treatments	<ul style="list-style-type: none">• Continue deep-breathing exercises.• Monitoring of vital signs and sensation/strength of your legs continues.• If recommended by the surgeons or therapists, we may suggest an evaluation for rehabilitation therapy following your hospital stay.
Equipment/Tubes	<ul style="list-style-type: none">• Wear brace or corset when walking if directed by surgeon. Follow instructions of attending surgeon concerning brace or corset wear.• SCDs, foot pumps or tight hose will remain until walking.
Medicine	<ul style="list-style-type: none">• Continue IV fluids until eating well, then discontinue.• IV pain medication will be weaned and then discontinued to begin oral pain medications.• Medication for nausea and muscle spasm provided as ordered by your surgeon.• Stool softener to prevent constipation provided as ordered by your surgeon.
Food	<ul style="list-style-type: none">• Eat a high fiber and protein diet.• Drink liquids to avoid constipation.
Activity	<ul style="list-style-type: none">• Gradually increase activity to walking around room and hallway using equipment as instructed by physical therapy (i.e. walker, cane, etc.).• Increase activity as ordered in preparation for discharge.• You will receive additional information about activity limitations.• Minimize bending or twisting at the waist.
Need to Know	<ul style="list-style-type: none">• How to get in and out of bed.• Know how to take off and put on your brace or corset.• Ask any and all questions.
Feeling and Sensation	<ul style="list-style-type: none">• Tired and sore for first few days.• Moving better and progress to moving with minimal help.• You are ready to go home.

Discharge Instructions

GENERAL INFORMATION

1. Recuperation may take from a few weeks up to a few years for full recovery, depending on the extent of your surgery. It will take at least three to six months before the spinal fusion is REASONABLY strong.
2. Try to limit lifting anything over five pounds as much as possible for the first month after surgery. Do not lift anything more than around 30 pounds for the next six months unless otherwise instructed.
3. Minimize bending or twisting at the waist – it's better to bend your knees.
4. You may ride in a car, bus or airplane as long as you are comfortable. Reclining the passenger seat will be the most comfortable for you. You probably won't feel like taking any trips of an hour or more for at least two to three weeks.
5. Do not drive until you are off narcotics and feel you are safe, approximately four to six weeks.
6. Avoid sexual intercourse for four weeks after surgery.
7. Do not smoke – it slows healing and may cause the bone not to fuse.
8. Do not drink alcohol while taking prescription pain medication.
9. You can anticipate feeling tired and having a low energy level for one to six months.

10. You may experience some depression for a few days after going home. It's normal to have some emotional let-down after surgery.
11. Use a bed mattress of your choice.
12. Your surgeon or physical therapist may recommend medical home equipment if needed.

FOLLOW-UP APPOINTMENTS

1. If you don't already have a follow-up office appointment with your surgeon in 10 to 14 days after discharge, call the office to schedule one.
2. Your surgeon may order X-rays prior to certain follow-up appointments.

PAIN

1. You will go home with a prescription for pain medication if you don't already have pain meds at home. Take as directed and only if needed.
2. You will experience low back pain, which will improve with time. You also may notice the return of some of your pre-operative complaints following surgery or after increased activity. This should resolve over a few days by taking it easy.

(continued on reverse)

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Discharge Instructions continued

MEDICATION

1. Review medication instruction sheet provided by your nurse.
2. Do NOT take anti-inflammatory medications (Advil, Aleve, Aspirin, Celebrex, Ibuprofen, Motrin, or Naprosyn) for the next six weeks to three months.
3. Resume all home medications you were taking before surgery unless specifically discontinued by your surgeon.
4. Taking a multivitamin each morning is encouraged.

INCISION

1. Dressings are usually removed before discharge. If you leave the hospital with a dressing, it may be removed or changed at home as recommended by your surgeon. If you have steri-strips, these will come off on their own within seven to ten days.
2. If you have sutures or staples, they usually are removed at the first post-op office visit.
3. If there is no drainage, you may leave the incision open to air. This facilitates healing.
4. Keep the incision dry and clean. Ointments are not needed.
5. It is normal to have some numbness around your incision.

SHOWER

1. Wait to shower until your surgeon allows it. Avoid all tub baths, pools or hot tubs for one month until incision is healed.
2. Keep the incision dry with a plastic covering for 24 hours after any sutures/staples are removed. If there are no stitches/staples, keep the incision dry for seven days. Plastic covering should be removed after showering.

HEALING AND RECOVERY

A. EXERCISE

1. Walking is the best activity you can do for your recovery. It is the only exercise that you should do until you follow up with your surgeon. You should begin at a level that is comfortable for you. You may gradually increase the amount of walking based on how you feel until you are able to walk 45 minutes, five days a week.
2. You may use a treadmill if your surgeon allows, but no running. You may also use an exercise (recumbent) bike. Do NOT lift weights. You can go up and down stairs. Let discomfort be your guide.

B. NUTRITION

1. Eat healthy and increase your protein intake.
2. Maximize your nutrition to allow your incision to heal and your bones to fuse.

C. PREVENTING CONSTIPATION

1. Many pain medications cause constipation as a side effect.
2. Eat fruits and vegetables and drink plenty of fluids.
3. Increase intake of fiber. Add prunes and bran to your diet.
4. Use laxatives if needed. You may take Metamucil or Colace.

BRACE USE

1. If you are fitted with a brace (orthosis), wear it as directed.
2. After a fusion, you may wear a brace for three to six months.
3. If given a brace to wear post-op, it should be worn whenever you are up and out of bed except for showering. It should not be worn at night while sleeping unless instructed differently. If you need to go to the bathroom in the middle of the night, you do NOT need to put it on.

CALL YOUR SURGEON IF THESE SIGNS AND SYMPTOMS DEVELOP:

A. INFECTION

- Swelling/Drainage from the incision (often yellow or green in color with a foul odor).
- A fever over 101° F.
- If incision is red or hot to touch.
- Chills or night sweats.
- Opening of the incision.
- Uncontrolled pain not relieved by pain medication.

B. BLOOD CLOT

- Calf is painful or feels warm to the touch and tender on pressure.
- Persistent swelling of the foot, ankle or calf that does not go away with elevation of the leg.
- Chest pain or shortness of breath.

C. OTHER

- Bad headache.
- General concerns.