Lumbar Spine Surgery...What to Expect

You have been scheduled for lumbar spine surgery and are probably wondering what to expect with your surgical journey. We will discuss pre-operative tasks, the day of surgery, recovery in the hospital, and recovery at home.

1. Pre-operative tasks:
   a. Your surgeon will discuss the proposed surgery with you and “post” your surgery. The medical secretary will work with you to arrange your surgical date and coordinate the necessary tests your primary care physician will need to order. You may need to see all your treating physicians, such as a cardiologist, in order to determine if you are medically safe to have surgery. **ALL lab work, chest x-ray, EKG, and medical clearance/physical must be completed within thirty days before surgery** and at least seven days before surgery.
   b. Medications: Discuss your current medications with your primary care physician for guidance as to when to take your last dose prior to surgery. Some medications you are allowed to take the morning of surgery, others need to be discontinued 24 hours before and still others 10 days before surgery. Please see the attached medication guideline. **If medications are not stopped as directed by your physician, your surgery will be canceled!**
   c. Preparing your home prior to surgery: Remove scatter rugs or other obstacles which may prevent you from moving about freely. Place anything you may need within reach, to avoid bending, lifting, or twisting. For example, using liquid soap in the shower instead of a bar soap which can drop. Also, be certain your medications, remote control, etc. are within easy reach on a bedside table. Place items in your kitchen and bathroom where you can reach them without bending over or reaching above your head.
   d. FMLA/disability paperwork: If forms or paperwork need to be completed for your employer, please send them to our office as soon as you can. The forms must have your name on them and as well as specific information for completion—for example, how you wish to receive the form once it is completed. **Forms may take 7-10 business days for completion so please plan ahead.**

2. The night before surgery:
   a. Your last meal should be eaten by 8pm and your last liquid by midnight. This also includes mints and gum. If you must take medications after midnight, do so with only a sip of water.
b. Prepare your overnight bag: Include loose fitting clothing and slip on shoes with a non-skid sole. Pack a button down shirt, not a pull over shirt. If you have asthma, you may pack your inhaler (labeled) but do not pack any other medications from home. If you use a C-PAP machine, pack that as well.

c. Bring your MRI or CT scan films/CD the day of surgery. If the studies are online, they can be viewed in the OR. **If the surgeon cannot view your studies during surgery, your surgery may be canceled!**

3. The day of surgery:
   a. Please report to GBMC two hours before your surgery is scheduled to begin (see flyer for complete directions to the admissions area). Have your MRI or CT films, insurance information and a photo ID. Also, bring the completed Outpatient Home Medication Reconciliation Form which lists all your current medications.
   b. Pre-op area: you will be cleansed with skin prep cleaner prior to surgery and changed into a gown. The nurses will start an IV to prepare for surgery. The nurse will also ask you to tell them the surgery you are scheduled for and your medical history, including your last meal and medications you are taking.
   c. Your family: Two members of your family will be allowed in the pre-op area.
   d. The recovery room: Expect to stay in the recovery room for approximately two hours. You will have an IV, oxygen, a surgical drain, urinary catheter, and compression stockings on your legs.
   e. You should plan on staying two nights to three nights in the hospital. This can vary with age, the extent of the surgery, the time of day of the surgery, and other medical risk factors. If you are staying an extended period of time, your family can purchase parking passes in the Boutique, located on the third floor of the hospital.
   f. If you brought MRI or CT films/CD for surgery, be sure to ask for them back. Once you have left the hospital it is possible that the films may not be located.

4. While in the hospital:
   a. Diet: you will begin with a liquid diet and progress to solids as tolerated
   b. Pain Relief: You may have a “pain pump” which will deliver a set amount of medication in your IV and also allow you to push a button to deliver extra medication if you need it. This pump will only allow this extra medication delivery a prescribed number of times. Do not worry, it will not allow you to have too much. Only you are allowed to use the pump, not your family members. Only you know the amount of pain you are in. Usually by the next day after surgery, the pain pump is removed an oral pain medications are given.
c. Who you may see while in the hospital:
   • The Nurse Practitioner or the surgeon will see you each day. They will
     assess your recovery, remove any surgical drains, and monitor your
     incision.
   • Physical therapy will teach you the correct way to transfer out bed or a
     chair. The therapist will also walk with you and make sure you are
     physically safe to be discharged to home. If you need a walker after
     surgery they will teach you how to use it.
   • Occupational therapy may teach you the correct way to do daily activities
     safely. The nurse or the physical therapist may do this also.
   • A discharge planner/case manager nurse/social worker will order
     whatever assistive devices you may need at home, such as a walker or
     raised toilet seat, as well as your individual needs.

d. Breathing: Surgery can increase your risk of lung conditions, such as pneumonia.
   After surgery, the nurse will give you an Incentive Spirometer device to
   encourage deep breathing. You should use the Incentive Spirometer at least
   every two hours to promote deep breathing.

e. Remember to take EVERYTHING home with you: The MRI/CT films or CD you
   brought for surgery, Lumbar brace (for fusions or total disc replacement surgery
   only), Abdominal Binder, Incentive Spirometer, Assistive Devices (as ordered, per
   person may vary)-walker, reacher/grabber, long handled sponge, raised toilet
   seat/bedside commode. The Assistive Devices may be given to you at the
   hospital or delivered to your home, depending on your insurance carrier.

5. Home:
   a. Lumbar Brace: (If you had a fusion or total disc replacement surgery) When out
      of bed, you must wear a lumbar brace. It is recommended to wear the brace
      over a soft t-shirt so it will not irritate your skin or incision. While in bed, you
      should wear a stretchy abdominal binder. These two braces will be given to you
      in the hospital and you will be wearing them for up to twelve weeks following
      surgery.
   b. Incision: The incision will be closed with staples or sutures and these will be
      removed at your wound check appointment by a Registered Nurse. Sometimes
      the surgeon will “glue” the incision and place steri strips over the incision. The
      strips may fall off on their own, if not they will be removed at your wound check
      appointment with the nurse at the surgeon’s office. Check your incision each day
      and call our office immediately if there are any signs of infection: redness,
      increased pain, increased swelling, thick drainage, fevers above 100.5. If there
has been no drainage from the incision for 24 hours, you may remove the dressing and keep the incision open to air. Once the incision remains dry for 24 hours, you may shower, making sure to gently pat the area dry.

c. Activity: Rest, rest, rest! You are encouraged to walk on a level surface each day to increase your strength and endurance but no other exercise is recommended. Limit use of steps your first week or longer depending on your strength. Listen to your body, change your position frequently, and remember to rest. “If it hurts, do not do it.”

d. Symptoms:
   - It is normal to still experience pain following surgery. Your pain will gradually decrease over six to twelve weeks. Any numbness or tingling you felt before surgery may continue for up to six months following surgery. The numbness or tingling may even come and go in this time period as your nerves are healing.
   - It is also normal to have tightness and burning across your lower back. Taking a muscle relaxer will help with these symptoms.
   - You will have good and bad days in your recovery! Listen to your body, change your position frequently and remember to rest.


e. Restrictions for the first six weeks following surgery:
   - No lifting, pushing, or pulling more than 10 pounds (a gallon of milk)
   - No BLT’s: no bending, lifting, or twisting for six to twelve weeks
   - Do not lay or sleep on your stomach
   - No driving for six weeks
   - No working for six to twelve weeks unless otherwise specified by your surgeon

f. Pain Medications: Upon hospital discharge, you will be given prescriptions for pain medication and a muscle relaxer. You will be given enough medication to last until your wound check appointment in our office. Subsequent refills will have enough quantity for at least fifteen days. There are some prescriptions which cannot be called or faxed to your pharmacy and will need to be mailed or picked up from our office. Refills will not be addressed afterhours or on the weekend. **Please call our office three days before the refill is needed to ensure enough time so you will not be without your medication.**

The first two weeks after surgery are typically when your pain is at the highest level. Use your medications as needed to keep you as comfortable as possible. Use your medications as prescribed—do not use more than the prescription allows. If your pain is not controlled, call our office.
The surgeon will provide pain medications as needed for up to three months following surgery. With each refill, our office works closely with you to wean your medications as tolerated. If you are unable to wean completely off your pain medication we may require the assistance of a pain management physician to assist with weaning the medications.

g. Stool Softeners: Pain medication and anesthesia can cause constipation. Drink plenty of fluids, walk as you tolerate, and use over the counter stool softeners as needed, such as Colace. If a mild laxative is needed, Senokot is recommended. Use these over the counter medications as needed per the package directions.

h. NSAIDs: non-steroidal anti-inflammatory medications, such as Ibuprofen, Advil, Motrin, and Aleve should not be used for up to four weeks following a fusion surgery, per the discretion of your surgeon. NSAIDs are allowed following TDR (total disc replacement) surgery.

i. Bone Growth Stimulators: Your surgeon may decide to order a Bone Growth Stimulator for you. Not every patient will require this device. If your surgeon feels this is needed to help your fusion to heal, you will receive a call from our office following surgery.

6. Post-operative Appointments:
   a. Appointments for your wound check and six week appointment will be made at the time the surgical date is planned.
      • The Wound Check appointment is generally 7-14 days after surgery. You will see a Registered Nurse, who will assess your incision and remove staples or sutures as indicated. Post-operative questions and medication refills will be discussed. If applicable, an x-ray order may be given to be done just prior to the six week appointment.
      • The Six Week Post-operative appointment will be with your surgeon. If applicable, your x-ray will be reviewed and activity and work status questions will be addressed. Physical therapy may be ordered at this visit and is typically ordered for 2-3 times per week for 4-6 weeks. The surgeon may or may not request a twelve week appointment; this is based on the discretion of the surgeon.