



Discharge Instructions

Follow Up Appointment: _____

If you do not have a scheduled appointment, please call the office.

Activity

- Up as tolerated.
- No twisting, bending, or lifting greater than 8 lbs.
- No driving while on narcotics.
- Increase your fluid intake.

Wound Care

- Change dressing as needed; apply dry gauze or telfa dressing.
- Apply ice pack for 20 -30 minutes; 4-6 times per day.
- You may shower 72 hours AFTER surgery.
- If you have staples or sutures, keep your incision dry for the first 3 days after surgery
- AFTER 3 DAYS, the staple or suture line may be washed in the shower. However, don't soak the incision in the tub or swimming pool until it has healed well, usually by the first post-op visit.
- If you have steri-strips, keep them covered by gauze and plastic when showering.
- DO NOT remove steri-strips from neck incision until 2 week post-op clinic visit.
- No matter if steri-strips soiled with dried blood, DO NOT remove steri-strips until 2 week post-op clinic visit at office.
- If you have staples or sutures you will need to be seen in the office two weeks after surgery for staple or suture removal.

MUST NOTIFY OFFICE IF:

- A low-grade fever is common a few days after surgery. If a temperature persists after you are discharged, you should take your temperature 4 times a day until your

temperature is below 100 F for 24 hrs. Call if the elevated temperature persists for more than 48 hours and/or your temperature goes above 101 F.

- Increased redness around the incision
- Notify Jagannathan Nursing Line, if home care nurse adamant about removing soiled steri-strips from neck incision. Thank You.
- Wound drainage
- Constipation is common a few days after surgery due to the pain medications. Continue on stool softeners until you are passing regular bowel movements. Call if this problem persists after 3 days. Try to eat fiber foods; fruit with skin on it, salads, prune juice.

ACTIVITY:

- Limit your sitting for the first 2 weeks
 - Standing, reclining, lying down and walking are the best positions.
- Sitting for a long period, in any one position, will be uncomfortable, it is better to change positions frequently.
- Walking is excellent, just DON'T overdo it!!
- Exercises of the upper body are alright after 2-3 weeks only if **light weights** are used and the **back is protected** with brace on!
- Avoid sexual activity for 2-3 weeks.
- Avoid twisting, bending, and stooping for the first 2-3 weeks after a discectomy or decompression. If a fusion was performed, then these activities will be limited for 3 months.
- No heavy lifting for 3 months. **DO NOT** lift anything heavier than a gallon of milk.
- If you undergo a fusion, you will be given a brace, **which is to be worn whenever you are out of bed.**
- **YOU DO NOT NEED TO SLEEP IN BRACE**

BACK BRACE:

The use of your brace is a very important part of your recovery. It is vital that you wear it as directed.

LUMBAR CORSET

This is a lighter brace, usually worn after non-instrumented surgeries (i.e. lumbar discectomies) for comfort, or when the rigid brace has been removed after a fusion. The brace may also be used for occasional support after a discectomy or laminectomy has been performed. The corset brace is normally optional and does not need to be worn at all times.

NECK BRACE/LUMBAR BRACE

After a fusion is performed, bracing is usually prescribed for 3 months. You will be scheduled for an appointment, to be fitted for your brace, prior to your operation.

Usually the brace can be removed and replaced while standing at the bedside or lying down. In addition, patients are generally allowed to use the restroom without having to apply the brace. However, longer periods out of bed or the recliner should be spent with the brace snugly applied.

HOME HEALTH CARE:

A home health care agency will be assigned to you by Jagannathan Neurosurgery. You do have the right to request a specific facility. However, keep in mind, that your insurance may put restrictions on your choices. Allow the nurse to contact you regarding your home care.

Your home health care will visit you the day after you are discharged from the hospital.

Contact the home health care you are assigned if you have further questions.

OCCUPATIONAL/PHYSICAL THERAPY:

You will be evaluated by a therapist associated with your home care. The determination of occupational/physical therapy is made based on your preoperative condition.

Occupational/Physical therapy is generally not necessary except to:

- Provide strengthening if weakness is present.
- Provide a home exercise program for overall back strengthening and improved flexibility.

Laminectomy

- Physical Therapy is often prescribed in the hospital after surgery for assistance with walking and general strengthening.
- Home or Out-patient Occupational/Physical Therapy may also be prescribed if indicated.

Fusion

- Physical Therapy/Occupational Therapy will be prescribed in the hospital and is, usually, also ordered at home or on an outpatient basis.
- A conditioning program will likely be started once the brace is no longer necessary, after the 3-month recovery phase.

X – RAYS:

- If a fusion is performed, follow-up x-rays are necessary
- Your first post-operative x-ray will be performed before you are discharged from the hospital.
- A follow-up x-ray will then be performed in 3 months to evaluate the instrumentation and the alignment of your spine. Subsequent x-rays are often required after this point (often yearly) to monitor the instrumentation and fusion.
- Have the x-rays taken as close to the appointment as possible (1-3 days) and bring the disc with you to your 3 month follow-up appointment. It is helpful to bring all the discs you have for comparison; pre-op and post-op.

POST OPERATIVE MEDICATIONS:

Narcotic analgesics will usually be prescribed for the early post-operative period. Muscle relaxants will most likely be helpful and also prescribed.

NSAIDs (non-steroidal anti-inflammatory drugs) are helpful in reducing the requirements for narcotic analgesic medications and may also be prescribed. Over-the-counter NSAIDs can be used instead of prescription-strength NSAIDs. But, NSAIDs (e.g. Ibuprofen, Motrin, Advil, Aleve, Naprosyn, Diclofenac, Voltaren, etc.) impair the fusion process and are not allowed for 6 weeks after a fusion. However, there is evidence to suggest that some of the newer medications such as Celebrex may not be a problem, although we still do not recommend taking them initially after surgery.

**** Prescribed medications will be given for a 3-month duration, post operatively. After this 3-month period you must return to your primary care physician or pain management physician for any further prescription medications.**

****Note: If you notice you are running low on prescription medications, please communicate with the nurse.**

****Note: For West Branch and Sault Sainte Marie patients please expect 4-5 days for your new prescriptions to arrive via mail; due to the physician being based out of our Troy office, and the prescription being a narcotic.**

****Note: Please keep holidays and weekends in mind when requesting refills.**

DRIVING OR FLYING:

****Do not drive or operate heavy machinery while taking narcotics.**

We always recommend seeing your primary care doctor before embarking on any trip to ensure that your general medical condition is safe to drive or fly.

For most minimally invasive surgery patients, you may begin to drive once you are sufficiently comfortable to do so and no longer require prescription narcotic medication.

Avoid sitting for more than 1 hour and, if necessary, make stops every hour to walk around for a few minutes.

For patients from out-of-town or out-of-country, who must fly, we prefer that you remain in the area for at least 3 days post-operatively. First or Business Class seating accommodations are much preferred when returning to your home. For all others (including Spinal Cord Tumor patients), we recommend delaying plane trips for at least 2-6 weeks unless absolutely necessary.

DISABILITY:

Our office is happy to help you with temporary disability for the duration of three months post-operatively. If you are requesting to be off work until your surgery it is the responsibility of your primary care physician. If you are requesting disability to extend beyond the three month post-operative period it is the responsibility of your primary care physician.

Please deliver all necessary paperwork to our office concerning your surgery, from your employer or insurance company, as soon as possible. This will allow enough time for the nurse to complete the forms/paperwork.

THANK YOU FOR WORKING WITH US!!

Please feel free to contact our office with any questions or concerns
regarding your surgery.

(989) 701-2538/West Branch Office

(248) 792-6527/Troy Office

(906) 253-1341/Sault Sainte Marie Office

Our office hours are 9 am to 5 pm, Monday through Friday

Nursing Line:

(989) 528-9493/Carol RN/West Branch Office

(734) 218-6816/Nicole RN/Troy Office

(906) 762-4290/Amanda LPN/Sault Sainte Marie Office

For emergencies, including falling, bleeding, extreme pain, vomiting, high fevers, please seek immediate medical attention at your local **Emergency Room**.