

University of Florida - Department of Neurosurgery

Postoperative Care Following Spine Surgery:

Dear Patient:

You have recently undergone spine surgery and are now ready to go home. These written instructions are intended to help you as you recover quickly.

If you have ANY QUESTIONS about your condition prior to discharge, please ask your doctor. In particular, if you have any concerns about going home discuss them now— we don't want you to go until you're completely comfortable leaving the hospital.

If you have ANY QUESTIONS about your condition after you go home, call your doctor. The number is 352-273-9000 and will be answered 24 hours per day. During regular working hours, a secretary will connect you with your doctor, one of his partners, or one of our nurses. At night or on weekends, the answering service will connect you with the resident on call. DO NOT HESITATE to call. We want to help you with any problems.

Wound Care

Your incision is held together with suture (thread) under the skin, which will dissolve with time, and with staples. You do not need to put any medication (like Neosporin or Vitamin E) on the wound. Scrubbing of the wound should be avoided until the staples come out. Usually the staples are removed by a nurse or doctor of your choice about 10-14 days after surgery. If your doctor wants the staples to remain in longer, he will tell you. Potential wound problems include the following:

Infection — If the wound becomes red, tender, swollen, or warm, it may be infected. Infection is often accompanied by fever. If you think your wound might be infected, call your doctor.

Drainage — Fluid should not drain from your wound. If it does, call your doctor. Colored fluid may indicate infection. Clear fluid may indicate leakage of spinal fluid. Call your doctor immediately.

Dehiscence — If the wound doesn't heal properly, it may open up along the staple line. This is called dehiscence. Call your doctor.

Sutures — Occasionally, one of the buried threads (sutures) may work through the skin. They are usually blue in color. If you think this has happened, call your doctor.

Swelling — Spinal fluid or blood may collect under the skin. This is usually harmless but needs to be evaluated. Call your doctor.

Neurological Deficit

Neurological deficits are problems with spinal cord or nerve root function like weakness, numbness, bowel/bladder disturbance. These deficits may be present before or after spine surgery. Prior to discharge, your doctor will make sure that all treatment needed to help you recover from such deficits has been instituted. He will also make sure that these deficits are stable or improving.

After you go home, if you think any of your problems are getting worse it may be a sign of bleeding, infection, or other problems. Call your doctor and he will order tests and prescribe treatment as needed.

Deep vein thrombosis/pulmonary embolus

Some patients who undergo surgery develop blood clots in the veins of the legs. These clots can cause pain or swelling in the legs or may cause no obvious problem. They can break free from the legs and travel to the lungs, causing shortness of breath and/or chest pain.

If you develop pain or swelling in your legs after surgery, call your doctor. If you develop breathing problems or chest pain after surgery, call 911.

Medication

It's important to take your medication exactly as prescribed. Some patients are reluctant to take pain medication. It is perfectly fine to take pain medication for several weeks after surgery. We want to eliminate pain whenever possible. Many pain medications can cause nausea or constipation. Nausea may be minimized by taking the medication with food. Constipation can be relieved by taking stool softeners and/or laxatives, which you may purchase over the counter, as needed. Sometimes patients develop an allergy to a medication which was started during hospitalization. Most frequently an allergy will cause an itchy rash. Call your doctor if you think you might be having an allergic reaction.

Activity Restrictions

In general after surgery you will be on restricted activities for several weeks to several months depending on the nature of your operation. You should avoid heavy lifting (over 10-15 lbs.), bending, stooping for six weeks after surgery, or until released by your neurosurgeon. You may return to driving when you feel comfortable enough that you can safely handle your vehicle. You cannot drive if you are still taking narcotic pain medications. This may be as early as 10 — 14 days, but could be longer as instructed by your neurosurgeon. After surgery you may gradually increase your activities, as you are able to tolerate.

Walking is an excellent low impact exercise to begin after surgery. You should try to make regular walks of 15 to 30 minutes part of your post—operative recovery as you become able to do so- It typically requires a period of days to a few weeks to reach this level of activity and should be done in a gradual fashion.

Returning to work will depend on your job requirements. In general, you may return to light duty work as soon as you feel comfortable and are not taking routine narcotic pain medications.

Braces

If a brace or a collar has been given to you for post-operative recovery you should use this while your spine heals. The collar should fit snugly and limit movement of your neck when properly worn. Neck braces may be removed for personal hygiene like washing and shaving, but should be worn at all other times until your neurosurgeon tells you to stop wearing it. If the brace causes significant redness, blistering or breakdown notify your neurosurgeon as soon as possible in order to correct the fit of the brace.

Back braces are likewise used while the spine heals. They should fit snugly and restrict movement of the back when properly fitted. Unless otherwise instructed, these braces should be worn when out of bed and may be removed for washing or bathing. Back braces do not need to be worn when in bed unless specifically instructed by your neurosurgeon. If the brace causes significant redness, blistering or breakdown notify your neurosurgeon as soon as possible in order to correct the fit of the brace.

HOW TO CONTACT YOUR DOCTOR:

Your doctor and his team did your surgery and, therefore, are likely to know more about your condition than any other physicians. We are immediately available to help you with any problems after surgery. Please call us for ANY CONCERNS, at the following numbers:

Department of Neurosurgery: 352-273-9000 (answered 24 hours a day)

Shands Hospital Paging Operator: 352-265- 0111 (alternative emergency number for on-call neurosurgeon)