



Davis Spine & Orthopaedics

Spine and Orthopaedic Surgeon
Board Certified and Fellowship Trained

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Lumbar Fusion Discharge Instructions

When to call 911:

- **If you are experiencing shortness of breath or chest pain, CALL 911.**
- **If you are having swallowing problems that interfere with your ability to breathe, call 911 and go to the ER. You MUST also contact the office to make us aware of your trip to the ER as we have no other way to know you are there.**

When to call the office: (even if it is after hours – call before going to the ER)

- **If your temperature exceeds 101.5° F.**
- **If your incision begins to separate.**
- **If your incision begins to drain more than it did at your time of discharge and/or you have drainage that is soaking through your dressing after one hour.**
- **If you have an increase in pain, swelling, or redness around the incision.**
- **If you have difficulty with controlling your bowel or bladder (not constipation).**

Discomfort:

- Pain -After surgery, pain is managed with narcotic medication. Because narcotic pain pills are addictive, they are used for a limited period (3 days).
- Constipation – Regular use of pain medication can cause constipation. You should drink lots of water and eat high fiber foods. Laxatives (e.g., Dulcolax, Senokot, Milk of Magnesia) can be bought without a prescription. Thereafter, pain is managed with acetaminophen (e.g., Tylenol). You may also use NSAIDs like Ibuprofen, Motrin, Aleve, or Naproxen if you have no contraindications to NSAIDs.
- Hoarseness, sore throat, or difficulty swallowing may occur in some patients and **should not be cause for alarm**. These symptoms usually resolve in 1 to 4 weeks.
- It is usual to experience some continued back and leg pain. This should progressively improve. Often, cramping pain or soreness is associated with increasing your activities too quickly. If this happens to you, try restricting your activities for a day or so which will often help dramatically. If there is a return of severe pain call the office.

Restrictions:

- **DO NOT** take NSAIDs or steroids (i.e.- prednisone, motrin, ibuprofen, aleve).
- **DO NOT SMOKE!** – This may prevent your spine from fusing and surgery will have been a waste of time, yours and mine.
- Wear brace when out of bed, you do not need to sleep in it. If you get up to use the bathroom during the night, you do need to put the brace on.
- Motion restrictions – No trunk flexion, extension, side bending or rotation.
- Log roll in and out of bed.
- Do not lift, stoop, stretch, or bend during the early period following surgery. If you must lift an object, bend at the knees.
- Do not lift anything heavier than 10 pounds (e.g., gallon of milk).
- Do not drive for 12 weeks after surgery or until discussed with Dr. Davis. You may ride in a car, but avoid long trips until after you have returned for a follow up visit. Never drive while using narcotics.

- Avoid sitting for long periods of time and avoid overstuffed or extremely soft chairs. A firm, hardback chair is best.
- Housework and yard-work **are not permitted** until the first follow-up office visit. This includes gardening, mowing, vacuuming, ironing, and loading/unloading the dishwasher, washer, or dryer.
- Postpone sexual activity until your 8 week follow-up appointment. If x-rays look good at this visit, you may resume sexual activity as a passive participant.

Activity:

- Nap if you are tired but **DO NOT** stay in bed all day.
- Use the incentive spirometer (breathing device) provided by the hospital, if applicable – once each hour while you are awake for 2 weeks after surgery.
- You may need help with daily activities (e.g., dressing, bathing), however most patients are able to care for themselves right away.
- Gradually return to your normal activities. Walking is encouraged; start with a short distance and gradually increase up to 1 to 2 miles daily.

Bathing/Incision Care:

- You should change the dressing daily for about two weeks. **Do not apply any creams or ointments for the first 4-6 weeks.**
- Sutures are placed under the skin and will be absorbed by your body. There will be small pieces of adhesive tape superficially which can be removed in about 14 days. If these become dirty or sticky, they may be removed earlier.
- You may shower 5 to 7 days after surgery. If the incision gets wet, pat it dry with sterile gauze. Once dry, cover with a dry sterile dressing.
- No tub baths, hot tubs, or swimming pools until you are told it's safe to do so.

Recovery and prevention:

We will see you for a follow up 2 weeks after your surgery. Recovery time generally lasts 6 to 12 weeks with improvement each week. We will discuss the type of work you do at your follow up visits and we will decide together when to release you back to work.

Recurrences of back pain are common. The key to avoiding recurrence is prevention:

- Proper lifting techniques
- Good posture during sitting, standing, moving, and sleeping
- An ergonomic work area
- Healthy weight and lean body mass
- **No smoking**