

## **Instructions after Posterior Lumbar Fusion**

### Hospital Stay after Surgery:

1. The night of surgery will be roughest. I want you to rest in bed. You will have a bladder catheter to catch urine. You can roll around in bed but do not use the trapeze handle.
2. The next day after surgery, I want you up and walking. It will be slow at first, and you will need assistance to get up. Remember, you can sit up on the side of bed to put on your back brace, then stand. The first day you may only walk for a few minutes, but each day I want you to increase your walking so by the third day after surgery, you should be able to walk around the nursing floor several times a day. **KEEP TRYING.**
3. While I encourage you to walk, your sitting is limited to 30 minutes, up to four times a day. So you can sit for meals, toilet, and short rest periods throughout the day. The rest of the time, your body should be straight, such as standing/ walking or lying down. You can rest standing up when walking. You do not need to be totally flat when lying down. You may have up to two pillows behind your head and one under your knees.
4. Go slow with food. The first day you may be nauseated so I may only order ice chips or juice. As your stomach recovers, I will gradually advance your diet.
5. The bladder catheter will come out when you can walk to the bathroom, usually the second day after surgery. Removing the catheter is **PAINLESS.**
6. Expect blood tests for the first three days. This is to test your blood count, things like sodium, potassium, and sugar levels.
7. For going home, I will arrange for a hospital bed at your home, transportation if necessary, and special devices to use at home. Sometimes, home physical therapy will be ordered.
8. The nurses will do a dressing change with a family member prior to discharge. I will leave schedule for showers and dressing changes at home with discharge instructions.

### At Home:

1. For the first two weeks at home, I want you to limit going up and down stairs to once a day. Climbing stairs will not damage the surgery but may aggravate the muscles.
2. Continue to do walking exercises. The more the better. Be sure to walk in safe, clean, and dry area with a flat surface.
3. Before you leave the hospital, I will discuss the schedule for dressing changes and showering. Wash hands before and after the dressing change. Steri-strips will be covering the wound. **DO NOT REMOVE THE STERI-STRIPS.** Put new sterile gauze over the steri-strips then apply the clear sticky dressing over the gauze. Keep the sticky dressing above the buttocks but low enough to securely cover and hold the gauze.
4. Shower according to my schedule. When you shower, keep the dressing in place. The clear dressing is water-tight. Take quick shower (5 minutes) without bending back or legs too much. After drying-off, remove old dressing and apply new gauze and sticky dressing. Wait two days before the next shower and next dressing change. So you can shower every other day after the first one, change dressing right after the shower. Keep this schedule until you return to see me in the office.

### First six weeks:

1. No driving a car unless there is an emergency. You can ride in a car, but recline the seat back halfway to decrease the angle of sitting and the pressure on the lower back.
2. No sexual relations.
3. No hottubs or tub bath.
4. Wear back brace when out of bed. The only exception is when you are up for a short period, such as going to the bathroom or answering the telephone. If you are going to be up for more than ten minutes, use the back brace.
5. No exercises, except walking exercises, unless prescribed by me.
6. Limit sitting to 30 minutes at a time, four times a day.

#### First three months:

1. No working.
2. No aspirin (unless needed for heart condition) and anti-inflammatory medication, such as Motrin, Advil, or Alleve. Tylenol is OK, but ask me about use of pain medication.
3. Use elevated toilet seat.
4. No bending, twisting, or lifting objects over ten pounds.

#### Signs and Symptoms to Watch for:

1. Any increase in swelling or redness around the wound.
2. Any cloudy, foul-smelling, or reddish drainage from the wound.
3. Any new numbness, tingling, or weakness in the leg, foot, or toes.
4. Any temperature over 100 degrees F.

If any of these conditions occur or if you have any question, contact my office at: 708-799-1144.

#### Miscellaneous:

1. Some pain in the back and leg is expected. Depending on your condition, some decreasing sensation may last since sensation nerve fibers are the most delicate and vulnerable to damage. Some occasional tinges of pain may occur in the back or leg which does not last long during the first three to six weeks after the surgery.
2. Do not do any exercise program right after surgery unless prescribed by me. Depending on your condition, you may or may not need physical therapy after the surgery.
3. As you heal and recover, your activity restrictions will gradually lessen. Do not try to do too much within the first few weeks of surgery. When appropriate, we will discuss your return to work and if restrictions are needed.
4. As the surgical pain decreases, I recommend you cut down the use of pain pills. These medications have side-effects and are meant only for short-term use. Usually the pain decreases enough by second week so only occasional use is necessary.
5. We will check Xrays on routine visits at two weeks, six weeks, three months, six months, and one year after surgery.
6. If hardware was used, it is designed to stay in for the rest of your life. Sometimes, it can cause superficial irritation and may need to be removed. Since the hardware is titanium, it will not set off metal detectors.

If you have any question or problem, please call my office: **708-799-2911 or 219-836-4955 and speak to Joann.**