

Lumbar Spine Patients

Postoperative Discharge Instructions

Follow-Up Appointment

Please arrange a follow-up appointment with Dr. K three weeks from the date of surgery. At your follow-up visits, your neurologic function and incision will be examined, and x-rays may be obtained. If any scheduling difficulties arise, please contact our office.

Incision Care and Hygiene

Your dressing will be removed on postoperative day #3. If the wound is dry, you may start showering on postoperative day #4. You are encouraged to shower daily. After showering pat the incision dry. You may not immerse your wound in water, i.e., no bathtub, hot tub, swimming pool, etc., until your incision is fully healed into a scar. Please do not apply any ointments or creams. If there is continued drainage from your wound, then daily dressing changes will be necessary until the drainage fully ceases. If additional dressing supplies are needed, these will be provided at the time of discharge. Surgical tapes or Steri-strips may be present over your incision to aid in holding the skin edges together. Allow these to fall off on their own. If your wound has been closed with staples, these will be removed at the time of your follow-up appointment in our office.

Inflammation

Please take your temperature every afternoon for the first week after you are discharged from the hospital. Call your surgeon if:

- your temperature taken by thermometer, is more than 101.5 degrees,
- your incision becomes reddened, swollen or any drainage occurs, or
- your pain increases out of anticipated parameters.

Nutrition

A well-balanced diet is necessary for good healing and recovery. This includes food from the four basic food groups: dairy products, meat, vegetables and fruit. We recommend that you supplement your diet with a multivitamin pill on a daily basis. Use of narcotic pain medication and prolonged rest may cause constipation. Drinking plenty of fluids and eating high fiber foods (whole grains, raw fruits and vegetables) will help regain normal bowel function.

Home Pain and Medication

When we surgically relieve pressure from an inflamed, damaged nerve it does not recover instantaneously. The surgical procedure does not heal the nerve, only the body is capable of that. The goal of surgery is to create the best possible environment for the body to heal itself and to prevent further damage. This will take a variable length of time depending on the duration and degree of nerve damage and the body's own healing abilities. Most of the healing occurs in the first few months. Pain, weakness, or numbness lasting more than six months will likely be permanent. Everyone has a different pain tolerance that will dictate the amount of pain medication required. A decreased dose and less frequent use of pain medication will occur during your recovery period. A gradual weaning of medications should begin as soon as possible, generally within 2 to 4 weeks. Conservative use of narcotic pain medication is advised. One should try non-narcotic medication, such as Tylenol and reserve narcotics for more severe pain.

Narcotics will not be considered for refills on weekends, holidays, or after office hours.

Home Activity

Your recovery is an essential part of your surgical process. Following these guidelines and the instructions given to you by your physician and nurse will provide you with the best opportunity to return to your desired activities as completely as possible.

The First Week

- Early to bed, late to rise and frequent rest periods throughout the day. Get at least 8 hours of sleep each night. A disrupted sleep pattern is common after discharge from the hospital and will return to normal over time.
- You may not drive, but you may be driven, for short distances, using proper restraints such as shoulder and lap belts.
- No bending or twisting. No lifting of more than 4 pounds
- May climb stairs with hand rail
- Avoid sitting for longer than 20 minutes at a time.
- Wear your brace as instructed.
- Begin a daily walking program with 1 to 2 blocks initially; schedule a daily time and increase distance daily.
- Eat a regular, balanced diet.
- Take medications as prescribed, using narcotics as needed. Please **do not** take Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) such as Motrin, Advil or Aspirin unless it is prescribed by Dr. K.

The Second Week

- Resume normal rising and retiring schedule, but continue to rest throughout the day.
- You may not drive.
- No bending or twisting. No lifting of more than 4 pounds
- May climb stairs with hand rail
- Continue scheduled walking, increasing distance and frequency as able.
- May resume sexual relations when comfortable.
- Begin narcotic weaning as pain diminishes, relying mainly on non-narcotic medications

The Third Week

- Resume normal rising and retiring schedule, resting as needed.
- May resume light work around the home; lifting not to exceed 10 pounds.
- Continue scheduled walking.
- Follow-up in the office with your physician or physician assistant, as scheduled, for further instructions.

The Fourth Week

- Resume normal rising and retiring schedule, resting as needed.
- May resume light work around the home; lifting not to exceed 10 pounds.
- Continue scheduled walking.

Disability

The usual period of recovery is 6 to 12 weeks, but complete healing may take 6 months and in rare cases as long as a year. Some patients may return to work sooner than others depending on their job, response to surgery, and ability to perform other lighter tasks in the work place. Physician approval is required prior to returning to work. If your employer requires documentation of your work status, our office will provide the necessary information to your employer or other concerned parties. All disability matters may be handled by contacting our office.