
DISCHARGE INSTRUCTIONS

Cervical Spine Surgery

Dr. Bryce Basques

Name: _____

Surgery: _____

Pharmacy: _____

Pain

After surgery you may experience pain in the region of the incision. Some neck and arm pain as well as tingling or numbness may also be present. Initially it may be of greater intensity than pre-operatively, but will usually subside over time as the healing process occurs. This discomfort is caused from surgical retraction of tissue as well as inflammation and swelling of the previously compressed nerves.

Swallowing

If you have had an anterior (from the front) cervical fusion, swallowing may be difficult for a while. This is from manipulation of tissue and the presence of the breathing tube for anesthesia. The sore throat usually will subside within a week. The swallowing difficulty may take longer. Using throat lozenges or lemon drops, sipping cool liquids, or sucking ice chips may soothe this pain. Initially drink liquids and eat soft foods and progress to well-cooked foods that are cut finely.

Activity

Early activity after surgery is extremely important to help prevent the complications of prolonged bed rest such as pneumonia and blood clots. It also promotes recovery, relieves muscle stiffness, allows for development of a well-organized scar, and improves your outlook.

Avoid the following activities until Dr. Basques discusses your return:

- Lifting more than 10 lbs
 - Any overhead activities
 - Twisting or bending your neck to the extreme ranges of motion
 - Impact exercises such as running and CrossFit
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Collar Use

You may be given a hard and/or soft cervical collar. The collar should fit snugly. You should wear the collar at all times for the first 72 hours after surgery (including while in bed). After that, you only need to wear it while you are out of bed until advised to stop by Dr. Basques.

Home Medications

Resume taking all your regular medications prescribed by your primary physician unless otherwise instructed. Generally you can restart baby aspirin after surgery. We request any other blood thinners are held for at least 72 hours after surgery.

Incision Care

There is no need to change the dressing until your first follow up appointment with Dr. Basques' office. If your dressing becomes stained or soiled, then it is ok to replace it using dressing supplies from your local pharmacy.

Do not apply any ointments or creams.

You may remove the bandage and shower on the 5th day after surgery. You may get the incision wet from a shower and you need not place bandages over it any longer. Pat the incision dry. But do not submerge the incision in water for at least 6 weeks after surgery, and after given the OK by Dr. Basques' office.

If you notice drainage, redness or any increased tenderness, then remove your dressing, take a photo and notify Dr. Basques' office.

Same Day Discharge

Some neck surgeries require very little time in the hospital. If you are scheduled as an outpatient, and are discharged the same day of surgery, you will need to await 6 hours after surgery before you can leave the surgical center/hospital. You will need to have a ride arranged to pick you up. Please plan accordingly.

Constipation

Several factors can contribute to constipation after surgery. Drink plenty of fluids and make sure your diet includes fruits, vegetables, and other items high in fiber. If you do not have a bowel movement after several days you may try over the counter laxatives. If constipation continues, please contact our office.

Drains

Sometimes, we place a drain near the incision to prevent the pooling of blood near the spine. If we decide to send you home with a drain, we will set you up with an appointment to come into clinic the day after discharge to get the drain removed.

While you have the drain at home, make sure it doesn't accidentally get pulled out. Some amount of drainage is expected, however if the container gets very full, call the office so they can let Dr. Basques know.

Pain Medications

You will be prescribed a few types of pain medications after surgery. These may include:

- Tylenol - Helps with pain, and boosts the effects of other meds.
 - Do not take more than 4000 mg per 24 hours
 - Take less than 2000 mg per 24 hours if you have liver problems
- Ibuprofen (over the counter) - Helps relieve inflammation and pain,
 - DO NOT TAKE IBUPROFEN IF YOU HAD A FUSION SURGERY**
- Gabapentin – Helps calm down nerve related pain Steroids – Helps relieve inflammation
- Muscle Relaxants (Flexiril, Baclofen, Valium, Tizanadine) – Helps with spasms and muscle pains
- Narcotics (Norco, Oxycodone) – The major pain relieving medications.

Narcotic Medication Guidelines

Narcotics are very effective at relieving post operative pain. But they are addictive and have life-threatening side-effects if too many are consumed.

As you start to have decreased pain levels 2-3 days after surgery, we recommend you start spacing out the dosing of the narcotics (go from every 6 hours to every 8 hours to every 12 hours). We expect you to come off of these medications within 2-4 weeks of surgery.

Narcotics are very effective for pain relief by may cause other side effects. The possible effects vary among patients and may include: sleepiness, nausea, constipation, flushing, sweating, and occasionally euphoria or confused feelings. If these occur, call Dr. Basques' office.

Take your narcotic medication about 30 minutes before you know you are going to increase your activity. Its best to stay ahead of the pain, rather than waiting for the pain to get severe.

Do not drink alcoholic beverages while taking prescription pain medications. Do not drive while taking any narcotic pain medications.

If you have any questions regarding these medications, please check with the nurse before discharge or contact your physician.

Refill Policy

We will be happy to refill most pain medications up to 6 weeks after surgery. Please allow 24 hours for refills. Please be mindful of upcoming weekends and holidays if your supply is running low.

If you still find that you still need narcotic pain medications more than 6 weeks after surgery, there is concern that you may be developing chronic pain or dependence. We will be happy to refer you to a pain medicine specialist, or your primary care physician to help treat this before prescribing more.

When to Call the Office for Help?

Call your doctor if you have any of the symptoms below:

- Increasing pain, numbness, or weakness in your arms or legs
- Temperature greater than 101.0 F
- Increased redness, swelling or tenderness around your incision
- If the drain container gets completely full after discharge.
- Any drainage from the incision, especially if it is yellow/green or purulent
- If the skin edges of your incision start to come apart
- Severe headache, especially if associated with nausea or vomiting
- Swelling, redness, tenderness, or increased warmth of your calf or thigh
- Sudden onset of anything that does not seem right
- If you notice any neck swelling

Call 911 or Go To the nearest Emergency Room:

- Sudden difficulty breathing
- Chest pain

Contact Information

For any questions or concerns, any time of day, please call the
University Orthopedics office at

(508) 828-5845

If you believe you are having an emergency, please call 911 or head to the nearest emergency department.

SAMPLE RECOVERY PLAN

Cervical Spine Surgery

Dr. Bryce Basques

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

Week 1

- 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.
 - Begin a daily walking program with 1 to 2 blocks initially; schedule a daily time and increase distance daily.
 - Eat a balanced diet.
 - Take medications as prescribed, using narcotics as needed. Start spreading out of the timing between doses
 - Practice good neck posture and **wear your collar** as instructed.
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Week 2

- Resume normal rising and retiring schedule, but continue to rest during the day.
 - You may not drive, but you may be driven.
 - No lifting of anything weighing more than 15 pounds.
 - Continue scheduled walking, increasing distance and frequency.
 - May resume sexual relations when comfortable.
 - Begin narcotic weaning as pain diminishes, relying mainly on non-narcotic medications
 - Follow-up in the office with your physician as scheduled, for further instructions.
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Week 3

- Resume normal rising and retiring schedule, resting as needed.
 - You may consider driving if you have not needed any narcotic medications for the last 24 hours.
 - May resume light work around the home; lifting not to exceed 15 pounds.
 - Continue scheduled walking.
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Overall Recovery / Disability

The usual period of recovery for neck surgery is 8 to 12 weeks and complete healing may take from 3 to 6 months. 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.