
DISCHARGE INSTRUCTIONS

Lumbar Spine Surgery

Dr. Bryce Basques

Name: _____

Surgery: _____

Pharmacy: _____

Pain

After surgery you may experience pain in the region of the incision. Some back and leg 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.

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:

- Avoid bending and twisting at the waist. No bending more than what is required to get dressed. No twisting more than required to toilet (wipe yourself).
- No sitting for more than 1 hour at a time. Walk and/or change position before returning to a sitting position.
- Lifting more than 10 lbs
- Impact exercises such as running and CrossFit

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.

Brace Use

You may be given a hard and/or soft back brace after surgery. The brace should fit snugly. You should wear the brace while you are out of bed until advised to stop by Dr. Basques.

Same Day Discharge

Some lumbar 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 demonstrate that you can walk and you can urinate 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.

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.

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.
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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 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 to a severe level, call Dr. Basques' office.

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

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 to take care of your pain 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, then there may be concern that you may be developing chronic pain or dependance. We will be happy to refer you to a pain medicine specialist, or your primary care physician to help treat this before prescribing more.

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.

When to Call the Office for Help?

Call Dr. Basques' office if you have any of the symptoms below:

- Increasing/new severe pain/numbness
 - Temperature greater than 101.0F
 - Increased redness, swelling or tenderness around your incision
 - Any drainage from the incision, especially if it is yellow/green or purulent
 - If the drain container gets completely full after discharge.
 - If the skin edges of your incision start to come apart
 - Severe headache, especially if associated with nausea or vomiting
 - Decreased muscle strength in your arms or legs
 - Trouble controlling your bowel or bladder that you did not have before surgery
 - Swelling, redness, tenderness, or increased warmth of your calf or thigh
 - Sudden onset of anything that does not seem right
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Call 911 or Go To the nearest Emergency Room:

- Sudden difficulty breathing
 - Chest pain
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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

Lumbar Surgery

Dr. Bryce Basques

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. You may gradually increase your activity as tolerated. You should walk and may go up and down stairs. Always ensure that stairs are clear of objects. Avoid the use of floppy slippers. You should avoid lifting anything heavier than a gallon of milk (or approximately 10 pounds) for the first 6 weeks. Avoid bending and frequent lifting as much as possible during the first 6 weeks. Do not wash walls, windows or floors, vacuum or lift heavy laundry or grocery bags. Do not mow the lawn or shovel snow. Do not begin sports or gym activities until cleared to do so by your surgeon.

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.
 - Begin a daily walking program with 1-2 blocks initially; schedule a daily time and increase distance daily.
 - Take medications as prescribed, using narcotics as needed. Start spreading out of the timing between doses
 - Eat a balanced diet.
 - Take medications as prescribed, using narcotics as needed.
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Week 2

- Resume normal rising and retiring schedule but continue to rest during the day.
 - 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.
 - May resume light work around the home; lifting not to exceed 10 pounds. No repetitive bending or twisting.
 - Continue scheduled walking and may resume cardiovascular activities such as walking on a treadmill and elliptical machine or riding a stationary bike.
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Overall Recovery / Disability

The usual period of recovery for lumbar surgery is 4 to 6 weeks for decompressions and 8 to 12 weeks for fusions. Complete healing may take 6 to 9 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 workplace. Physician approval is required prior to returning to work.