

# Spine Decompression Discharge Instructions

**Although post-operative recovery is somewhat different for everyone, here are some helpful guidelines for the first few weeks after your surgery.**

**For symptoms that seem life-threatening, call 9-1-1 immediately.**

**Please call us at 303-403-6628 for:**

- A temperature of 101 degrees or higher
- Chills with shivering
- Headaches or neck stiffness
- Confusion or changes in behavior
- Weakness, numbness, or tingling
- Bowel or bladder incontinence
- Inability to keep down food or fluids
- Increasing redness, swelling, and drainage of blood or fluid from an incision site
- Inability to urinate or have a bowel movement
- Increasing drowsiness
- Extreme back pain

**Please understand that if you call outside of normal office hours for these issues, you will be sent to the ER or told to follow-up on the next business day.**

**Do NOT call our office after hours for pain medications or muscle relaxants. We cannot call this in to your pharmacy. If you need new or a refill of medications, you will need to come to our office during business hours or go to the ER.**

#### **Post-operative instructions:**

- **Ride home:** You must arrange a ride home from the hospital with a responsible adult. You are not allowed to drive yourself and we will not let you go home by taxi. Expect to be discharged a few hours after the surgery. If you are experiencing a lot of pain, you may stay in the hospital overnight and be discharged the following day.
- **Pain control:** Expect to take extra pain medications after surgery. Most of our patients have been using some pain medications before surgery. You should expect to need more afterwards. You will be given a prescription for pain medications upon discharge from the hospital. Sometimes you will be given muscle relaxants. It is appropriate to take pain medications with muscle relaxants as they are designed to work together. Due to new Colorado regulations, you will only receive 1-2 weeks worth of medications.

Make certain that you take your medications with food. Do not take ibuprofen or aspirin until 3 months after surgery. Please note that many prescription pain medications (such as Norco, Percocet, or Vicodin) contain acetaminophen (Tylenol). Do not take extra Tylenol while you are taking these medications. When you feel that you no longer need your prescription pain medications, you may take Tylenol as directed for any continued pain. We can give you a prescription, but are unable to give you actual pain pills to take home after surgery. You will need to stop by a pharmacy on your way home from the hospital to fill the prescription. You may find that ice or heat packs may help your pain. Place ice in a bag to avoid getting your incision or bandage wet, and avoid placing ice directly on the incision. Do not fall asleep with ice or a heating pad on your incision as this could lead to frostbite or a severe burn. It is best to only apply ice or heat for 10 minutes at a time, followed by at least a 15 minutes break before reapplying.

- **Incision care:** You will have one or more incisions on your back with staples, sutures (stitches), or “skin glue” (Dermabond). The staples or sutures will be removed at your post-operative clinic visit 10 to 14 days after surgery. If you have “skin glue” it will come off on its own after a few weeks. You may begin to take a shower 3 days after surgery. Do not scrub the incision itself or attempt to clean it with soap. You may allow soap and water to run over the incision. **Otherwise, avoid touching your incision as much as possible. Do not put any medications or other skin products/ lotions on your incision unless instructed to do so.** Do not submerge your incision in water (swimming, baths, etc.) for four weeks after surgery. If you have “skin glue” and the edges start to come up, do not peel the edges or attempt to remove anything. It’s best to leave it alone and let it come off on its own.
- **Lifting:** Do not lift, push, or pull more than 10-15 pounds for four weeks after surgery. Avoid

bending, twisting or turning. Over-activity could cause a disc herniation to re-herniate.

- **Activity:** It is important to get out of bed and move as soon as possible after surgery to avoid developing problems such as blood clots or pneumonia. This also helps stretch out your muscles that are tight after surgery. Walk with assistance if you feel unsteady. It is a good idea to have a bed on the first floor of your house. You will want to be near a bathroom and you will want a telephone nearby. You may walk up stairs if needed and you feel steady. Get plenty of rest. Avoid rigorous activity for 4 weeks after surgery. You may walk, but do not do anything for the purpose of exercising. Fatigue or back pain is a sign that you are doing too much too soon.
- **Work:** Plan to be away from work for 4 to 6 weeks after surgery for recovery. If you can work from home, you may be able to work at a computer or desk earlier. However you may find it is hard to sit for long periods of time.
- **Driving:** You may drive 2-3 weeks after surgery if you are no longer taking narcotic pain medications, your pain is under control, and you do not have stiffness or weakness. Do not plan on driving before your first post-operative appointment 2-4 weeks after surgery.
- **Smoking:** Absolutely no smoking following surgery. You should also avoid smoking before surgery. Smoking has been proven to limit incision healing. Smoking may affect the outcome of your surgery.
- **Medications to avoid:** Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) may inhibit bone healing and fusion. Examples of NSAIDs are Ibuprofen, Aspirin, Aleve, and Advil. Unless prescribed by your surgeon, do not use these medications following surgery for at least 3 months.

#### **You may experience:**

- **Nausea:** Post-operative nausea may be related to your pain medications. If possible, take the medication with food. Eat small, frequent meals and avoid spicy or fried food. If you have not had a bowel movement within a few days after surgery, you will need to minimize your pain medications and/or take other the counter stool softeners.
- **Fatigue:** It may take 6 weeks or more for your energy level to return to normal. You will probably feel very tired for the first 2 weeks then notice a gradual increase in energy thereafter.
- **Constipation:** This is a common problem after surgery due to anesthesia, inactivity, and prescription pain medications. It is helpful to increase water, fresh fruits and vegetables, fiber and bran in your diet. Also, take over-the-counter Docusate Sodium (Colace) tablets, 100 mg 1 to 2 times per day to keep your stools soft. You may decrease the amount taken if your stools become too soft. If constipation is persists, you may take over-the-counter Milk of Magnesia, an enema or rectal suppository as directed. This is preferred over heavy straining. If an enema or rectal suppository is not successful, please notify us.
- **Recurrence of preoperative symptoms:** You may be feeling fine after surgery and then your original symptoms may return or be even worse. Notify our office as soon as possible. After

removing a disc herniation, it is possible for more disc to herniate and press into your nerve. This may be initially treated with more medication or require additional surgery.

**Blood thinners:**

If you were on blood thinners such as Aspirin (325mg), Heparin, Lovenox, Coumadin, Pradaxa, Eliquis, Xarelto or Plavix, you will need to contact your primary care provider for when to resume these medications. Commonly you will need to wait 2 weeks after surgery. You may take your baby Aspirin (81mg) immediately after surgery.

**We are dedicated to making you feel better as soon as possible. Please do not hesitate to contact us with any of your questions.**