

Dr. Smitherman
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Cervical Posterior Spinal Fusion

What to expect after my surgery:

Hospital stay: You can expect to be in the hospital anywhere between 2-5 days pending your progress and possibly longer if necessary. Dr. Smitherman will round daily and check on your progress. Criteria for discharge include 1) vital signs, 2) stable walking with or without a walker, 3) urinating without difficulty, 4) pain tolerable with the oral medication, and 5) no nausea, vomiting, fever, chills, shortness of breath.

Brace: You will be wearing a back brace for 6-12 weeks. The purpose is to remind you to stand in a good posture, ensure proper body mechanics, as well as provide additional stability and support while you heal. You do not need to wear the brace in bed **UNLESS SPECIFICALLY INSTRUCTED BY DR. SMITHERMAN**. You should wear it when out of bed. You do not have to put it on in the middle of the night if you have to get up to go to the bathroom. Dr. Smitherman will discuss weaning off the brace as an outpatient.

You have metal rods and screws (made of non-magnetic titanium or cobalt-chrome so that it will not interfere with an MRI scan or a scanner at the airport) to stabilize your back as part of the surgery. This will stabilize the bones until a solid fusion has occurred.

Medication: Prescriptions will be prescribed to you prior to your surgery and sent to your pharmacy electronically. If you need a refill of any of the prescriptions, please call our clinic at (360) 709-6223 and leave a message of what medication(s) you need refilled. Please call at least 48-72 hours prior to being out of your medication as we cannot refill narcotic medications after hours or on weekends. Please check your pharmacy the day after you called to see if they have your prescription ready.

You may resume your home medications with the exception of NSAIDs (Ibuprofen, Aleve, Advil, Naproxen, Diclofenac, Meloxicam), which need to be held for 3 months as these medications delay bone healing. You may use NSAIDs such as Ibuprofen for the first 2 weeks post-surgery, then you need to stop using those until 12 weeks post-surgery. Anticoagulants must be held for 14 post surgery due to risk of bleeding.

Diet: Resume normal diet as tolerated.

Symptoms: You may experience muscle spasms, pain, numbness, weakness, or tingling that was present prior to surgery that persists. This may last a while as the nerve needs time to heal.

-Icing the incision will help with swelling and pain control. DO NOT USE HEAT PACKS ON THE INCISION AS THIS COULD CAUSE AN INFECTION.

Therapy: Occupational and/or physical therapies may be ordered as part of your recovery program in the hospital and possibly at your home (Home Health). The therapists and social workers will help you plan for this possibility. Upon discharge, walking will be your therapy. You do not need to have a formal course of therapy right away. This may be discussed at your 6-week post op appointment.

****CONSTIPATION:** Pain medication often causes constipation, take the prescribed stool softener (Colace) and MiraLAX daily as long as you are on the pain medication. You may also add Senna to MiraLAX. Limiting the number of narcotics will help improve constipation. Increase fluids, fresh fruit (prunes) and vegetables high in fiber. If you have not had a bowel movement within 1-2 days after returning home from the hospital, over the counter medication may be purchased at most drug stores: Magnesium Citrate (liquid), suppository, or enema. Start this by day 3 or 4 if unable to have a bowel movement. Please call our office for further suggestions to help with this.

For any post-operative problems or concerns, call (360) 709-6223.