



Life in Motion

Dr. Hammer
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Discharge Instructions
Thoracic and/or Lumbar Spinal Fusion Surgery

Medications:

Avoid taking Advil, Motrin, Ibuprofen, Aleve, or other NSAIDs (non-steroidal anti-inflammatory drugs) for the first 3 months after surgery.

Avoid taking blood thinners such as Aspirin, Plavix, Coumadin, Warfarin, or Argatroban **UNLESS EXPLICITLY CLEARED BY DR. HAMMER.**

You will be given a list of medications for home. This will include pain medication, a stool softener and Miralax.

You can take Tylenol for pain if you do not need narcotic pain medication, but remember that many kinds of narcotics, such as Vicodin, have Tylenol in them. Avoid taking more than 3000 mg of Tylenol (acetaminophen) in a 24 hour period

You should resume your previous medications. Any changes will be noted on your discharge medication list.

You will be given a prescription for any **new** medications prescribed in the hospital.

****CONSTIPATION:** The 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 amount 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.



Life in Motion

Incision:

Your wound will have a bandage that is made up of an aquacel bandage and/or steri-strips. The aquacel bandage is not waterproof, if it gets wet, please remove it. You may remove it post op day #4 to shower. The steri strips will fall off by themselves. There are dissolvable sutures under the skin that do not need to be removed. You will be contacted and scheduled by Dr. Hammer's office for an appointment for 10-14 days after surgery for a wound check, any residual steri-strips will be removed at that time.

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

Call the office at (360) 709-6223 if there is excessive drainage from the staples or on the steri-strip. It is normal to see some drainage on the steri-strips, but they should not be soaked with blood.

Brace:

You may have been asked by Dr. Halpin to wear a brace. 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. HAMMER.** If you have a back brace, LSO (lumbosacral orthotic) or TLSO (thoracolumbosacral orthotic) 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. Hammer will discuss weaning off the brace as an outpatient.

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

Driving:

It is best not to drive for the first 3 weeks after surgery. This is because driving involves a lot of bending, twisting, and turning of your body. You should not drive while you are taking narcotic pain medication.

Watch for the following signs and symptoms and call the office if they occur:

Temperature greater than 101° F
Persistent drainage from the wound of blood or clear fluid
Any drainage of pus from the wound
Increasing redness and swelling around the incision
Separation of the wound edges



Life in Motion

Do not apply any lotions, ointments, or other products to your incision unless directed by your physician

Fever:

Some patients have low grade fevers (99°-101°F) in the immediate post operative period. This is almost always due to the fact that your lungs are not fully re-expanded after the general anesthetic.

You can treat this fever with Tylenol but it is important to try to cough the phlegm out of your lungs, take deep breaths to re-expand your lungs, and begin to increase your activities as tolerated

Wound infections are rare in the first couple days after surgery. If you have a low grade fever, try coughing and deep breathing.

Activities and Restrictions:

Avoid heavy lifting (greater than 10 lbs), bending, or straining.

Do not sit for long periods of time, including long car rides.

Avoid any activities that put a strain on your back.

It is normal to feel tired after the operation. Your body is using all of its energy to heal itself and therefore, it is normal to be fatigued after even small activities. Your strength will gradually improve on a daily basis. The wound will not open with activity or normal movement. Activity may cause some discomfort but it is not dangerous. Do not worry about causing harm to yourself by increasing your activities. The guiding principle for your activities should be that "if it hurts, don't do it." You can gradually increase your activities by walking short distances at first then increasing the distance before doing anything else.

You should avoid returning to work until cleared by Dr. Halpin.

Showering:

You may shower on the 4th day after surgery. Remove your bandage as it is not waterproof and a wet dressing left on the incision may cause an infection. **Do not scrub the incision.** Let the water run over it and pat it dry. Do not submerge the incision underwater in a bathtub, swimming pool, or hot tub until the wound has completely healed.

Diet:

You may resume your regular diet. Nutrition is extremely important for wound healing. You may be instructed to take vitamin supplements such as a multivitamin, and Calcium



Life in Motion

with Vitamin D. These can be purchased at most grocery stores or pharmacies. In addition, nutritional shakes such as Ensure or Boost can also provide supplemental nutrition.

Symptoms:

You may experience pain, numbness, weakness, or tingling that was present **prior** to surgery that persists. This may last awhile as the nerve needs time to heal. Call the office or go to the Emergency Room if you experience **new** numbness, tingling, weakness, or loss of bowel or bladder control.

General:

Smoking inhibits wound healing and increases your chances of the bone fusion not healing, creating a “pseudoarthrosis.” This can lead to persistent pain and require additional surgery in the future. **Do not smoke!**

Occupational, and/or physical therapies may be ordered as part of your recovery program. The therapists and social workers will help you plan for this possibility. Upon discharge you will be given specific instructions and prescriptions for these therapies if necessary.

Remember to ask your nurse or physician if you have any questions or if you do not understand any instructions. You may also call the clinic with any questions.

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