

ALIF (Anterior Lumbar Interbody Fusion) Discharge Instructions

Congratulations on completing your anterior lumbar interbody fusion surgery! These instructions will help guide your recovery at home. Please read them carefully and keep them for reference.

Activity Guidelines

Walking and Movement

- **Start walking as soon as possible after surgery** - walking is the single most important thing you can do to prevent complications[\[1\]\[2\]](#)
- Aim to walk several times throughout the day, gradually increasing your distance
- Early and frequent walking helps your bowel function return to normal and prevents blood clots[\[1\]\[2\]](#)
- You may climb stairs, but take your time and use the handrail
- Listen to your body and rest when you feel tired

Gentle Movement Exercises

- **You may begin gentle range of motion exercises for your lower back starting within the first week after surgery**
- Move slowly and comfortably, avoiding any movements that cause sharp pain
- Gentle bending and stretching movements are safe and can help your recovery
- Stop any movement that causes severe pain

Returning to Activities

- Most patients return to driving within 2 to 3 weeks after surgery[\[3\]](#)
- You may resume driving when you are no longer taking narcotic pain medications and can comfortably sit and move
- Most patients return to sedentary or desk work within 2 to 4 weeks[\[3\]](#)

- The average time to return to work is about 4 to 6 weeks[\[3\]](#)
- Gradually increase your activity level as tolerated

Medication Instructions

Pain Management

- Some pain and discomfort after surgery is normal and expected
- **Take your pain medications exactly as prescribed**
- Pain medications (especially narcotics) can slow down your bowel function, so use them only as needed[\[1\]](#)
- Most patients are able to reduce or stop narcotic pain medications within the first few weeks[\[3\]](#)
- Use ice packs on your incision for 15-20 minutes at a time to help reduce pain and swelling

Stool Softeners - If Prescribed

- **Take your stool softener exactly as prescribed**
- Stool softeners help prevent constipation, which is common after surgery due to pain medications and decreased activity
- Constipation can worsen abdominal discomfort and increase the risk of complications
- Continue taking stool softeners as long as you are taking narcotic pain medications
- Drink plenty of water throughout the day (at least 8 glasses) to help the stool softener work effectively[\[4\]](#)

Preventing and Managing Bowel Problems

Understanding Ileus (Temporary Bowel Slowdown)

- After anterior (front) approaches to the spine, your bowel may temporarily slow down - this is called an ileus[\[1\]\[5\]](#)
- This happens because the surgery involves moving your intestines aside to reach your spine
- Ileus occurs in about 3 to 7% of patients after anterior lumbar fusion[\[6\]\[7\]](#)

- Signs of ileus include bloating, nausea, vomiting, or inability to pass gas or have a bowel movement

How to Prevent Bowel Problems

- **Walk as much as possible** - early and frequent walking is the most effective way to help your bowel function return to normal[\[1\]](#)[\[2\]](#)
- Take your stool softeners as prescribed
- Drink plenty of fluids - aim for 8 glasses of water per day[\[4\]](#)
- Maintain proper fluid and electrolyte balance by staying well-hydrated[\[4\]](#)
- Eat small, frequent meals rather than large meals
- Avoid foods that cause gas or bloating in the first few days
- Limit your use of narcotic pain medications when possible, as they slow down your bowel[\[1\]](#)

When to Call About Bowel Problems

Contact your surgeon if you experience:

- No bowel movement for 3 days after surgery
- Severe bloating or abdominal swelling
- Persistent nausea or vomiting
- Inability to pass gas for more than 24 hours
- Severe abdominal pain

Wound Care

Showering

- You may shower **24 hours after surgery**
- Let water run gently over your incision - do not scrub it
- Pat the incision dry with a clean towel after showering

- **Do not take baths, use hot tubs, or go swimming** until your surgeon says it is safe (usually 2-4 weeks)

Incision Care and Staple or Suture Removal

- Your incision was closed by the general surgeon or vascular surgeon who performed the approach to your spine
- **You will need to follow up with this surgeon (not your spine surgeon) for wound checks and staple or suture removal**
- This appointment is typically scheduled for approximately 2 weeks after surgery
- Keep the area clean and dry between showers
- It is normal to see some bruising or swelling around the incision
- Do not apply any ointments or creams to the incision unless specifically instructed

When to Call Your Surgeon

Contact your surgeon's office right away if you notice:

- Increasing redness, warmth, or swelling around your incision[\[5\]\[8\]](#)
- Drainage or fluid leaking from your incision[\[5\]\[8\]](#)
- Fever over 101.5°F (38.6°C)
- Severe or worsening back or leg pain
- New numbness, weakness, or tingling in your legs
- Difficulty urinating or loss of bowel/bladder control
- Severe headache or changes in vision
- Signs of blood clots such as calf pain, swelling, or shortness of breath[\[5\]](#)
- Any of the bowel problem warning signs listed above

Follow-Up Appointments

You have TWO follow-up appointments:

1. **With your spine surgeon at approximately 2 weeks after surgery** to check your overall recovery progress

2. **With the general surgeon or vascular surgeon who performed the approach** for wound check and staple or suture removal (typically around 2 weeks)

Please call both offices if you did not receive appointment times or need to reschedule.

At your spine surgeon visit, your surgeon will:

- Assess your recovery progress
- Discuss when you can return to work and normal activities
- Answer any questions you have

What to Expect During Recovery

- Most patients experience significant improvement in back and leg pain after surgery[\[3\]](#)
- Recovery happens gradually over the first several weeks to months
- You may experience some temporary increased pain or stiffness in the early weeks - this is normal
- Most patients see continued improvement over the first 3 to 6 months[\[3\]](#)
- Be patient with your recovery and follow your surgeon's instructions

Important Reminders

- Keep all follow-up appointments with both your spine surgeon and your access surgeon
- Do not smoke - smoking slows healing and increases complication risk
- Maintain a healthy diet and stay well-hydrated
- Get plenty of rest, but avoid staying in bed all day
- **Walk frequently throughout the day** - this is the most important thing you can do for your recovery[\[1\]\[2\]](#)
- Gradually return to your normal routine as you feel able
- Continue your gentle movement exercises as tolerated

If you have any questions or concerns about your recovery, please contact Dr. Foster's office at Olympia Orthopaedic Associates.

References

1. [Incidence of and Risk Factors for Ileus Following Spine Surgery.](#) Jordan YJ, Kazarian GS, Morse KW, et al. The Journal of Bone and Joint Surgery. American Volume. 2025;107(7):749-754. doi:10.2106/JBJS.24.00044.
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3. [Time Course of Functional Recovery Following Single-Level Anterior Lumbar Interbody Fusion With and Without Posterior Instrumentation: A Retrospective Single-Institution Study.](#) Subramanian T, Owusu-Sarpong S, Kush S, et al. Journal of Clinical Medicine. 2025;14(13):4397. doi:10.3390/jcm14134397.
4. [Risk Factors, Additional Length of Stay, and Cost Associated With Postoperative Ileus Following Anterior Lumbar Interbody Fusion in Elderly Patients.](#) Horowitz JA, Jain A, Puvanesarajah V, Qureshi R, Hassanzadeh H. World Neurosurgery. 2018;115:e185-e189. doi:10.1016/j.wneu.2018.04.006.
5. [Complication Avoidance and Management in Anterior Lumbar Interbody Fusion.](#) Than KD, Wang AC, Rahman SU, et al. Neurosurgical Focus. 2011;31(4):E6. doi:10.3171/2011.7.FOCUS11141.
6. [Incidence and Risk Factors for Postoperative Ileus Following Anterior, Posterior, and Circumferential Lumbar Fusion.](#) Fineberg SJ, Nandyala SV, Kurd MF, et al. The Spine Journal : Official Journal of the North American Spine Society. 2014;14(8):1680-5. doi:10.1016/j.spinee.2013.10.015.
7. [Risk Factors for Postoperative Ileus After Thoracolumbar and Lumbar Spinal Fusion Surgery: Systematic Review and Meta-Analysis.](#) Reed LA, Mihas AK, Fortin TA, et al. World Neurosurgery. 2022;168:e381-e392. doi:10.1016/j.wneu.2022.10.025.
8. [Technical Approach, Outcomes, and Exposure-Related Complications in Patients Undergoing Anterior Lumbar Interbody Fusion.](#) Manunga J, Alcala C, Smith J, et al. Journal of Vascular Surgery. 2021;73(3):992-998. doi:10.1016/j.jvs.2020.06.129.