Posterior Spinal Fusion Discharge Instructions

Congratulations on completing your spinal decompression and 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 the day after surgery and gradually increase your walking time each day

- Walking is one of the best activities for your recovery - aim to walk several times throughout the day

- You may climb stairs, but take your time and use the handrail

- Listen to your body and rest when you feel tired

Lifting Restrictions

- **Do not lift more than 10 pounds for 4 to 6 weeks** after surgery (10 pounds is about the weight of a gallon of milk)

- Avoid repetitive bending, lifting, and twisting motions during this time[1]

- When you need to pick something up, bend at your knees instead of your waist

- Ask for help with heavy objects, grocery bags, laundry baskets, and pets

Returning to Activities

- Most patients return to driving within 11 to 22 days after minimally invasive fusion surgery[2][3]

- If you underwent a surgery that was not minimally invasive, especially if extensive or complicated, your timeline will likely be more prolonged. You may require more time before returning to driving and work

- You may resume driving when you are no longer taking narcotic pain medications and can comfortably turn your body

- Most patients return to work within 14 to 25 days, though this varies based on the type of work[2][3]

- Sedentary or desk work can typically be resumed sooner than physically demanding jobs

- Gradually increase your activity level as tolerated

- Avoid high-impact activities and contact sports until cleared by your surgeon

Back Brace (If Prescribed)

- **Wear your back brace exactly as directed by your surgeon**

- Your surgeon will tell you when to wear the brace (such as when walking or sitting) and when you can remove it

- The brace is meant to remind you to move carefully and may provide comfort during healing

- Do not rely on the brace to do all the work - your core muscles need to stay active

- Your surgeon will tell you when you can stop wearing the brace

- Research shows that bracing does not improve healing or outcomes after instrumented fusion, but your surgeon may prescribe it for comfort or specific reasons related to your surgery[4][5]

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)

If You Have Skin Glue:

- Your incision is closed with skin glue (also called surgical adhesive)

- The glue will peel off on its own in 7-14 days - do not pick at it

- You do not need to apply any ointments or creams to the incision

- Keep the area clean and dry between showers

- It is normal to see some bruising or swelling around the incision

If You Have Sutures or Staples:

- Your incision is closed with sutures (stitches) or staples

- Keep the area clean and dry between showers

- Do not apply any ointments or creams to the incision unless your surgeon tells you to

- Your sutures or staples will be removed at your follow-up appointment (usually around 2 weeks after surgery)

- It is normal to see some bruising or swelling around the incision

When to Call Your Surgeon

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

- Increasing redness, warmth, or swelling around your incision[6][7]

- Drainage or fluid leaking from your incision[6][7]

- Fever over 101.5°F (38.6°C)[6][7]

- 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

- Wound edges that are separating or opening[8]

Pain Management

- Some pain and discomfort after surgery is normal and expected

- Take your pain medications as prescribed

- Most patients are able to stop taking narcotic pain medications within 7 to 11 days after minimally invasive fusion surgery[2]

- Use ice packs on your back for 15-20 minutes at a time to help reduce pain and swelling

- **Do not take ibuprofen (Advil, Motrin), naproxen (Aleve), or other anti-inflammatory medications (NSAIDs)** unless your surgeon specifically tells you it is safe - these medications may interfere with bone healing after fusion surgery[9]

- Use acetaminophen (Tylenol) for mild pain relief instead

Follow-Up Appointment

You have a follow-up appointment scheduled for approximately 2 weeks after surgery. Please call the office if you did not receive an appointment time or need to reschedule.

At this visit, your surgeon will:

- Check your incision healing

- Remove sutures or staples if you have them

- Assess your recovery progress

- Discuss when you can return to work and normal activities

- Answer any questions you have

Exercise and Rehabilitation

- Gentle movement and staying active are important for your recovery[10][11]

- Your surgeon may recommend physical therapy or a home exercise program, typically starting around 12 weeks after surgery[10]

- Exercise programs after fusion surgery can help reduce pain and improve function[11]

- Avoid exercises that involve lifting both legs, lifting your pelvis while lying down, or arching your back on all fours in the early weeks after surgery, as these create high forces on your spine[12]

- Most patients see continued improvement in pain and function over the first several months after surgery[3]

Important Reminders

- Keep all follow-up appointments with your surgeon

- Do not smoke - smoking slows healing and increases the risk that your fusion will not heal properly

- Maintain a healthy diet and stay well-hydrated

- Get plenty of rest, but avoid staying in bed all day

- Gradually return to your normal routine as you feel able

- Be patient with your recovery - fusion surgery takes time to heal completely

- Most patients experience significant improvement in their symptoms, with over 60% achieving meaningful improvement in back pain and activity levels[3]

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

References

1. Is There a Rational Basis for Post-Surgical Lifting Restrictions? 2. Possible Scientific Approach. Pope MH, Magnusson ML, Wilder DG, Goel VK, Spratt K. European Spine Journal : Official Publication of the European Spine Society, the European Spinal Deformity Society, and the European Section of the Cervical Spine Research Society. 1999;8(3):179-86. doi:10.1007/s005860050154.

2. Recovery Kinetics After Commonly Performed Minimally Invasive Spine Surgery Procedures. Shinn D, Mok JK, Vaishnav AS, et al. Spine. 2022;47(21):1489-1496. doi:10.1097/BRS.0000000000004399.

3. Practical Answers to Frequently Asked Questions in Minimally Invasive Lumbar Spine Surgery. Shahi P, Vaishnav AS, Mai E, et al. The Spine Journal : Official Journal of the North American Spine Society. 2023;23(1):54-63. doi:10.1016/j.spinee.2022.07.087.

4. Early Impact of Postoperative Bracing on Pain and Quality of Life After Posterior Instrumented Fusion for Lumbar Degenerative Conditions: A Randomized Trial. Soliman HAG, Barchi S, Parent S, et al. Spine. 2018;43(3):155-160. doi:10.1097/BRS.0000000000002292.

5. Guideline Update for the Performance of Fusion Procedures for Degenerative Disease of the Lumbar Spine. Part 14: Brace Therapy as an Adjunct to or Substitute for Lumbar Fusion. Dailey AT, Ghogawala Z, Choudhri TF, et al. Journal of Neurosurgery. Spine. 2014;21(1):91-101. doi:10.3171/2014.4.SPINE14282.

6. Surgical Protocol for Infections, Nonhealing Wound Prophylaxis, and Analgesia: Development and Implementation for Posterior Spinal Fusions. Belykh E, Carotenuto

A, Kalinin AA, et al. World Neurosurgery. 2019;123:390-401.e2. doi:10.1016/j.wneu.2018.11.135.

7. Prophylactic Postoperative Measures to Minimize Surgical Site Infections in Spine Surgery: Systematic Review and Evidence Summary. Tan T, Lee H, Huang MS, et al. The Spine Journal : Official Journal of the North American Spine Society. 2020;20(3):435-447. doi:10.1016/j.spinee.2019.09.013.

8. Managing Complications of Posterior Spinal Instrumentation and Fusion. Wenger DR, Mubarak SJ, Leach J. Clinical Orthopaedics and Related Research. 1992;(284):24-33.

9. Diagnosis and Management of Lumbar Spinal Stenosis: A Review. Katz JN, Zimmerman ZE, Mass H, Makhni MC. JAMA. 2022;327(17):1688-1699. doi:10.1001/jama.2022.5921.

10. The Role of Physical Therapy and Rehabilitation After Lumbar Fusion Surgery for Degenerative Disease: A Systematic Review. Madera M, Brady J, Deily S, et al. Journal of Neurosurgery. Spine. 2017;26(6):694-704. doi:10.3171/2016.10.SPINE16627.

11. Interventions for the Management of Acute and Chronic Low Back Pain: Revision 2021. George SZ, Fritz JM, Silfies SP, et al. The Journal of Orthopaedic and Sports Physical Therapy. 2021;51(11):CPG1-CPG60. doi:10.2519/jospt.2021.0304.

12. Spinal Loads During Post-Operative Physiotherapeutic Exercises. Rohlmann A, Schwachmeyer V, Graichen F, Bergmann G. PloS One. 2014;9(7):e102005. doi:10.1371/journal.pone.0102005.