

Cervical Spine Post-Operative Instructions

RESTRICTIONS

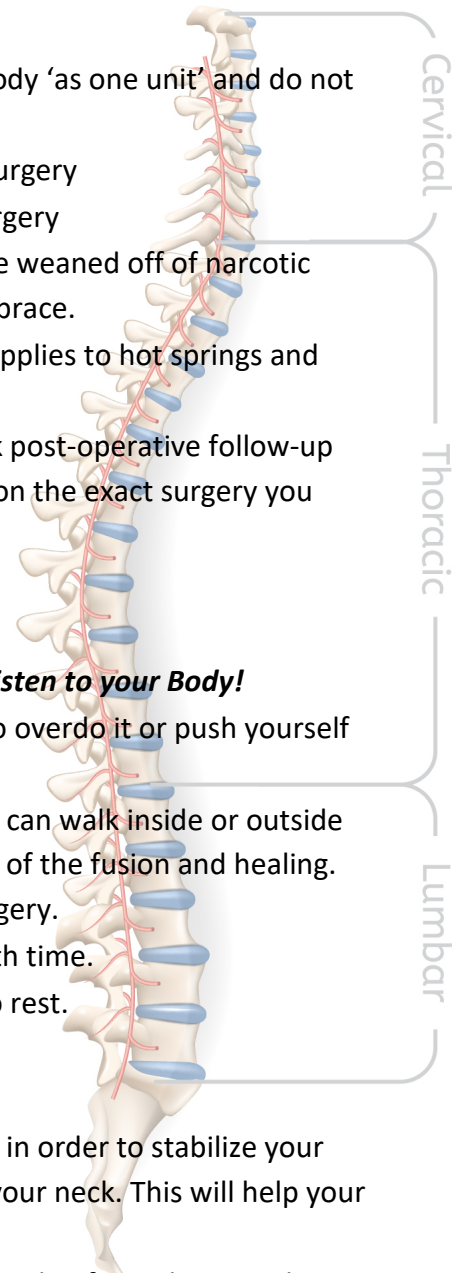
- Avoid rotation/flexion/extension of your neck. Move your body 'as one unit' and do not rotate through your spine.
- Do not go to the gym or workout for at least 6 weeks after surgery
- Do not participate in any sports for at least 6 weeks after surgery
- Do not drive while on narcotics after surgery. Once you have weaned off of narcotic medications, you may start driving while wearing your neck brace.
- Do not use a hot tub or go into a swimming pool. This also applies to hot springs and home baths.
- You will be released of these restrictions at your 3 or 6-week post-operative follow-up appointment. This could be variable and later depending upon the exact surgery you had and your healing process.

ACTIVITY AT HOME

- The most important rule in the post-operative setting is to **Listen to your Body!**
- Please try to relax and allow your body to heal. Do not try to overdo it or push yourself immediately after surgery.
- Walking is recommended as part of the healing process. You can walk inside or outside of your home as this can help increase blood flow to the site of the fusion and healing. Start gentle and light walking in the week following your surgery.
- Feeling fatigue after surgery is common and will improve with time.
- The key activity to do early in the post-operative setting is to rest.

BRACE

- You will be discharged with a neck brace (hard or soft collar) in order to stabilize your neck and prevent you from rotating, flexing, and extending your neck. This will help your body heal and restrict motion.
- Please wear this brace when you are up walking inside or outside of your home. Also, please wear while being a passenger in a car.



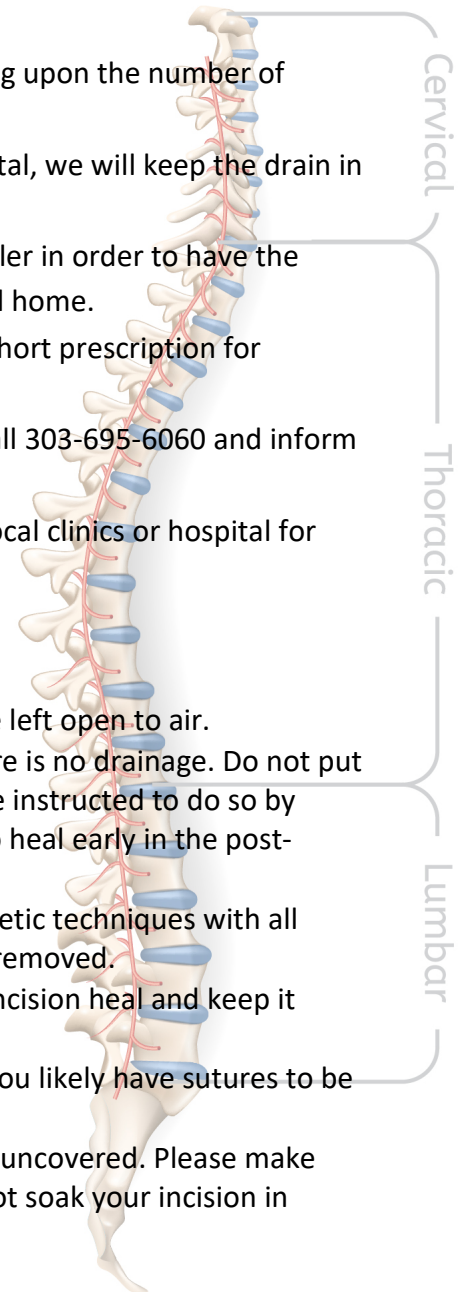
- You may remove your brace when you eat, shower, sleep, or are just relaxing at home with your head in a neutral position.

DRAINS

- You may be discharged home with a drain in place depending upon the number of levels, or type of surgery you have had.
- If you have a significant amount of drain output in the hospital, we will keep the drain in to avoid a hematoma.
- You will be directed to follow up in clinic with Maria/Dr. Pehler in order to have the drain pulled in the next couple days after you are discharged home.
- All patients that are discharged with a drain will be given a short prescription for antibiotics while the drain is in place.
- If you have not heard from a staff member at COC, please call 303-695-6060 and inform them you need to have your drain pulled.
- For our out of town patients, we will coordinate with your local clinics or hospital for drain removal.

INCISION CARE

- You will have either a dressing over your incision or it will be left open to air.
- You can leave you incision uncovered and open to air, if there is no drainage. Do not put any lotions/creams/ointments over the incision until you are instructed to do so by Maria/Dr. Pehler. Keeping the incision dry is the best help to heal early in the post-operative setting.
- Your incision is closed at the end of your surgery using cosmetic techniques with all sutures under the skin. You will never have to have sutures removed.
- A small amount of surgical sealant/glue is used to help the incision heal and keep it clean. This will fall off over the week following your surgery.
- If you had a posterior fusion surgery in your cervical spine, you likely have sutures to be removed in clinic. This will be on a patient by patient basis.
- You may shower 24 hours after discharge with your incision uncovered. Please make sure to gently pat it dry with a clean towel afterwards. Do not soak your incision in water for at least 2 weeks after surgery.

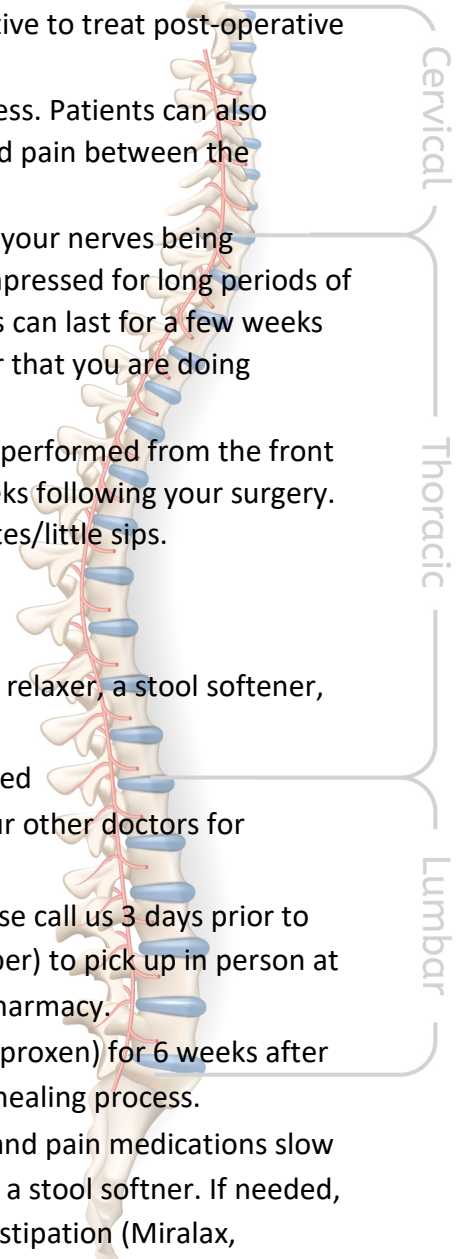


POST-OP PAIN

- It is expected that you will have post-surgical pain. Pain typically increases to its most significant amount 2-3 days following surgery. We prescribe patients a combination of pain medication and muscle spasm medicines that are effective to treat post-operative pain. Please take these as prescribed.
- It is normal to have neck pain along with stiffness and soreness. Patients can also experience arm pain or discomfort, side of the neck pain, and pain between the shoulder blades.
- Another common symptom is tingling and numbness due to your nerves being decompressed after the surgery. Nerves that have been compressed for long periods of time can be irritated and excitable after decompression. This can last for a few weeks and does not mean that your surgery didn't go as planned or that you are doing something wrong.
- Difficulty and pain with swallowing is normal after a surgery performed from the front of the neck. This will go away over the first two to three weeks following your surgery. We encourage patients to eat softer foods and take small bites/little sips.

MEDICATIONS

- You will be discharged home with pain medication, a muscle relaxer, a stool softener, and sometimes a medication to help with nausea.
- Please continue taking gabapentin for nerve pain as prescribed
- Continue to take your normal medications prescribed by your other doctors for conditions such as high blood pressure and diabetes.
- If you run out of your pain medication and need a refill, please call us 3 days prior to allow proper time to have it ready for you (or a family member) to pick up in person at the office. Narcotic medications cannot be called into the pharmacy.
- DO NOT TAKE NSAID's (such as ibuprofen/advil/aleve/naproxen) for 6 weeks after surgery as these medications could slow down or stop your healing process.
- Constipation can be common after any surgery. Anesthesia and pain medications slow the gut down. You will be discharged from the hospital with a stool softener. If needed, additional medications can be used over the counter for constipation (Miralax, suppositories, fleet enemas). Please contact our office via phone or email if you are not having bowel movement even with these medications.



SUPPLEMENTS:

- After your surgery please start taking Calcium (600mg) twice a day and Vitamin D (2000 IU) daily for 3 months. If you develop stomach irritation from the calcium, take it closer to bedtime as it is absorbed best overnight.
- You can also take an adult multivitamin if there are sufficient quantities of calcium and vitamin D.

PREVENTING BLOOD CLOTS

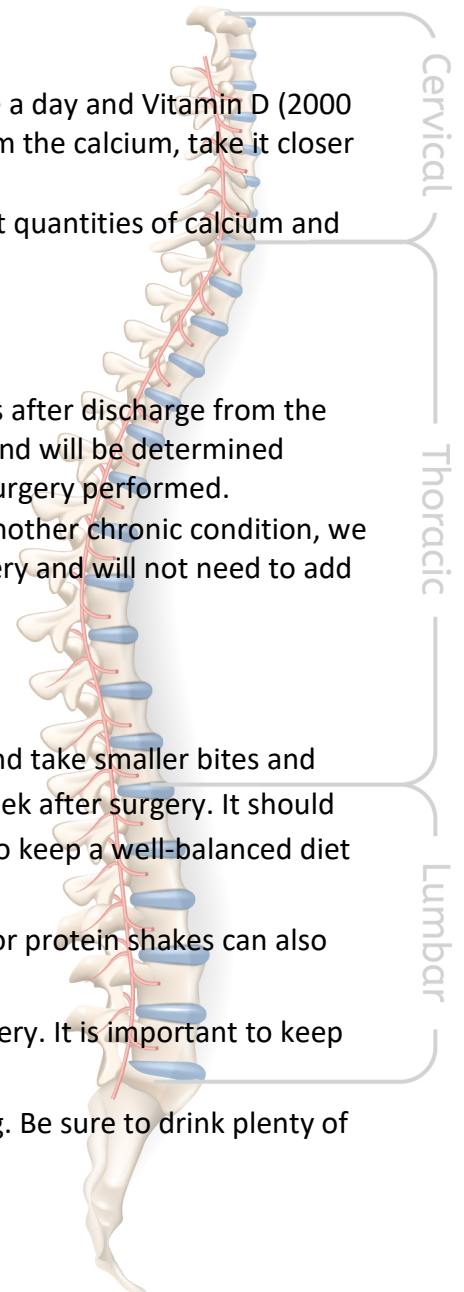
- We will prescribe a blood thinner for you to take for 2 weeks after discharge from the hospital. It will either be Lovenox or a baby aspirin (81 mg) and will be determined based upon your other medical conditions and the type of surgery performed.
- If you were already on a blood thinner prior to surgery for another chronic condition, we will restart this on either the first or second night after surgery and will not need to add on Lovenox or aspirin.

NUTRITION

- If you are having pain/difficulty swallowing, eat soft foods and take smaller bites and slowly increase to hard foods over the next few days to a week after surgery. It should become easier to swallow as more time passes. Make sure to keep a well-balanced diet in order to help give you strength and energy after surgery.
- Taking additional supplements in the form of ensure/boost or protein shakes can also help with getting your needed nutrition.
- Remember, your body is working overtime after having surgery. It is important to keep up with your needed calories.
- Staying hydrated is critical in the early post-operative setting. Be sure to drink plenty of water or sugar-free sports drinks during the day.

FOLLOW-UP APPOINTMENTS

- You will have a 3-week wound check post-operative appointment with Maria. This will be followed by a 6-week post-operative appointment with Dr. Pehler.



- You will have x-rays done at each appointment to make sure your surgery is healing appropriately.

WHEN TO CALL THE OFFICE

- Please call the office if you develop a sustained fever greater than 101.5 degrees F that is not responsive to anti-pyretic medication (such as Tylenol). Temporary and occasional temperature spikes can be normal during the first few days after surgery. Anything sustained over 101.5 should be notified.
- Heavy drainage, redness, warmth, or pus formation around the incision. A small to moderate amount of clear to slightly red drainage can be normal.
- Calf or leg swelling/pain/redness
- Severe nausea, vomiting, constipation or diarrhea
- Any persistent or new neurologic symptoms or changes to bowel or bladder habits

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