

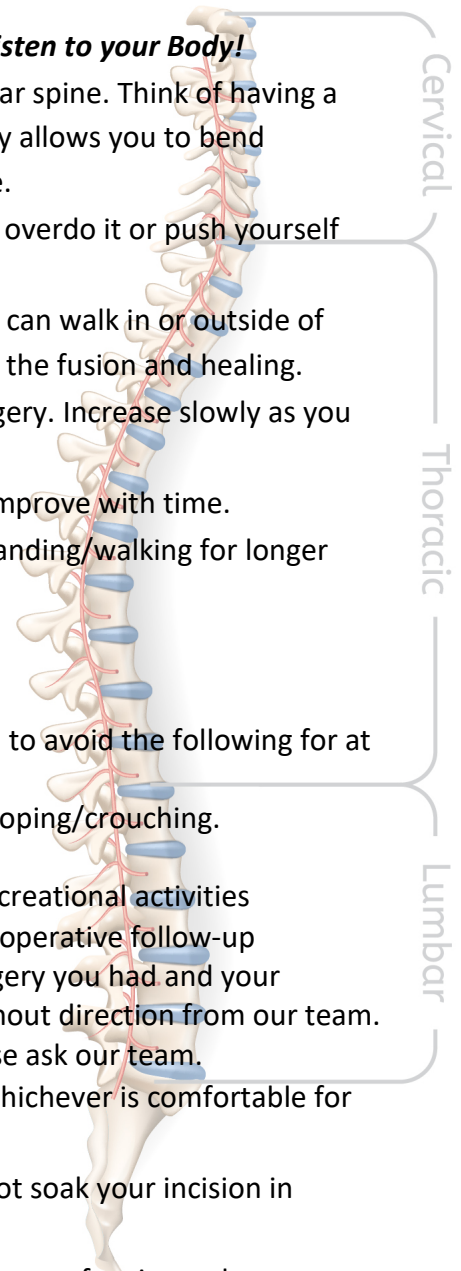
Lumbar Spine Post-Operative Instructions

ACTIVITY AT HOME

- The most important rule in the post-operative setting is to ***Listen to your Body!***
- Remember, **no Bending/Lifting/Twisting** through your lumbar spine. Think of having a rod from the top of your neck down to your bottom that only allows you to bend through your hips. Protect your low back at your surgery site.
- 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 in or outside of your home as this can help increase blood flow to the site of the fusion and healing.
- Start off with short distances in the week following your surgery. Increase slowly as you start to feel better.
- Feeling fatigued and sore after surgery is common and will improve with time.
- Please wear your LSO brace while outside of the house or standing/walking for longer periods of time.

RESTRICTIONS

- Regardless of the lumbar spine surgery you had, you will need to avoid the following for at least 6 weeks after surgery
 - NO bending/lifting/twisting or turning at the waist/stooping/crouching.
 - NO carrying/pushing/pulling more than 10-15 pounds
 - NO participation in sports of strenuous workouts or recreational activities
- You will be released of these restrictions at your 6-week post-operative follow-up appointment. This can be later depending upon the exact surgery you had and your progress. Do NOT release yourself back to these activities without direction from our team.
- If you are unsure if an activity is safe to do after surgery, please ask our team.
- It is ok to sleep on your side, back, or in a reclining position; whichever is comfortable for you. You may do so without wearing the back brace.
- Hot tubs: do not use a hot tub for 6 weeks after surgery. Do not soak your incision in water until it is fully healed (about 3 weeks).
- Do not schedule dental work for two weeks prior to your surgery or for six weeks following your surgery. This includes simple dental cleanings as well. This can introduce infection, which may negatively affect healing or cause a serious bacterial infection.



BRACE

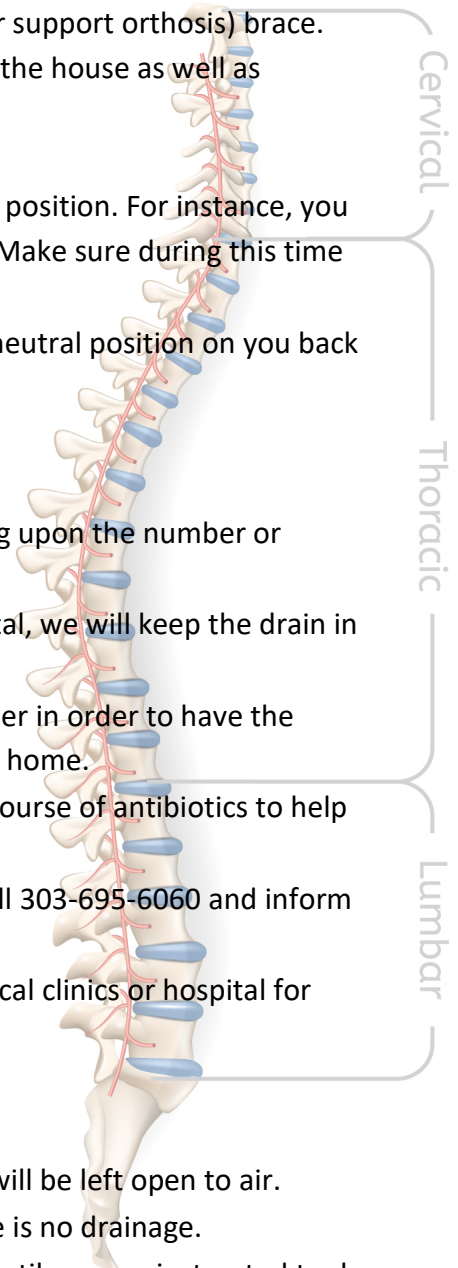
- You will be discharged from the hospital with an LSO (lumbar support orthosis) brace. Please wear this when you are up and moving around inside the house as well as walking outside of the house.
- Wear it over a t-shirt and not directly over your skin.
- You may remove your brace to shower and while in a seated position. For instance, you do not need to wear your brace while seated during meals. Make sure during this time you are not slouching or twisting. Protect your spine!
- You may also remove your brace to sleep if you remain in a neutral position on your back or on your side. Try to avoid sleeping on your abdomen.

DRAIN

- You may be discharged home with a drain in place depending upon the number or 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.
- Patients discharged home with a drain will be given a short course of antibiotics to help prevent any possibility of an infection.
- 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 small dressing over your incision or it will be left open to air.
- You can leave your 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. This is usually after 2-3 weeks post-operatively. Keeping the area dry is best in the



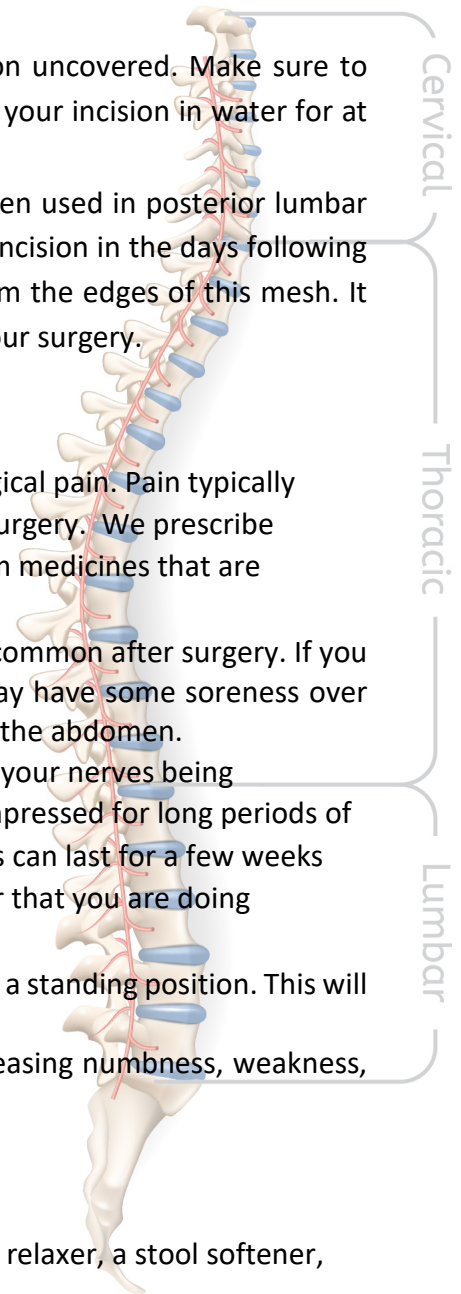
- Your incision is closed at the end of your surgery using cosmetic techniques with all sutures under the skin. You will never have to have sutures removed.
- A small amount of surgical sealant/glue is used to help the incision heal and keep it clean. This will fall off over the week following your surgery.
- You may shower 24 hours after discharge with your incision uncovered. 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.
- There is a small, clear dermabond mesh dressing that is often used in posterior lumbar incisions. This will begin to slowly peel up from outside the incision in the days following your surgery. Have a family member or care giver safely trim the edges of this mesh. It should be completely removed after a full week following your surgery.

POST OP PAIN

- It is expected that you will have a limited period of 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.
- Low back stiffness and soreness, along with spasms, is very common after surgery. If you had an abdominal component to your surgery, then you may have some soreness over the incision in your lower middle abdomen or on the side of the abdomen.
- 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. It is actually a good thing.
- There is expected pain with moving from bed to a chair, or to a standing position. This will improve over time as your body heals.
- Please contact our office directly if you are having any increasing numbness, weakness, or loss of bowel and bladder function occurs.

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 physicians. This would be 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. Narcotic medications cannot be called into the pharmacy. Federal and State regulations require a hard copy at time of filling at the pharmacy.
- Please do not take NSAID's (such as ibuprofen/advil/aleve/naproxen) for 6 weeks after surgery. These medications can inhibit healing.
- Constipation can be common after any surgery. Anesthesia and pain medications slow down our digestive tracts. 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. It is important to stay hydrated and take your stool softener two times a day while on narcotic medications.

SUPPLEMENTS:

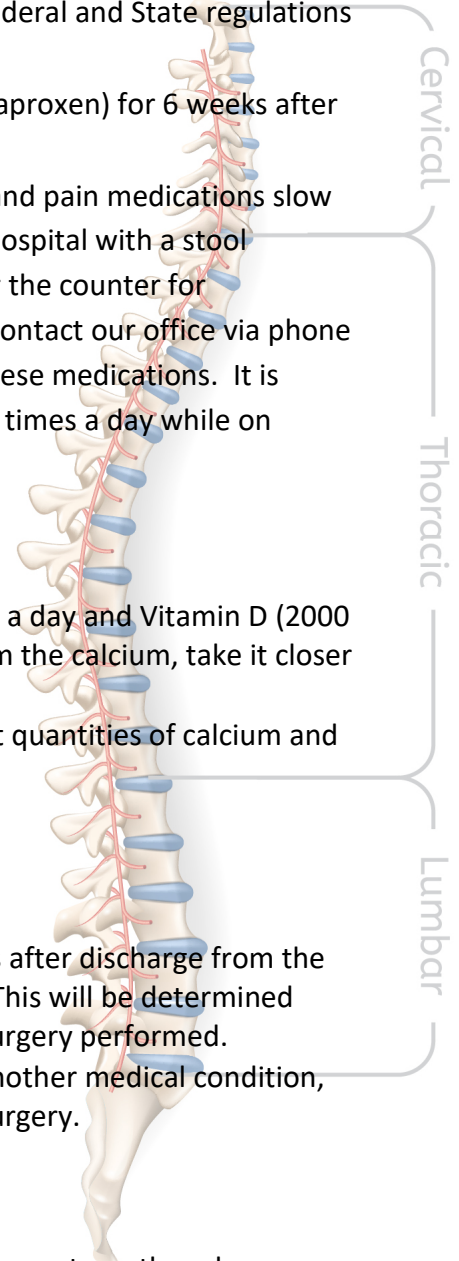
- After your surgery please start taking Calcium (600mg) twice a day and Vitamin D (2000 IU) daily for 3 months. If you develop stomach irritation from the calcium, take it closer to bedtime as it is absorbed best overnight.
- You can also take an adult multivitamin if there are sufficient quantities 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). This 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 medical condition, we will restart this on either the first or second night after surgery.

NUTRITION

- Make sure to keep a well-balanced diet in order to help give you strength and energy after surgery. Continue with normal meals but with increased protein intake.



- 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.
- It is important in any healing process to stay hydrated. Drink plenty of water or sugar-free hydration drinks during the day.

DRIVING

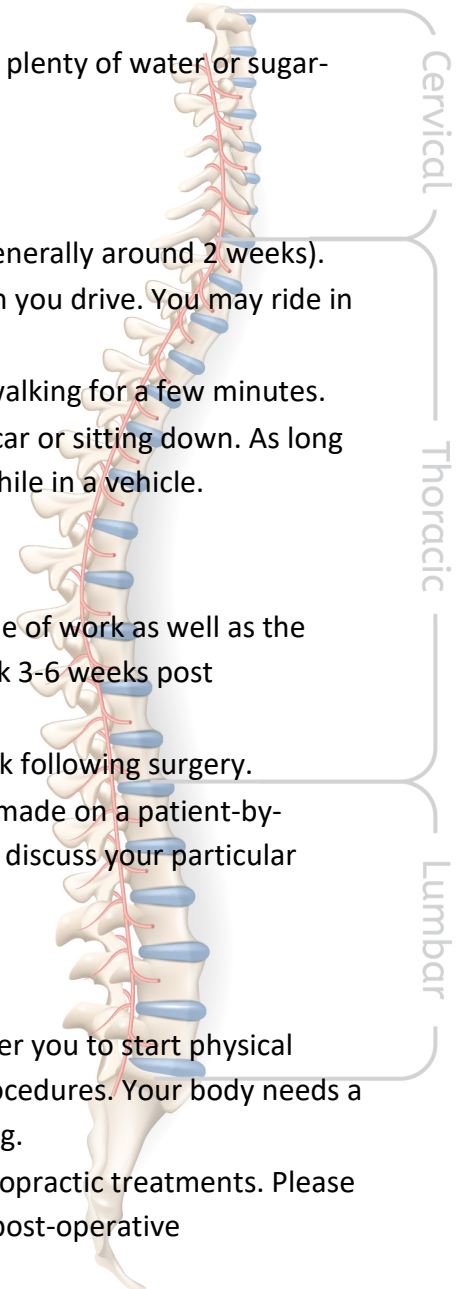
- Do not drive until permitted to do so by Dr. Pehler/Maria (generally around 2 weeks).
- Make sure you are not taking any narcotic medications when you drive. You may ride in a car as a passenger.
- Do not ride for more than an hour without getting out and walking for a few minutes.
- Back braces can be uncomfortable to wear while riding in a car or sitting down. As long as you are wearing a seatbelt, it is ok to remove the brace while in a vehicle.

RETURN TO WORK/SCHOOL

- Returning to work or school is variable depending on the type of work as well as the type of surgery performed. Some patients can return to work 3-6 weeks post operatively, others return in 6-8 weeks.
- Many patients can return to working from home on the week following surgery.
- Decisions regarding returning to work and/or school will be made on a patient-by-patient basis depending upon your individual needs. We will discuss your particular situation in your pre-operative appointment.

PHYSICAL THERAPY

- Typically, at your 6-week follow-up appointment, we will refer you to start physical therapy. Spine surgery is different than other orthopedic procedures. Your body needs a chance to heal and recover in the early post-operative setting.
- We also do not want you to re-start massage therapy or chiropractic treatments. Please discuss all of these questions with Dr. Pehler/Maria at your post-operative appointments.
- Gentle core strengthening and hamstring stretching are key. However, as always, do not bend or twist through your lumbar spine in the post-operative setting.



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.

CALLING THE OFFICE

- We are here to help you! Please call with any questions.
- Sustained fever greater than 101.5 degrees Fahrenheit by mouth that does not respond to a dose of two tablets of Tylenol. Many pain medications have Tylenol (acetaminophen) in them already so be aware of the amount of total Tylenol you are using in a day.
- Drainage from the incisions. Spotty drainage may be normal for the first few days, or week, following surgery. Normal drainage is clear or pink tinged. If drainage is thick or white/puss, please call the office.
- Incisions that are very red or warm to the touch
- Calf pain/swelling/warm to touch
- Leg or back pain/swelling in excess of your pre-operative pain
- Severe nausea, vomiting, diarrhea or constipation

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