

Post-Operative Instructions for Lumbar Spine (Low Back) Surgery

Decompression and Fusion

We want to make this experience as pleasant as possible for you and for your family. Should you have concerns that have not been answered prior to your surgery, kindly let us know so that they may be addressed.

After Surgery (Post-Op) Pain

It is not unusual to experience the following symptoms in the first few weeks after surgery:

1. Pain in and around the incision.
2. Some persistent leg pain.
3. Numbness or tingling of the leg or foot.
4. Mild swelling or redness at the incision.
5. Muscle tightness or spasm of the back going to the leg(s) to the knees.
6. Pain on moving from bed to chair or when standing. It is not unusual to be uncomfortable during the first few days following surgery, especially at night. This will improve steadily.
7. A surgical drain may be placed to prevent accumulation of blood under the incision. This is typically removed a day or 2 after surgery before you are discharged home.

Medications

You will be given a prescription when you are discharged which will include a narcotic medication, Tylenol, and a laxative. You may also get a prescription for a muscle relaxant. Please take the prescribed medications as needed and directed. If you have availed a cold rush cryotherapy machine, you may apply it 5-6 times per day for 30 minutes at a time set to level 3. Please review the instructions provided with the machine for more information. If you have procured a spinal fusion stimulator, please follow the instructions provided with the machine. Typically, it is applied for 270 days. If you have a TENS machine it may be applied during the post-operative period flanking the dressing to help with pain control and used as tolerated.

Please note – To prevent failure of your spinal fusion, please do not take any non-steroidal anti-inflammatory (NSAID) medications such as Advil, Motrin, Alleve, Celebrex etc. until at least 3 months after surgery unless otherwise directed.

Incision Care

There may be staples, sutures or paper band aids (steri-strips) holding the incision closed.

1. Following surgery, you may shower, however, refrain from getting your dressing wet. A sponge cleaning of your back is best to prevent the dressing from getting wet. After 5 days, you may shower normally and if the dressing peels off, you may apply a new one. You may pat dry the incision site if it gets wet. If you have steri-strips on your incision, please do not peel them off. Let them fall off naturally when they get wet. Please note - Persistent cloudy and foul smelling drainage should be reported.
2. Water will not harm the incision but do not soak in a tub or any standing water.
3. Do not apply ointments or solutions to the incision. Mild soap and water is acceptable.
4. If you notice a small suture/stitch ends at the top and bottom of the incision, do not remove them. They will either fall off themselves or be removed during your follow up visit.

5. If you develop blisters, redness, or irritation from the tape, discontinue use and let us know. We may ask you to send us a picture or arrange for an in person visit.
6. You may be asked to send pictures of your wound via secure messaging or email 2 weeks after surgery if you are not seen in person for your follow up. This is to ensure the wound is healing well.
7. Staples or sutures will typically be removed 2 weeks after surgery by your family doctor or during your follow up visit unless otherwise directed.

Post-operative activities

You should think of the first week after surgery as an extension of your hospital stay. In general, if any activities cause discomfort, please avoid them. It will get easier each day. Your first post-op visit will be scheduled 14 days after the surgery. After this, the follow up schedule from the date of surgery will typically be 6 weeks, 3 months, 6 months, and then at 1 year unless otherwise directed. X-rays will be ordered for your follow up visits. You may also receive questionnaires to complete during your recovery to monitor your progress. **Avoid any heavy lifting (no more than 5-10 lbs) or deep bending for 3 months after surgery.**

1. Do not use time at home to do projects that involve lifting, bending, or strenuous activity.
2. Do not remain confined to bed during the day. Walk as much as you comfortably can. You may climb stairs. If you sit or stand for more than 45 minutes, change position and move around to avoid getting stiff.
3. No physiotherapy or additional exercises are needed until directed by your surgeon. A rehab protocol will be provided to you.
4. Sexual activity is permitted whenever comfort permits.
5. 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. You may drive after your first post-op visit if you feel comfortable, though it is not uncommon for people to wait until a month after surgery.
6. Decision regarding returning to work and physical therapy needs will be made on an individual basis.
7. Hot tubs – please do not use a hot tub for at least 3 months post-op to prevent infection.
8. The pain medication and anesthesia can cause constipation and at times difficulty urinating. Start using the laxative prescribed after surgery. It is also helpful to increase fluids and walk as tolerated to help with constipation. It is ok to use an over the counter suppository (such as Dulcolax) or an oral laxative (such as Dulcolax tabs, Milk or Magnesia, Metamucil, or Miralax), as needed, if you have not had a bowel movement by 3 days after your surgery. Please ensure your bowel movements are not strained.
9. Do not sleep in a reclining chair.

Calling the Office

Call the office at 416-800-1949 and leave a message or email info@kwspine.com or info@linkedhealth.ca if any of the following occur:

1. Sustained fever greater than 38 degrees Celsius that does not respond to a dose of 2 tablets of Tylenol (Do not take Tylenol if you have contraindications or allergies to Tylenol).
2. Drainage from the incision that is increasing (Spotty drainage may be normal for the first few days).
3. Incision is very red or warm to the touch and worsening.
4. New leg or intractable or worsening back pain.

Calling 911 or going to the Emergency department

Please call 911 immediately or go to the ER if any of the following occur:

- 1. Difficulty breathing, shortness of breath or pain with breathing**
- 2. Chest Pain**
- 3. Leg Pain – specifically calf tightness or swelling**
- 4. Bowel loss and incontinence**
- 5. New difficulty emptying your bladder**
- 6. New decreased sensation in your genitalia**