

Patient Post-Operative Discharge FAQs

MAJOR CONCERNS:

- ✓ These are Problematic and Concerning Symptoms
 - Fever greater than 100.5° F after 3 days from surgery and possibly, chills and/or night sweats
 - **Increasing** redness, fluctuance, warmth, swelling and/or foul smelling drainage from any surgical site.
 - Opened wound from failed suture or staple site(s) - greatly increases the risk for infection.
 - No frank (fresh) red blood, yellow or white discharge should be present.
 - Chest pain, shortness of breath, pain in neck or arm.
 - **Increasing** numbness or weakness, especially in the groin areas.
 - **Changes** in bladder or bowel. Burning or itching with urination.
 - **You must contact our clinic immediately!**

- ✓ **NOTE:** If your symptoms as noted above are worsening and it is after clinic hours:
 - **Contact our on call doctor at (303) 762-0808**
 - **Go to the Emergency Dept. at the nearest hospital and have the attending physician phone/page our physician-on-call to discuss the issue at hand.**
 - **We cannot examine you over the phone.**

ROUTINE CONCERNS:

How do I manage my wound and what should I watch out for?

- ✓ Common Symptoms
 - **Graft site:** May feel warm to touch and/or have a "slapped-skin"/mottled appearance.
 - Caused from the bone replacement matrix used to fill the void at the graft harvest site.
 - Usually resolves without problems the first 4-8 weeks. Simply monitor.
 - Tenderness may occur at the graft site: may take 2-6 months to diminish.
 - Thigh numbness or "tingling" caused from surgical positioning and/or referred pain from graft site.

 - Mild Drainage that is acceptable
 - *Serosanguinous fluid* (see-row-san-gwin-us) - clear to "Kool-aide looking" fluid
 - *Hematoma* (hee-ma-toma) - brownish colored fluid which is old blood
 - Dressings should **not** be saturated (extremely wet).

- ✓ Skin Irritations
 - Itching and/or irritation from tape adhesives.
 - May use antihistamine such as *Benadryl* (or equivalent).
 - May lightly cleanse affected area (not incisions) with mild soap to remove irritant.
 - Recommend: *Exidine, Hibiclens, Phisoderm* or equivalent
 - May apply ice to area.
 - Do **not** use heat, as it will worsen the condition.
- ✓ Dressings
 - 4x4 sterile gauze or Telfa applied with hypoallergenic, silk, paper or Hypofix tape work best.
 - Do **not** use occlusive dressings (Band Aid, Tegaderm, etc)
 - These do not allow air to the skin and traps bacteria underneath.
 - Do **not** use antibiotic ointment, creams, lotions, or powders at wound sites.
 - May use Vitamin E if desired, but not for two weeks.
 - Have someone perform wound check and dressing change daily.
 - May shower immediately with covered wounds and let air dry before replacing with new sterile dressing.
 - Do not allow your dressings to remain wet for long periods of time. This damages the skin.
 - May remove dressings and steri-strips after 10 days and proceed with normal shower.
 - No bathes, hot-tub/spa, jacuzzi, or pool until wounds have been cleared by a clinician.
 - Wounds must be 100% closed, pink and without scabs before submersion into water.
 - Your surgeon uses bioabsorbable sutures or staples for wound closure.
 - Staples need to be removed 14 days after surgery.
- ✓ Wound(s) must be checked by clinician within 14 days after surgery.

When do I need to be seen in the clinic?

- ✓ The first office visit should occur at 10-14 days after surgery. (If you have been on the rehabilitation unit, and have therefore been in the hospital longer, you should be seen in the clinic 14 days from the date of discharge).
- ✓ Please schedule a follow-up appointment accordingly. Call for that appointment today!

How do I manage my constipation after surgery?

- ✓ This is a routine problem after surgery and with narcotic medication use.
- ✓ Prevention is the key.
- ✓ Start the following regimen as soon as you get home! Use each category together!
 - Over the counter (OTC) medications:
 - Colace or Pericolace, 100mg tablets, twice a day
 - AND-
 - Milk of magnesia, 30cc, once a day
 - Fiber supplements:
 - Citrucel or Metamucil, twice a day
 - Stimulants if needed after several days of no BM

- Senekot-S
 - Dulcolax suppository
 - Fleets enema or equivalent
- ✓ Continue this for two weeks or as needed. Back off the OTC remedies if diarrhea occurs.

What activities can I do or not do when I first get home?

- ✓ Frequent rest periods are needed and expected. Fatigue is normal for first 3 months.
- ✓ Walk as much as tolerated. No limitations. Listen to your body. Rest when tired.
- ✓ Walking, treadmill, and/or a stationary bike are your exercises for now.
- ✓ Limit sitting to 30 minutes at a time, 4 times a day. This tends to make the back sore.
- ✓ Lift 10 pounds maximum
- ✓ Remember your body mechanics; use lumbar corset/brace.
- ✓ May start weaning lumbar corset, walker or cane when you feel ready to do so.
- ✓ Do not lift, stoop, bend, or twist more than 20% of normal range.
- ✓ Drive when you feel ready, *but **not** if impaired by medications.*
- ✓ Sexual activity when you feel ready. Use a position of comfort and control.

What should I know about my medications before and after surgery?

MEDICATIONS

- ✓ Potent Pain Medications
 - Narcotic/Controlled Substances, muscle relaxers and/or sedatives.
 - Used to control acute surgical pain and other pain syndromes.
 - High potential for psychological dependence (addiction) and/or
 - Physical dependence (tolerance/dependence)
 - Do not drive, operate heavy/dangerous equipment, or perform executive decisions. Medications you may be using can cause sedation or cognitive/motor impairment. Resume these activities if you can function without any physical impairment and if the medications have been either stopped or do not impose any unsafe side effects/risks.
- ✓ **Withdrawal Syndrome**: Stopping pain medicine abruptly! May cause any of the following:
 - Insomnia, irritability, agitation, headache, tremors, sweating, racing heart, runny nose/eyes, diarrhea, “hot flashes”, poor appetite, and increased pain.
 - Usually lasts 3-7 days depending on medication and dosage.
 - *Recommend weaning these medications.*
- ✓ **Remember**: Various pain medicines can only be picked up in person and we expect you to adhere to the clinic *prescription-medication-refill* policies and agreements (see attached policies).
 - Must sign a “Narcotic/Controlled Substance Agreement” to continue with these medications.
 - If these medications are required longer than necessary or for chronic pain well after surgery:
 - You will be referred to either your primary care physician or,
 - A pain specialist to continue pain management.

- **We do not manage chronic (long-term) pain.**
 - Do not take medications/substances that have not been authorized by a physician.
 - Includes over-the-counter remedies, herbal therapies, etc.
 - Constipation will exacerbate your spine pain (see bowel protocol).
 - Over-the-counter stool softener and/or fiber are recommended while taking pain medications (Metamucil/Citrucel, Colace, Senokot-S, Dulcosate, Fleets).
- ✓ Spine Fusion Patients Only: Avoid **Non-Steroidal Anti-Inflammatory Drugs (NSAIDS)**, steroids, cytotoxic drugs (rheumatoid/anti-cancer agents) the first 3-6 months since these may inhibit bone growth. The literature is controversial but we prefer to be conservative.

OTHER CONCERNS

- ✓ Use care when using stairs, walking on uneven ground (or snow/ice) or anything that could promote a fall, especially within the first 6 months after surgery.
- ✓ A fall (or other trauma) has the potential of disrupting the surgical work performed on your spine.
- ✓ You may discontinue the TED hose/stockings one week after surgery only if you are walking frequently throughout the day.

FORMS/PAPERWORK

- ✓ Disability, FMLA, Social Security Disability, Worker's Compensation, Narratives, work return/restrictions, other paperwork should be discussed and completed **prior** to surgery.
 - Usually patients will take 6-12 weeks minimum FMLA or "off work status" to allow recovery time. This is per individual preference and dependent upon his/her employer.
 - These forms are time consuming and require appropriate planning for completion.
 - Remain the responsibility of you and your employer.
 - May be subject to out-of-pocket fees (not covered by insurance).
 - Please request a fee schedule or contact our clinic.

OTHER CONCERNS

- ✓ What is neuromonitoring? You may receive an insurance statement or bill for "neuromonitoring services" from a private company during surgery. This service is essential to your surgeon in order to monitor spinal cord function, nerve function of your extremities throughout surgery to ensure protection.