

Getting Ready for Your Spine Surgery

Day After Surgery

What to expect the day after surgery

Assessment

Your nurse will closely monitor your condition in the days following surgery. Your blood pressure, pulse and temperature will be taken frequently. In addition, your nurse will inspect the incision site and help you change position routinely to keep you comfortable. As your recovery progresses, these observations will be less frequent.

Activity

Once on the nursing unit you will be evaluated. The evening of your surgery you will be assisted in various movements and position changes to increase function and mobility. You will be encouraged to be in a chair for all meals.

Coughing and deep breathing

A respiratory therapist and/or nurse will teach you simple deep breathing and coughing exercises which you will perform every hour while you are awake. You will also be shown how to use an incentive spirometer, a device that measures air expelled from your lungs. These exercises will help prevent lung and other respiratory problems.

Diet

You will not eat or drink anything by mouth immediately following surgery. This is called "NPO." An intravenous catheter (IV) will provide hydration fluids until you are able to tolerate liquids. Your first meal will be clear liquids, such as juice and broth. If you tolerate liquids, you will resume the diet you followed before surgery. This usually happens the day after surgery. Eating a well-balanced diet helps promote healing. We encourage you and your spine coach to work with our dietitian or nutritionist to create a balanced diet for your lifestyle.

Blood clot prevention

A blood clot in a vein is called a deep vein thrombosis (DVT). On rare occasions, the excess blood from the surgery can clot and obstruct a vein, thus restricting blood flow. Your doctor will prescribe a compression device that helps promote blood flow in the legs and helps decrease the chance of blood clots from forming.

Post-operative pain

Pain after surgery is to be expected, but most people generally feel relief of their original symptoms after surgery.

Laminectomy and Micro-discectomy

Most lumbar patients feel relief of leg pain immediately after surgery: In some cases the pain may be worse for 2-3 weeks after surgery due to swelling and inflammation.

Lumbar fusion

Feeling better after surgery is expected and the chance of feeling the same is very low. Overall, most patients do very well. It is recommended to wear the brace provided when up and walking for more than 10 yards. You do not need to wear it sitting, driving or walking to the bathroom. Activity is encouraged, and when taking long walks it is recommended to wear your brace, as well as with exercises, with the exception of swimming.

Cervical surgeries

Most patients notice significant improvement in radicular arm pain immediately after surgery as well as resolution of weakness fairly quickly. Numbness and paresthesia tend to resolve more slowly over several months. A common complaint is stiffness in the back of the neck between shoulder blades and along the trapezius muscle. Some patients may notice a sensation of something being in their throat when they swallow, this is due to the mobilization of the esophagus during surgery and will resolve.

It is important to know that postoperative radicular pain tends to improve as does weakness. Numbness and paresthesia tend to linger for several months.

Pain management

Your surgeon will order pain medication in the hours following surgery. Your medication could be administered into a muscle, into a vein through your IV using a process called a patient controlled analgesia (PCA) or through a spinal catheter (epidural). You and your surgeon will determine the most appropriate pain relief medication for your needs.

Taking medication for pain relief during the hours following surgery will help your recovery. Do not hesitate to ask for it when needed. As your level of discomfort decreases and you are able to tolerate liquids and food, you will receive medicine in the form of a pill. In order to be discharged, you must be able to take your medication orally.

You may need to take pain medications before your physical and occupational therapy appointments or before walking on the nursing unit. Your physical therapist will collaborate with your nurse to coordinate your pain medications and therapy. You will be asked to evaluate your pain using a pain scale of 0 to 10, with 0 meaning no pain and 10 indicating the worst pain. Using this scale to describe your pain will help your physicians and nurses provide adequate pain relief.

Other post-surgical medications

Many patients experience bowel dysfunction after spine surgery. Laxatives and/or stool softeners for constipation may be prescribed by your physician. If you have had any adverse reactions to such medications in the past, please notify your nurse immediately. Iron and folic acid may be prescribed to prevent or decrease anemia. You may also receive medications to protect your stomach lining

while you are receiving various medications in the hospital. Please continue to remind your medical team of any allergies or previous reactions to any medications.

Bowel and bladder function

A urinary Foley catheter will likely be inserted into your bladder during surgery to ensure proper release of urine. The catheter will be removed once you regain full muscular control of your bladder as the effects of anesthesia diminish. In addition, you will be encouraged to use the bed-side commode or use the raised toilet seat in the bathroom.

Care of incision site

Your incision will be covered with bandages, typically called a dressing. The dressing will be checked by the nurse daily to ensure proper healing. It is very important to keep the incision clean and dry at all times.

Brace

Lumbar fusion: Back patients with a lumbar fusion will usually have a brace given to them by their surgeon before surgery. You are to wear the brace when walking more than ten yards (if the brace is not given before surgery, if recommended by surgeon, physical therapy will get one for you.)

Cervical surgeries: Patients will be wearing a cervical collar post-operatively. Your surgeon or physical therapist will determine how long you are to wear the collar, typically for 3-6 weeks.

Please bring the lumbar and cervical brace with you to the hospital.

General mobility

Getting out of bed

- Attempt to get out of bed on the side you feel is the strongest.
- Use your elbows and hands to raise your upper body off the bed, using the log-roll technique.
- Moving your entire body as one unit, swing your feet around to the floor. Keep your body straight. Do not twist your spine.
- Sit at the edge of the bed for a moment before attempting to stand.

Post-operative rehabilitation

Physical therapy

Physical therapy is intended to gradually restore your normal mobility. The day after your surgery, you will meet your therapist and review your progress and make sure you are functional. If your surgery was early in the morning, you will go for a short walk on the day of surgery. On subsequent visits with the therapist, the focus will be on gaining independence when getting in and out of bed, transferring in and out of a chair, and walking with careful attention to body mechanics. You will work with a physical therapist during your hospital stay, until you are able to transfer and walk with only minimal assistance from your nurse or patient care tech. It is expected you will eat your meals

from the bedside chair. Moving from the chair to the bed and back will be encouraged so you do not stay in one position for extended periods of time. Being up in a chair for 1-2 hours at a time on the first day will be encouraged. During your therapy sessions, you will be asked to participate in exercises that are designed to increase your core strength, mobility and tolerance to activities in the home, such as going up and down stairs.

Transition/discharge planning

Most patients are able to return home from the hospital. You and your spine coach should prepare your home for discharge before you come to the hospital. If your physician and the hospital staff determine you cannot safely return home, you can investigate extended care facilities with your discharge planner based on your insurance benefits.