



MINIVASIVE PAIN & ORTHOPEDICS

PAIN MANAGEMENT POST-OPERATION INSTRUCTIONS

PLEASE ALLOW 72 HOURS UP TO 1 WEEK TO SEE THE FULL EFFECTS OF YOUR PROCEDURE. PLEASE KEEP TRACK OF YOUR PAIN LEVELS, LEVEL OF FUNCTION, AND HOW LONG THE PAIN RELIEF LASTS.

- Please avoid soaking in hot baths or use of a heating pad following your procedure.
- Rest on your procedure day and resume normal activity the next day as tolerated. NO lifting, straining, or high intensity activity for 24 hours.
- If you have soreness, please take your regular pain medications. If you do not have prescribed pain medications, you may take 2 Extra Strength Tylenol (1 gram) every 8 hours over the next 24 hours.
- You may also use ice packs to the injection sites to help with pain and inflammation.
- You may apply moist heat the following day as needed and warm showers in the morning and evening. Use the heating pad with caution and on low setting only;
- NEVER fall asleep on a heating pad.
- A responsible adult MUST BE available to drive you home and around. DO NOT drive a car, operate heavy machinery, or do any work requiring mental alertness.
- You may eat or drink as tolerated. Avoid spicy, greasy, fried foods, and alcoholic beverages for the first 24 hours.
- DO NOT make any critical or legally binding decisions for the first 24 hours.

PLEASE NOTIFY US @ 346-800-6001 IF:

- You have excessive thirst or urination.
- You are diabetic and your blood sugar is elevated.
- You have a fever over 101 degrees and cold chills.
- You are unable to empty your bladder within 6 hours after arriving at home.
- You are experiencing excessive redness, swelling, tenderness, or foul-smelling drainage around the injection sites.
- You are experiencing any new numbness, weakness, bowel, or bladder dysfunction.

SHOULDER ARTHROSCOPY POST-OP INSTRUCTIONS ACTIVITY

- Apply ice to the shoulder 20 minutes every 3-4 hours for 2 days.
- Maintain sling to support the arm.
- You may release the sling at the wrist to bend and straighten the elbow and wrist 2 times per day for 5 minutes.

PAIN MANAGEMENT

- Use prescription pain medication as directed initially (usually required for 3-4 days).
- Begin weaning off during the day first, later at night.
- May supplement with Motrin/ Advil as needed.
- Activity restriction and ice is also of great benefit.

DIET

- Liquids or light food may be ingested initially.
- Advance to normal as tolerated if nausea is not present.
- Take nausea medication only as needed.

WOUND CARE

- May remove dressing 7 days after surgery and showering may begin; do not submerge.
- Cover the wounds with Band-Aids or dry clean gauze daily.

FOLLOW-UP OFFICE VISITS

- Call the office the next business day at 877-494-9487.
- Schedule an appointment for 2 weeks from surgery date.

CALL YOUR DOCTOR @ 346-800-6001 IF:

- Fever develops at 101 degrees or more.
- Uncontrolled nausea or vomiting develops.

CERVICAL FUSION POST-OP INSTRUCTIONS

Rarely, a hematoma or blood clot can develop at the surgical site. If there is swelling in the surgical site, especially if it is associated with any kind of breathing difficulty, have your caregiver drive you to the nearest emergency room. If it is severe, call 911 immediately. If it is not severe or only slight, call the physician's office.

BATHING

- You may shower the day after surgery but do not remove the dressing until day #2 after surgery. Do not allow the water to run vigorously over the incision site.
- DO NOT soak in the bathtub, hot tub, or whirlpool until the incision is healed completely (approximately 2 weeks).
- Place shower items at waist or chest level to avoid bending forward.
- A shower chair may be beneficial if you initially have a difficult time standing. Make sure your shower has a non-slip surface or non-slip shower mat in place.

DIET

- Immediately after surgery your diet should consist only of clear liquids. This is to help prevent nausea and/or vomiting while your bowel function returns.
- You may begin to incorporate your normal diet over the next few days if your recovery proceeds on schedule. Once you are home you may resume your regular diet if it is tolerable and not causing indigestion.
- A stool softener should be taken as long as you are on pain medication.
- A multivitamin should be taken daily.
- If you have had extensive surgery, a protein shake supplement should be included with your meals to promote accelerated healing.

DRIVING

- In general, you should not drive for the first two weeks until you are seen in the office for the first post-surgical visit. This is to protect both you and other motorists.
- If you have a long trip home after the surgery, have your driver pull over and take a break every 45 minutes or so.
- Try to go home in a vehicle that is easy to get in and out of and allows the seat to recline.
- The vehicle should not be fitted with stiffer than usual shock absorbers.

PHYSICAL ACTIVITY

- In general, for the first 2 to 4 weeks, walking will be your main form of exercise. Begin slowly, 1 to 2 times a day.
- You may increase the time and distance as you feel comfortable.
- Avoid turning, flexing, and extending your neck whenever your collar is off.
- DO NOT lift objects greater than 10 lbs. You may climb stairs slowly as tolerated.

EDUCATIONAL

WOUND CARE

- If you have a drain placed, your first dressing change will be performed in the office the day after surgery. After this first dressing change, you or preferably a friend or relative will change your dressings at home. During your dressing change you should be reclining with your head supported while the dressing is replaced.
- Under the gauze dressing are small white paper strips (called steri-strips) which adhere to the skin to help hold the incision together. These should not be removed until you are seen in the office for your first visit.
- If you did not have a drain placed, you should remove the dressing (white/clear one) 48 hours after surgery. Do not remove the small white paper strips (steri-strips). These should stay on until they naturally fall off on their own or at the first office visit after your

surgery

SIGNS AND SYMPTOMS OF AN INFECTION

- It is not unusual to have mild drainage from the incision several days after surgery. If, however, it appears to be increasing or persistent and accompanied by fever, chills, redness or increasing pain you need to call the office immediately. This may be a sign of an early infection that is best treated when discovered early.
- It is not unusual to see blood stains or soaking on the dressings during the first one to three days. However, if the dressings are saturated and the bleeding continues after the initial few days then please call the physician for advice.
- DO NOT apply any form of ointment, lotion, antibiotic cream, or other medication to the surgery site unless the physician instructs you to do so.
- Other warning signs are increasing pain at the surgical site, redness, increased swelling, fever, chills or purulent (PUS) drainage. You may experience a low-grade fever for 2-4 days after surgery. This is normal and not necessarily a sign of infection.

HOWEVER, IF ANY OF THESE SIGNS OR SYMPTOMS ARE PRESENT, CONTACT THE PHYSICIAN IMMEDIATELY. IF UNABLE TO REACH A PHYSICIAN AND YOU FEEL YOUR CONDITION IS URGENT, GO TO THE NEAREST EMERGENCY ROOM.

CERVICAL COLLAR

- You may be sent home with a neck collar to be worn after surgery. Wear this collar as directed by the physician.
- Further instructions regarding collar use will be given at two weeks in the office during your first postoperative visit.

NORMAL POSTOPERATIVE SYMPTOMS

- After an Anterior Cervical Discectomy and Fusion (ACDF) it is normal to experience some degree of difficulty when swallowing.
- This is due to the retraction of the esophagus, which is necessary during surgery. You may have to adopt a soft diet until this settles.
- If the difficulty of swallowing is excessive, or if you cannot swallow fluids or soft food, please contact your physician.
- It is normal to experience a "sore throat" after surgery due to intubation (use of a breathing tube during the anesthesia). This is self-limiting and will fade after a few days.
- You may also experience shoulder pains and aches. This is often due to taping the shoulders in a downward position during surgery to allow X-ray visualization of the cervical spine. This should also subside after few days. If the pain is severe, you may try using warm packs on the shoulders as you would for a muscular sprain.

LAMINECTOMY/DISCECTOMY/DECOMPRESSION POST-OP INSTRUCTIONS

PHYSICAL ACTIVITY

- For the first 3 months after surgery, or per your physician's instructions, DO NOT perform any hyperextension exercises or stretches. Wait until your physician releases you or gives you specific instructions.
- In general, for the next 2-4 weeks, walking should be your main form of exercise. Begin slowly and increase time and distance at a comfortable pace.
- DO NOT overdo it, as increased muscle pain and stiffness may occur.
- DO NOT lift more than 10 pounds until seen by the surgeon in a follow up appointment.
- Avoid twisting at the waist and lifting objects above your head or away from your body.
- Keep any object you lift close to your body. Never bend forward at the waist.
- If you need an object from the floor, try to have someone else retrieve it for you. If you must pick it up yourself, do not bend down to retrieve it. Maintain a straight spine if possible.
- Climbing stairs should be done slowly and as tolerated.
- Try to avoid sitting for longer than 30 minutes at a time. This position places the most stress on your lumbar spine. You may sit unrestricted after 2 weeks post-surgery.
- While in the surgery center, you may wear surgical hose (Thrombo-Embolism Deterrent Hose). TED hoses are worn to prevent blood clots while you are relatively immobile. Continue to wear them until you can walk 2 to 3 times per day without any restrictions. After that, you can discontinue use.

BATHING

- You may shower 48 hours after surgery but do not allow the water to run vigorously over the incision site. You may remove the dressing on day 2 and keep the dressing off.
- DO NOT soak in the bathtub, hot tub, or whirlpool until the incision is completely healed (approximately 6-8 weeks).
- Place shower items at waist or chest level to avoid bending forward. Make sure your shower has non-slip flooring in place.

DIET

- After surgery, you may or may not be nauseated. Start off with clear liquids (water, tea, sports drinks, broth) and when tolerable, advance to full liquids (milk yogurt, jello, ice cream, juices, broth). If able to tolerate, advance/resume your regular diet.
- Avoid greasy, spicy, and fried foods 24-48 hours after surgery.
- Avoid carbonated drinks and acidic fruit juices if you are nauseated.

- Take a stool softener everyday if you are taking pain medication, which helps to decrease straining during bowel movements.

DRIVING

- In general, you should not drive for the first two weeks until you are seen in the office for the first post-surgical visit. This is to protect both you and other motorists.
- If you have a long trip home after surgery, have your driver pull over and take a break every 45 minutes.
- Try to go home in a vehicle that is easy to get in and out of and allows the seat to recline.
- The vehicle should not be fitted with stiffer than usual shock absorbers.

EDUCATIONAL

WOUND CARE

- You or preferably your relative or friend will change your dressings at home.
- Under the gauze dressing, there will either be small white paper strips (Steri-strips) which are adherent to your skin or skin glue. These help to hold the incision together and should NOT be removed until the post -op visit with your physician.
- DO NOT apply any form of ointment, lotion, antibiotic cream, or other medication to the surgery site unless the physician instructs you to do so.
- For the first 2 days after you go home the dressing should be left alone. On day 2 you may remove the dressing but do not remove the small strips across the incision. It is not unusual to have mild drainage from the incision site for a few days after surgery.
- It is also common to see blood staining the dressings during the first 1-3 days after surgery.

However, if the bleeding appears to be increasing and persistent and/or accompanied by fever, chills, redness, or increased pain, CALL THE PHYSICIAN'S OFFICE IMMEDIATELY. This may be a sign of an early infection that should be promptly treated.

SIGNS AND SYMPTOMS OF INFECTION

- It is normal to have a small amount of drainage for 1-3 days after surgery from the incision.
- However, if the drainage persists, it MAY be a sign of an early infection. Other warning signs include increasing pain at the surgical site, redness, increased swelling, high fever greater than 101F, chills or purulent(pus) drainage. You may experience a low-grade fever for 2-4 days post-surgery, this is normal and not necessarily a sign of infection.

IF ANY OF THE ABOVE SYMPTOMS OCCUR. NOTIFY THE PHYSICIAN'S OFFICE IMMEDIATELY.