



## **ANSWERS FOR POST OPERATIVE LUMBAR SPINE PATIENTS**

After surgery, you may have many questions about what should or should not be done in the next few days and weeks to optimize your chances for good results and to decrease the possibility of re-injury. The members of Spine Care of Oklahoma are available to answer questions and to help guide you through your rehabilitative phase. You hold the key to how quickly you recover and how soon you are able to resume your normal activities.

General postoperative guidelines, in terms of expectations while in the hospital, are included for your reference in the “Pre-operative Information” section. You may also find the Back Glossary helpful for clarification of medical terms which may not be familiar. We have also compiled a list of questions and answers which are most the most frequently asked questions. If you have any questions of your own that are not answered here, please write them down.

### **1. Will I have pain after surgery?**

You may have pain after surgery but remember that abdominal bracing and applying good body mechanics will be very helpful in controlling and maintaining a pain-free posture. As stated previously, your strength, prior training, and ability to maintain neutral position will help prevent painful symptoms, but you will receive medication as needed.

Many patients make very rapid progress as they rehabilitate and can sometimes overdo activities. If you hurt the day after you increased your activities, you most likely did not maintain neutral position and/or were not as attentive to good body mechanics as the day before. Adequate training and increased strength will help minimize your pain.

### **2. If my pain is not controlled by oral medications, can it be changed or increased?**

Using good body mechanics essential to control pain, but your physician can change or increase your oral medication to meet your needs. When you go home, your medications will be tapered appropriately but, if needed, your physician will prescribe additional medication for home use.

Be attentive to what you do and how you do it. This is accomplished by continuing to concentrate and incorporate abdominal bracing and good body mechanics in your scheme of things. It is not a good idea to take pain medication to allow you to stay up longer. It is far better to learn to pay attention to your body and “let pain be your guide”.



### **3. When will I have my sutures taken out?**

Skin sutures or staples will generally be removed at your follow up appointment with Dr. Shadeded. In many cases one might be sent home with steri-strips and waterproof dressing.

### **4. How long will it take my back to heal from surgery involving the removal of herniated disc?**

The laminectomy and discectomy have left a small “window” in the annulus fibrosus through which a portion of the nucleus pulposus was removed. It is necessary for this “window” to seal itself and for the residual material in the disc to become firm so that a herniation of additional fragments does not occur. Remember that the disc is not totally removed during surgery. The annulus fibrosus remains, as does approximately sixty percent of the nucleus pulposus. It important to recognize that even though the disc takes about six weeks to seal, activity need not be limited. As long as you can maintain your neutral position and “don’t bend your back” you can progress with your activities as long as “you become pain free and stay pain-free.”

### **5. How long will it take for my fusion to become solid?**

After approximately one month, we expect bone crystals to begin forming the fusion. Over the next two to three months, the fusion mass will continue to develop. At about six to twelve months post-operatively, we look for clinical fusion. Your physician determines this by assessing your x-rays. Again, just because a fusion may not be solid does not mean that activities have to be limited. Quite the contrary, fusions heal relative to the various forces that are placed on the vertebrae. Try to perfect your body mechanics to make these forces uniform so that you can best optimize the probability of a good, solid fusion.

### **6. What if I have to use the bathroom?**

Generally, anesthesia inhibits contractions of the intestinal muscles, reducing the need to have a bowel movement. However, your nurse can assist you with a bedpan. Usually by the time you are ready to have a bowel movement, you are up and able to get to the bathroom on your own. By keeping your abdominal muscles tight and using your leg muscles to get up and down from the toilet, you will protect your spine.

### **7. I’ve heard that I have to stay flat in bed after surgery, is this true?**

With the bed flat, you can lie on your side with your knees drawn up and a pillow between your knees and another pillow under your head or on your back with your knees



bent. You may raise the head of the bed 30 to 45 degrees while on your back making sure that the bend of the bed is at your hips. Remember, “don’t bend your back”. If you find that elevating the head of the bed causes you to slide down, lower the head of the bed first, bend your knees, and slowly scoot yourself back up towards the head of the bed.

Use abdominal bracing and move your shoulders and hips at the same time as you roll over from your back to your side or side to your back. The point is to avoid twisting the spine by moving your body as one unit.

### **8. How do I get out of bed?**

You will use the log-rolling to get out of bed. Remember to lower the bed. Log-roll to your side. Slightly bend your knees and hips and push up with our elbow and opposite hand, keeping the stomach muscles tight and simultaneously letting your legs slide over the edge of the bed. Gently move your buttocks to the edge of the bed.

### **9. Can I shower and take a tub bath?**

Generally as soon as your dressing is removed and your physician is satisfied with your ability to stabilize your spine with good body mechanics, you may shower. Bathing is a bit more difficult, since it requires getting up and down. However, “if you are strong and well-trained, you should have less pain” and if you get in and out of the tub and “don’t bend your back” bathing is acceptable. Do not take a tub bath until your incision is well healed.

### **10. Will I wear a body jacket or corset?**

Your physician will let you know before surgery if you will need a body jacket or corset. Many patients who are strong, well trained and able to demonstrate good stabilization and body mechanics skills have already developed a “built-in” corset with their own muscles. If instrumentation is used, generally a body jacket is not needed.

### **11. Do I wear my body jacket all the time?**

Generally, patients are advised to wear their body jacket or corset when they are out of bed unless otherwise instructed or specified by the physician. Your physician will tell you when you can discontinue its use depending upon your x-ray, progress, stabilization skills and strength.

### **12. How much can I walk?**



Usually on the day after surgery, you will walk with your therapist once or twice a day. Within a few days, you most likely will become independent and able to walk on your own several times a day.

Once home, taking short walks in your house every few hours is advised, as is taking longer walks outside every day. “Let pain be your guide.” You may walk on flat surfaces or small inclines. Do not walk on steep hills. If you do your walking for the day and have increased pain in the evening, but the pain is gone by the next morning, increase activity by 5% a day. If you still have pain the next morning, you need to cut back on your activity.

Many patients are walking at least one mile by the time they have their first postoperative visit with their physician.

### **13. When can I resume my exercises?**

Postoperative exercises will be taught to you by your physical therapist. Until that time, and unless you have been given the okay by your physicians, do not resume any exercises you were doing before your surgery until you see your physician at your postop re-check visit and have his consent.

### **14. How much should I exercise?**

We want you to follow an exercise regimen at least three times a day. If you want to make your exercises harder, you may increase the repetitions, resistance or the length of time (not sit ups, however) as long as you can maintain your neutral, pain-free position. For strengthening exercises such as the gluteal sets, quadriceps sets, bridging, half squats and partial sit-ups, you may increase the time that you hold each exercise. While doing any exercise, remember to limit motion and keep your spine immobile. This is additional work and will benefit each exercise and sport that you do. Later, as you are given more progressive exercises, you will be amazed at how strong you have become.

For stretching exercises, such as the straight-leg raise, you can increase the hold for several minutes. The more you are able to do this painlessly, the less chance you have of developing scar tissue around the nerves.

### **15. When can I have sex?**

Positions of sexual activity are rarely in lumbar flexion (bent forward). Again, “let pain be your guide” and try to limit spinal motion. If you can walk a mile pain-free, chances are you have enough strength and ability to control pelvic motion during sexual intercourse. Be willing to try positions that limit pelvic motion if this is painful. It may also be helpful if your partner assumes the more active role. Generally, however, side-



lying positions are easier to control pelvic motion, as are positions while lying on your back with your knee bent or kneeling over your partner.

#### **16. How much can I sit?**

You may sit in a recliner position as much as desired. Begin sitting in a straight chair four to six times per day for short periods of time – five to fifteen minutes without slouching or experiencing increased pain. Gradually increase your sitting tolerance. Maintain your neutral position during sitting. If you have pain during sitting, you probably have lost your neutral position or sat too long. You may use lumbar support devices if needed. Simply rolling up a towel and placing it behind your lower back may be all that you need to be comfortable. Learning to bend from the hips and use your elbows on the table to support yourself will usually allow you to eat a meal comfortably at a dining room table. When getting up from a chair, keep your abdominal braced and use your legs to raise yourself up. You will be getting stronger each time you get up and down.

#### **17. What about driving?**

Generally, “painless” driving is the key. If you have attained maximum preoperative strength, mastered good body mechanics, and can stabilize our spine so that your “don’t bend your back,” you may be able to drive within a couple of weeks after surgery. For many patients, it may be a month or more postop before they are able to drive. Please check with your physician. In general, you should be off pain pills before you resume driving. At a minimum you should be off pain medicine 4 hours before driving.

As always, applying good body mechanics and keeping your abdominal braced while getting in and out of your car and while driving is the key. Many patients learn to tighten and contract their abdominal while driving, as it stimulates muscle tone and gives good support to the spine.

#### **18. What if I have difficulties or problems once I get home?**

Always remember to go back and review your activities to determine what you may have done to create a problem. Ask yourself, “was I maintaining a neutral position at all times and were my body mechanics perfect?” If you do have questions or problems, call your physician’s office and speak to the nurse. She is your contact person with the physician and if she cannot answer your questions, she will ask your physician for assistance. Please call to discuss continued elevated temperature, incisional drainage, or swelling, if these should occur.

#### **19. How long after I go home from the hospital will I see my physician?**



It depends upon your training level and the kind of surgery you had. Generally, it is one month after discharge from the hospital that you are scheduled for your first post-operative visit with your primary physician and surgeon. Typically, a post-operative appointment has been scheduled for you pre-operatively and is mailed in your packet prior to surgery.

## **20. How much progress can I expect to make?**

As before, this depends upon your strength and training prior to surgery. Generally, if you attained good pre-operative skills, stayed strong, and continued to follow your post-op regimen, you can expect at least a ten percent increase in activities per week. Find a reasonable, pain-free baseline level of any activity and increase from there. Remember to apply all that you have learned to your functional daily activities so that you can move forward toward an active, positive lifestyle.