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Recovering from Lumbar Fusion Surgery

You have recently undergone surgery on your lumbar (low back) spine. Once you get home, there are some routine care strategies that will improve your recovery and there are many questions you may have which we will try to address for you here. Although these guidelines have been customized to apply to your particular surgery, as always, do not hesitate to call with any concerns.

Our goal is to help you achieve optimal recovery and to restore you to your normal activities as soon as possible, but this will require help from you.

Symptoms:

1. You may have persistent or recurrent symptoms even after surgery. This is common during the healing process and is usually due to nerve swelling and irritation. **Pain** usually goes away quicker than **numbness and tingling** and **weakness** (if you have it) usually takes a long time to improve. It is also normal for symptoms to abate for the first few days after surgery and then to return again for a period of time. Again, this is usually just from nerve irritation and part of the healing process.
2. It is very common for people to experience muscular pain in their backs for a few weeks following surgery. This is due to the surgery itself and is to be expected. Ice and continued movement are the best treatments for this. Even if you have some pain, it is very important to **stay as active as possible** not only to help with your surgical recovery but to prevent post-operative complications such as blood clots and pneumonia.
3. Post-operatively, it is not uncommon to feel more **tired** than usual and even be **nauseated** and **lack a normal appetite**. This may last for several weeks. Again, getting back to normal activities will help these symptoms resolve faster.

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Activities and Restrictions:

1. You are encouraged, in the least, to take short walks multiple times a day during your recovery. You may climb stairs and ride in the car for short distances.
2. You should hold off on driving for 7 to 10 days following surgery, or until you are not taking narcotics anymore, whichever comes first.
3. Light-duty activities, such as preparing meals, washing clothes or dishes, can be resumed almost immediately, but using an upright vacuum should not be attempted for a couple of weeks.
4. Lifting should be restricted to 5-10 pounds until your follow-up visit, at which time the gradual lifting of these restrictions will be discussed on an individual basis. You should not plan on ever lifting more than 50 pounds and any other lifting should be done when and as instructed by Dr. Eskander and proper body mechanics should always apply.
5. A lumbar brace will be provided for your post-operative use. It is to be worn any time that you are in a car, riding or driving, for the first 3 months. It should also be worn when you are up and about for that same time period. You do not need to wear it if you are sitting, as long as you are sitting against some type of support. You also do not need to put the brace on if you are just moving from one chair, bed, etc to another. If you will be up walking for more than 5 or 10 minutes, you should put the brace on.

Medications:

1. When you were discharged, you were given a prescription for pain medicine. If your pain is not severe enough to warrant its use, and there are no contraindications, you may use Extra Strength *Tylenol*, being aware of the daily limit of acetaminophen (on the bottle). If you do find yourself taking these medications on a regular basis, know that they are narcotics which are not only very addictive, but very constipating as well. You should be taking over-the-counter stool softeners and laxatives (ie: ex-lax, senekot, colace, etc) daily to prevent severe constipation.
2. Prescription refills on narcotics must be picked up at our office with your photo ID. If a family member is picking up a prescription on your behalf, they must bring their photo ID. Please make sure you call during working hours: 8-4 and plan ahead. It may take up to 48 hours to prepare prescriptions. If you should call our office on a Friday after 2 pm, please be aware that your request will not be completed until the

following Monday. Please Note: Prescriptions will not be filled after hours, on the weekends, or on holidays.

Also, you may only obtain narcotics from ONE physician. If you have chosen our office to be your prescriber, you have already read and signed the agreement stating this fact.

3. The use of Nicotine and anti-inflammatories peri-operatively (around the time of surgery) will significantly reduce your chances of fusion (bone growth) and is strictly prohibited. If fusion were to fail, a second surgery may be necessary which means a higher risk of complications.

- a. If you are a smoker, you may also be given a bone growth stimulator. This device is to be worn 24 hours a day for the first 3 months post-operatively to attempt to counteract the effects of nicotine on bone growth. It is imperative that you stop smoking, ideally, 2 weeks prior to surgery in order to allow the nicotine to leave your system. After surgery, you should refrain from smoking at least until fusion is complete which may take up to a year. Of course, you are aware of the generalized risks associated with smoking, and we suggest that you never return to doing so.

4. If you take anti-inflammatories, you should stop 10 days prior to surgery and not re-start them post-operatively until cleared by Dr. Eskander. This decision will be based on how quickly your bone fuses and is followed by x-rays which you will be asked to get at certain intervals. Some examples are advil, motrin, aleve, and naprosyn.

- If you have questions regarding any other medications you take which may be anti-inflammatories, please be sure to ask.

5. If you were taking any daily medications prior to surgery, such as blood pressure medications, etc., you should resume them after surgery unless Dr. Eskander or your primary physician tells you otherwise.

6. If you are on any blood thinners or take aspirin on a daily basis, your physician will tell you when a good time to stop taking these pre-operatively would be and when you can restart them after surgery. He may need to communicate with your cardiologist if you have one to come to a mutual decision that will be most beneficial to your health as a whole.

Wound Care:

1. By the time you are discharged, you should have only fine pieces of paper tape across your incision. These are called steri-strips and should fall off

on their own. If they have not done so, peel them of 7 days after surgery. Having the wound open to air will promote proper healing. This is done easiest after showering.

2. You may shower the day after surgery, but do not soak in a tub, pool, jacuzzi, etc for at least 3 weeks so the wound has time to heal.
3. Mild swelling and redness around the incision is normal, and may take on the rectangular shape of the hole in the back of the brace, making it seem more pronounced. This is expected. You may even have some spotty discharge, but if you have any concerns about infection, please give us a call as early in the day as possible in case we need to see you.
4. Do not put any lotions or ointments on the incision for 3 weeks.

We are devoted to giving you the best care possible and if you have any problems, every effort will be made to address them in a timely fashion. Thank you for allowing us to be involved in your care.

Sincerely,



Mark S. Eskander, MD



Laura Oliver, PA-C