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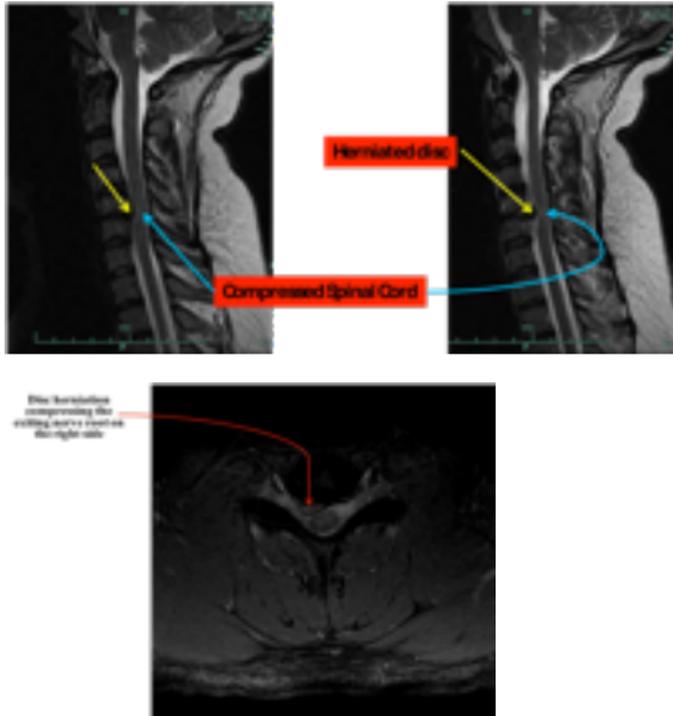
TOWN CENTER ORTHOPEDIC ASSOCIATES SPINE SURGERY

POST-OPERATIVE DISCHARGE INSTRUCTIONS:

CERVICAL (NECK) FUSION SPINE SURGERY

1. ANTERIOR DECOMPRESSION AND FUSION WITH INSTRUMENTATION

2. POSTERIOR LAMINECTOMY AND FUSION WITH INSTRUMENTATION



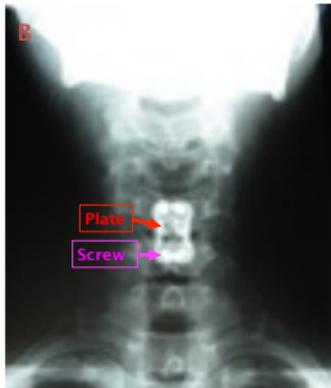
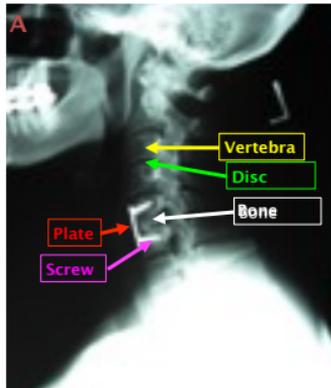
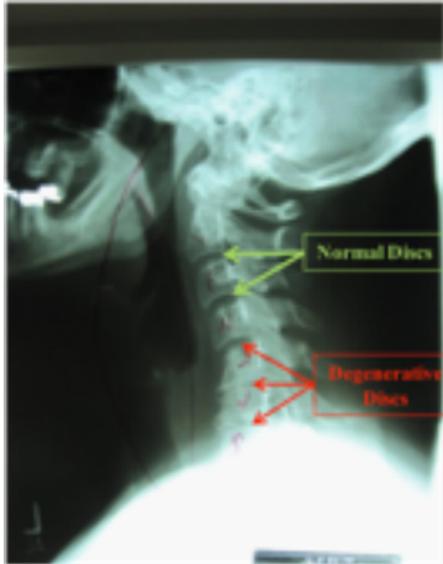


Figure: MRI (at the top of the page) demonstrates a very large disc herniation causing severe spinal cord compression. Interestingly, this patient did not have much pain but had numbness, tingling and burning sensation in her arms and

I. ACTIVITY RESTRICTIONS

- Most patients who have a “desk job” return to work approximately 1-2 weeks after surgery. However, you may return to work sooner if you feel comfortable enough (physically and mentally) and you do not require the use of narcotic medications while at work. Some patients have returned to work as early as 1-2 days after a anterior cervical decompression and fusion surgery while others have taken longer than 4 weeks.
- No driving while taking NARCOTIC medications
- No lifting more than 10 pounds unless discussed prior to surgery (as a rule, do not lift anything that will cause you to “strain” your neck or is “too heavy”). Specifics about lifting will be discussed and demonstrated in physical therapy after surgery.
- It is NOT necessary to wear a cervical collar unless you have been instructed to do so OR you prefer wearing it for comfort
- You are encouraged to walk on flat, non-slippery surfaces as much as you feel comfortable. You may ride an upright stationary bicycle or walk on a treadmill as soon as you feel comfortable. I encourage you to “move” your neck for activities of daily living. However, please do not perform any excessive motion exercises until you have been instructed to do so by Dr. Pateder/April Cournoyer (physician assistant) or your physical therapist
- DO NOT SMOKE as this may significantly decrease you chances of healing/ fusion (mending of the bones together)
- ALWAYS be mindful of good body mechanics as discussed with your physical therapist or Dr. Pateder/April Cournoyer (physician assistant) before hospital discharge

II. PAIN MANAGEMENT

Post-operative pain is to be expected and will vary depending on several factors: the type of surgery, prior use of narcotic pain medications, and personal tolerance of pain. Your post-operative pain management will be discussed on an individual basis prior to discharge.

- After a cervical spine surgery for arm/shoulder pain, the nerve root may remain inflamed for several days to weeks. This is due to the fact that the nerve root was

being compressed for an extended period of time and needs to “cool down” (decreased inflammation). You may be placed on a short course of steroids to help reduce this inflammation.

- It is normal to have some spasms and aching pain in the back of the neck, shoulders and the area between the shoulder blades following an anterior decompression and fusion. This occurs because the spacer (or bone graft) which is replacing the degenerative disc is restoring the normal intervertebral height (disc height) and stretching the surrounding structures which were previously contracted. A similar example is the pain you would experience if someone grabs and pulls the skin of our arm; however, as time passes, your body adapts to this pulling force and you will not have pain anymore. Similarly, your body will adapt over time to this restored disc height.

- Do NOT take any anti-inflammatory pain medication (also none as NSAIDs-nonsteroidal anti-inflammatory drugs) for the first three months following surgery, as they may inhibit your body’s efforts to fuse (mend the bones together). The medications include (but are not limited to): Motrin/Ibuprofen/Advil, Alleve/Naprosyn, Excedrin, Lodine, Relafin, Celebrex, Daypro, Vioxx, Bextra, Aspirin, etc. The exceptions to this rule are IF we place you on these medications after surgery or if your internal medicine/family physician feels that you should be on Aspirin for cardiac issues or NSAIDs for other medical issues.

- It is normal to have some difficulty swallowing after having spine surgery performed from the front of the neck (anterior cervical discectomy and fusion). For most patients, this problem resolves in a matter of several days and they are able to return to a regular diet. For a smaller percentage of patients, this problem improves gradually over a matter of one to several weeks (it generally takes a longer time to return to “normal swallowing” as we get older). This is one of the most common issues after anterior neck surgery and is due to the swelling around the esophagus (the tube that connects the mouth to the stomach) which has to be moved out of the way (as it sits on top of the spine) in order to reach the bone and discs of the spine during surgery.

- The following medications are prescribed for most patients unless there are contraindications:

1. Narcotics (Percocet, Vicodin, Dilaudid, etc.)
2. Muscle relaxers (Robaxin, Flexeril, etc.)
3. Steroids (Medrol Dose Pack)

- Medications will **only** be refilled during office hours. **Please** be aware of how many pills you have left so that you will not run out when the office is closed.

III. INCISION CARE

- Unless otherwise stated, your incision(s) have been sutured from the inside with material that dissolves. Thus, there are no sutures or staples that need to be removed at a later time. Overlying the incision are Steristrips which are similar to the old “butterfly” bandaids. They provide extra support and will curl up and fall off by themselves (usually in 1-3 weeks). If a Steristrip is starting to come off and you can see that the incision under that strip is healed, you may go ahead and pull off that Steristrip.

- You will be sent home with a dressing over the Steristrips. You may remove the outer dressing 48 hours after surgery. Thereafter, you may shower and wash the Steristrips with soap and water. Gently dry the Steristrips until they start to peel off as described above. Do NOT soak the incision by taking baths or sitting in a pool/hot tub until the incision is completely healed and the Steristrips have fallen off (generally 2-3 weeks).

- The “Dressing & Incision Care” section has pictures which further demonstrate the above description

- Healing tissue that will exist along your incision does not contain the pigment melanin that normally protects the skin against the sun. For cosmetic reasons, it helps to protect the incision from the sun by using sunblock with at least **SPF 30 or higher for 6 to 12 months.**

- You may remove the TED hose upon leaving the hospital if you are walking independently.

IV. CALL Dr. Pateder’s Practice Coordinator (703 483 4679) or our main office (703 435 6604) if it is after business hours/weekends, your private physician’s office or present to an emergency room IMMEDIATELY if any of the following occur:

- Fever (>101.5 degrees Fahrenheit), chills or sweats that occur beyond 2-3 days after surgery. It is NOT unusual to have a low grade fever (100.5 degrees Fahrenheit) for 2-3 days after surgery

- Redness or swelling or warmth around the incision(s), NON-clear drainage from the incision, or increased pain in or around the incision

- Any neurological change in the arms or legs such as new weakness or increased pain/tingling/numbness

- Bowel or bladder incontinence that is new

- Persistent or increased difficulty swallowing or speaking
- Severe headaches that are different in nature to prior headaches and ones that are worsened with standing and better with lying down
- Abdominal bloating associated with persistent nausea and vomiting (often these symptoms will be accompanied with constipation or inability to have a bowel movement)
- Calf swelling, redness, pain or warmth as this can be a sign of a deep venous thrombosis (also known as a “blood clot”)
- Chest pain, difficulty breathing or cough

V. FOLLOW-UP APPOINTMENT

- *The first post-operative appointment* is approximately 2 weeks after surgery with Dr. Pateder’s physician assistant, *April Cournoyer*. If you did not make the first follow-up appointment when you signed up for surgery, please call Dr. Pateder’s administrative assistant, Pamela Alcantara, to make the appointment after discharge from the hospital.
- *Second post-operative appointment* is generally 6-12 weeks after surgery with Dr. Pateder. The exact time of the second appointment will be determined at your first postoperative follow-up appointment with Dr. Pateder’s Physician Assistant
- If there are any problems, please request to speak with Dr. Pateder

ALWAYS FEEL FREE TO CONTACT US WITH YOUR CONCERNS & QUESTIONS.

ADMINISTRATIVE QUESTIONS: Pamela Alcantara 703 483 4679

MEDICAL QUESTIONS: April Cournoyer, PAC 703 483 4656