



Discharge Instructions:

What to Expect After Lumbar Fusion

Incision Care

- You may shower 72 hours after you have been discharged from the hospital unless otherwise stated by Dr. Valente. Please do not take any tub baths. You cannot soak the wound or it could get infected. You may allow the soap and water to gently run over the wound, but do not scrub at it, or it may cause the incision to come open.
- After you shower, place a clean dry dressing over the wound with gauze and paper tape once daily. Please do NOT apply any type of ointment on the wound.
- Change the dressings once daily with gauze and paper tape. If you have a drain in make sure when you change the bandages to not accidentally pull the drain out. The drain should be pulled out at 72 hours after surgery.
- Please contact the office at 972-707-0005 if you notice: **INCISION OPENING, EXCESSIVE DRAINAGE THAT IS BLOOD or PUS OR GREEN OR YELLOW IN COLOR, OR HAS A FOUL ODOR!**

Drain Removal

- Remove the drain 72 hours after surgery. Use a scissors to cut the small black suture, then pull on the clear drain tube and the tube will slide right out.
- If the drain fills up before you have to remove it at 72 hours, open the top of the drain on the bulb and press on the bulb to empty the bulb into a sink or toilet. After the bulb is emptied, keep pressing on the bulb and then close the cap so that the negative pressure stays in the bulb to facilitate drainage.

Activities

- Do not make important decisions or sign legal documents for the first 24 hours after surgery. Anesthesia and pain medications will have been given to you and this could affect your decision making as compared to before surgery.
- Sleep with your knees and hips bent to prevent leg pain and spasms; putting a pillow between your legs is also helpful.
- **DO NOT DRIVE OR OPERATE** hazardous machinery until you have full range of motion of lower extremities and back, **ARE NOT TAKING PAIN MEDICATION OR MUSCLE RELAXANTS.**
- **DO NOT** engage in sports until told otherwise especially strenuous activities, excessive twisting, bending, or straining of your back for approximately 12 weeks or longer. We will let you know when you have been released from these restrictions. Every patient is different.
- **DO NOT LIFT** more than 5-10 lbs in the 3 months unless told differently by Dr. Valente.
- Wear your brace when out of bed for 3 months after surgery, unless instructed otherwise. The brace serves as a reminder to you to not twist or bend.
- **NO SMOKING!** This can stop the bones from healing and lead to very poor outcomes from surgery.

Diet

- Start with liquids/light/soft foods. Advance to regular diet as tolerated.
- No drinking alcohol for the first 48 hours, do not drink in excess (ie. More than 1 drink) for 12 weeks.
- Make sure to include a multivitamin in your daily diet. Also increasing protein helps with healing. If you have kidney disease, discuss your diet with your nephrologist.



- Drink plenty of fluids to stay hydrated and not become constipated. Pain medications and muscle relaxants slow the bowel down and can cause constipation. You will be given a stool softener while in the hospital, but have some available at home if needed. If you do not have a bowel movement within a couple of days after getting home, contact us and your primary doctor to see what you should do to relieve your constipation. Prune and pear juice are helpful.

Medications

- Take your prescription medications as directed. **DO NOT INCREASE YOUR DOSE** unless told to do so by a physician. In the unlikely event you have an allergic reaction to a medication, seek medical attention **IMMEDIATELY!** Symptoms of an allergic reaction include rash, hives, itching, facial swelling, tongue or eyelid swelling, and/or difficulty breathing.
- **DO NOT OPERATE** machinery while taking narcotics or muscle relaxants. These include NORCO, HYDROCODONE, VICODIN, OXYCONTIN, ZANAFLEX, FLEXERIL, ROBAXIN, etc.
- Alcoholic beverages or other sedatives may add to the effects of these medications and can be **VERY** dangerous.
- Side effects include constipation, lightheadedness, dizziness, drowsiness, stomach upset, nausea, and flushing the first few days as your body adjusts to these medications. If these symptoms persist or become bothersome, call the office to notify our staff.
- To prevent an upset stomach, take medications with food or milk unless the pharmacist states otherwise.
- **DO NOT TAKE ANY ANTI-INFLAMMATORIES** 1 week prior to surgery and for 3 MONTHS after surgery. Some examples of common anti-inflammatories are **motrin, ibuprofen, alleve, aspirin, naprosyn, naproxen, mobic, and meloxicam**. If you are unsure if one of your medications are an anti-inflammatory call our office or ask Dr. Valente. Taking anti-inflammatories before surgery can cause life threatening bleeding during surgery or paralysis from bleeding into the spinal canal. In the first few days after surgery anti-inflammatories can also cause bleeding into the spinal



canal. In the first few months after surgery anti-inflammatories may inhibit the bones from fusing. The only exception to this is if you are taking aspirin for your heart. In this case, you should still stop taking the aspirin 1 week prior to surgery but you may restart taking it 1 week after surgery.

- DO NOT TAKE **ASPIRIN** 1 week before surgery and 1 week after surgery. Please discuss this with your PCP and cardiologist prior to surgery so they are aware. If they want you to take it within the 1 week before or 1 week after surgery then Dr. Valente needs to be notified so he and your PCP or cardiologist can weigh the risks/benefits of being off the medication versus the risks/benefits of taking it in the immediate peri-operative period. Aspirin can cause life threatening bleeding and/or paralysis with spinal surgery. Do not make your own decision to take it or come off of it without consulting Dr. Valente, your Cardiologist or PCP.

Pain

- Pain is expected after surgery. However, the pain medications prescribed to you should make the pain tolerable.
- You may still have numbness and tingling in your arms, but this can gradually decrease as your nerves and muscles heal.
- Ice pack may be applied to help reduce swelling and pain. Skin should be protected from a "cold burn" by using a cloth between the ice and skin. The ice pack should not be applied for more than 20 minutes at a time.

Follow-up Appointment

- We will see you in the clinic 2 weeks from the date of your surgery or sooner if needed. **Call us at 972-707-0005 to schedule an appointment for your 2 week post-op visit**, if you do not already have one. Expect to have x-rays taken so arrive 15 minutes early for your appointment.

Notify your physician if:

- **You have a fever >101.1 or greater. A low grade temperature off 99-100 is normal for the first couple of days after surgery.**
- **You develop loss of bowel or bladder control!**



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- **You have excruciating pain/weakness/numbness in arms or even legs**
 - **Develop new symptoms**

Contact us with any questions or concerns! We want you to have a good recovery!

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