ORTHOPAEDIC SPECIALISTS OF AUSTIN

Patient Instructions: Lumbar Fusion

Surgical Technique

Lumbar Fusion is a surgical procedure that removes lumbar discs from the back or the front of the spine. Its goal is to relieve pressure on the nerve roots or on the spinal cord and/or treat a painful disc. The disc (s) are removed and pressure is taken off of the nerve roots and spinal cord using an operating microscope and microsurgical technique. After removing the disc, a spacer is inserted into the disc space. This may be made from donor bone, PEEK (a body-friendly polymer spacer), or from bone taken from the patient's body. The bone or mixture of bone fills the disc space and, ideally, joins or fuses the vertebrae together. The graft is usually held in place with rods and some screws. Over time, the vertebrae grow together; this is called fusion. It usually takes a few months for the vertebrae to completely fuse, but can take up to a year or two.

Before Surgery

• Seven days prior to surgery, please do not take any anti-inflammatory NSAID medications (Celebrex, Ibuprofen, Aleve, Naprosyn, Advil, etc.) as this could have adverse effects on your spinal fusion and prolong your bleeding time during surgery.
• Do not eat or drink anything after midnight the day before surgery. This means nothing to drink the morning of surgery, except you may take your normal medications with a sip of water, if needed. This includes your blood pressure medicine, which in general should be taken. If you take insulin, consult your surgeon or primary care doctor about taking it before surgery.
• Check in on time the day of surgery. If you are late, your surgery may be cancelled.
• Bring your preoperative folder with you to the surgery and have it when you check in.
• If you have a copy of your MRI or x-rays, please bring these with you to the surgery even if your surgeon has already seen it or might have a copy. Surgery may be cancelled if we do not have your radiographic images.
• Please be aware that smokers are recognized to have a significantly higher risk of postoperative wound healing problems, as well as operative and postoperative bleeding. Smoking disrupts the normal function of basic body systems that contribute to bone formation. Smoking could result in higher nonunion rates. Smokers understand and must agree to discontinue smoking for at least two weeks before and after surgery. Although it helps to stop smoking for several weeks before and after surgery, cessation does not eliminate the increased risk resulting from long-term smoking.

After Surgery

You will have back pain after surgery. This is expected surgical pain. You may experience transient neurologic symptoms (numbness, pain, or burning); however, this should subside after a few days. Most people notice an improvement in their leg symptoms within a week after surgery. The goal of surgery is resolution of leg pain and diminishing back pain by 70-80%.

Activity Level

• Do not lift more than 10 pounds for the first 6 weeks after surgery. This may be increased to approximately 20 pounds after 6 weeks. Do not lift anything greater than 20 pounds for the first 3 months.

• Avoid prolonged upright sitting on hard surfaces or long car rides (more than 3 hours) for 2–4 weeks.
• You may drive after about 2-3 weeks and as soon as it is comfortable when no longer under the influence of pain medications.
• Limited bending or twisting of the lumbar spine is advised. If physical therapy has been prescribed, you are not to do range of motion, flexion, extension, or lateral bending until fusion has been documented. • If a brace is prescribed, it should be worn at all times except while showering and should be replaced immediately thereafter.
• Avoid activities with the potential for falling or physical contact until cleared by your surgeon.
• Start walking as soon as possible after the surgery. Walking helps to prevent blood clots and increases muscle strength.

Bandage
• Bandage (if present) may be removed the second day following surgery.
• Steri-strips should be left intact on the incision until returning to the clinic for your postoperative follow-up visit 21 days following surgery.
• If the steri strips begin to peel off, it is ok to remove them.

Bathing
• You may shower the fourth day following surgery.
• Try to limit showers to no more than 5 – 7 minutes.
• Do not scrub the wound. Let water run over the incision, then pat dry with clean towel.
• Do not soak in bathtub, hot tub or pool for at least 2 weeks.

Diet
•Narcotic pain medications are very constipating; be proactive with stool softeners and laxatives.
• A high fiber diet is recommended.
• Avoid straining on the toilet. Keep stools soft with a high fiber diet and/or use of prune juice, Metamucil, Fiber One cereal, etc.

Pain Medications
• Do not take NSAID medications (Ibuprofen, Naprosyn, etc.) or Cox-2 inhibitors (Celebrex, etc.) for 3 months following surgery.
• Tylenol can be taken for pain as needed.
• If Tylenol does not adequate reduce pain, narcotic pain medications are prescribed.
• Do not allow pain get out of control before taking medication or it will be less effective.
• We will not refill pain medications over the weekend or after hours. Anticipate the need for medication refills.

Follow-up
• Call Dr. Josey's office (512-476-2830) and schedule your routine postsurgical visit for 21 days after surgery, if it has not already been scheduled. Other follow-ups will be scheduled as needed. OSA generally follows its patients for 1-2 years after surgery.
• Please call your physician's office immediately with any problems, or go to the emergency department with progressive difficulty swallowing, difficulty breathing, significant swelling, new numbness or weakness, fever greater than 101.0 degrees, drainage from wound, or any other concerns.

Other FAQs

How long will I be in the hospital? This surgery is almost always performed on an outpatient basis; however, you

and Dr. Josey will decide on the best course of action.

How much time off from work? The amount of time needed to recover prior to returning to work varies and depends on the surgery, your job and you as an individual. Typically, 2-4 weeks is sufficient. However, patients should ask their surgeon for an individual recommendation. For jobs requiring lifting and physical exertion, more time will be required.

When can I resume driving? Driving is acceptable approximately 2-3 weeks after surgery depending on the use of pain medication. We generally recommend that you not drive while taking pain medications following surgery.

Will I wear a brace? The use of a lumbar brace varies depending on the surgery and the patient. If a brace is prescribed, it should be worn at all times except while showering and should be replaced immediately thereafter.

Will I need pain medications? We will prescribe pain medications and other peri-operative medications on the day of surgery or prior to your discharge from the surgery center or hospital.

Will I need Physical Therapy? We usually will not recommend physical therapy until postop month #3. Refrain from whiplash like motions, high impact activities such as running or horseback riding, or any radical side-to-side motions. A good rule of thumb is, 'If it hurts don't do it'.

What kind of follow-up is required? Patients return to our office for routine follow up appointments at intervals that are determined on a case-by-case basis. We typically see patients back in the office within three weeks following surgery. We will see you again at 6 and 12 weeks after surgery, then increase this to several months followed by an annual exam. Your individual needs will be determined by your surgeon at each follow-up visit.

Do I need antibiotic prophylaxis for dental procedures? We recommend avoiding routine dental prophylaxis and simple procedures for 3 months following a surgery. If you must have a dental procedure within 3 months then it would be advisable to use antibiotic prophylaxis. We generally do not make recommendations about choice of antibiotic when using it for prophylaxis, but we would be happy to discuss this with your primary doctor. Most of the time they can make this decision without our guidance, but please have them contact us if there are any concerns.

Robert Josey, M.D.
4611 Guadalupe Street Suite 200
Austin, TX 78751
512/476-2830