

Lumbar or Thoracic Decompression and Fusion

DO NOT TAKE ANY ASPIRIN PRODUCTS OR NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (ie NSAIDs, Advil, Celebrex, Ibuprofen, Motrin, Naprosyn, Aleve, etc) FOR 2 WEEKS BEFORE SURGERY. These medications can increase bleeding during surgery. If you absolutely need to be on these medications until the date of surgery, check with Dr. Park.

Your problem

There may be two separate problems in your spine. First, the spinal nerve roots or spinal cord may be compressed by degenerated, “worn out,” portions of the spine. This is called “spinal stenosis”. The compression of the nerve roots can cause symptoms such as pain, numbness, tingling or weakness of the buttocks and legs.

The second problem may be an instability of one spinal segment on another. The instability can make the spinal stenosis worse.

Your surgery

The surgery is specifically tailored to address each of the problems present. Not every patient has both problems.

If you have spinal stenosis, Dr. Park will remove the portions of the spine that are causing the compression. This is called a “decompression” or “laminectomy.” The entire spine is not removed-only the areas compressing the nerve root are removed. The decompression helps to free up space for the spinal cord and/or nerve roots.

If you have instability, a fusion needs to be performed. This is done using metal implants (usually screws and rods) to connect the problem vertebrae. A bone graft is also used. Using the implants and the bone graft, a proper environment is created so that the problem segments will fuse and heal into one bone. Only those segments causing the problem are fused.

It can take up to one to two years for the fusion to completely heal. During that time, you may progressively increase your activities under Dr. Park’s guidance. However, you should always be careful to ensure that the fusion heals properly. **There is nothing you can do to speed up the fusion, but there many things you can do to prevent it from healing.** You will be given information on what you can and can’t do after surgery.

Incision

An incision will be made down the middle of you lower back in order to access your spine. The size of the incision depends on many factors including the number of levels requiring decompression and your body weight. There will generally not be any stitches to remove. If you and Dr. Park decide minimally invasive surgery is right for you, you may have couple of small separate incisions on your back instead of one longer incision.

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There may be a small plastic drain that comes out near the wound. Its purpose is to keep blood clots from pooling in the wound. Usually, Dr. Park's team will remove the drain on day one or two after surgery, but it may be pulled out earlier or later depending on how much comes out of it.

Recovery

As you prepare yourself mentally to undergo spinal surgery, you also need to prepare yourself for the recovery period that will follow your operation. While the surgery entails work on the part of the surgeon, after that, the brunt of the work is in your hands. To ensure a smooth and healthy recovery, it is important that, as a patient, you closely follow the set of instructions that Dr. Park gives you.

Your Hospital Stay

After the operation, you will be brought to the recovery room for observation. When you wake up from the anesthesia, you may be slightly disoriented, and not know where you are. The nurses and doctors around you will tell you where you are, and remind you that you have undergone surgery. As the effects of the anesthesia wear off, you will feel very tired, and, at this point, will be encouraged to rest.

Members of your surgical team may ask you to respond to some simple commands, such as "Wiggle your fingers and toes" and "Take deep breaths." When you awaken, you will be lying on your back, which may seem surprising, if you have had surgery through an incision in the back; however, lying on your back is not harmful to the surgical area.

When you have satisfactorily awakened from anesthesia (usually about 2 hours later), you will then go to your hospital room. There, your family and friends will be able to see you.

Intravenous Fluids (IV) and Foley Catheter

Prior to the surgery, an intravenous (IV) tube will be inserted into your arm to provide your body with fluids during your hospital stay. The administration of these fluids will make you feel swollen for the first few days after the operation.

When you awake from the anesthesia, you may feel the urge to urinate. So, in addition to the IV, a catheter tube (also commonly called a Foley Catheter) may be placed into your bladder to drain urine from your system. The catheter serves two purposes: (1) it permits the doctors and nurses to monitor how much urine your body is producing, and (2) it eliminates the need for you to get up and go to the bathroom. Once you are able to get up and move around, the catheter will be removed, and you can then use the bathroom normally, usually day 1 or 2 after surgery.

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Diet

Proper nutrition is an important factor in your recovery. Initially, you will only be given ice chips to eat. This is because it is common for your GI tract not to function normally immediately after surgery. This is called an “ileus”, and it generally resolves within a few days. Factors that prolong the period of ileus include: taking high doses of narcotic pain medications and physical inactivity. On the other hand, getting off IV pain medications as soon as it is reasonable and walking as much as possible will help the ileus to resolve. Your ileus resolves when you pass flatus (gas) from below. At this point, you can eat regular food.

Physical Therapy

You will participate in physical therapy as early as the first day after surgery. This is *extremely* important to your overall recovery from surgery for a number of reasons. Getting out of bed is good for your lungs; it prevents blood clots from forming in your legs, and speeds your recovery.

The only physical therapy you should do is walking. No strengthening or stretching is necessary – these may actually be harmful unless prescribed to you later at an appropriate time by Dr. Park. Some people will need to use a walker during their initial recovery period, others may not.

Pain Medications

If you are admitted to the hospital, you will be given various pain pills to help decrease pain. It is not unusually to have pain. Our goal is to make pain manageable.

Going home

Your length of stay in the hospital depends on many factors, including your general medical condition and the severity of your spine problem. Most patients who have one level decompression and fusion can go home in two days. If minimally invasive surgery was correct for you, your stay may be even shorter (1 hospital night)! If more levels need decompression, your hospital stay may be longer.

You can go home when:

- 1) you are taking oral pain pills
- 2) you can eat and drink enough to sustain yourself (Don't worry – most people will not feel like eating and drinking too much after surgery, and that is OK)
- 3) you are able to get out of bed and walk around. Having a bowel movement is not necessary before going home.

Some patients may need to go to a rehabilitation facility first before going home. There they

Wound Care

When you are discharged from the hospital, there are a few things to remember about your surgical wound.

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1. keep your incision clean and dry
2. there are no stitches to remove, unless you have been told otherwise. Special “glue” was used to seal the wound, and all of the stitches are “inside”
3. if the wound is dry, no further dressings are needed and the incision can be left open to air. If there is some drainage, the wound can be covered with a clean dressing as needed
4. you may shower on day 2 after surgery if there is no drainage from the wound
5. do not soak the wound in a bathtub or pool
6. gently clean your wound- do not scrub it vigorously until it is completely healed
7. do not put any ointment or antibacterial solutions over the incision
8. if you notice any drainage, redness, swelling, or increased pain at the incision, call the office

Activities

Walking is the best activity. Walk as much as you like. It is good for you and will help you recover more quickly. Avoid the BLTs: bending, lifting, twisting of your lower back. However, you may exercise your arms and legs with light weights if you desire as soon as you feel it-as long as those activities do not cause you to perform BLTs on your lower back. Remember, **there is nothing you can do to speed up the fusion, but there many things you can do to prevent it from healing.** Do not try to do too much too early. Use your common sense.

Do not drive a car until you see Dr. Park or discuss with his staff. Typically, patients do not drive for 2-3 weeks. Dr Park’s office will call you 2-3 weeks postop and driving can be discussed then; however, you should not drive till discussing it with Dr Park’s staff.

Medications

You will be given pain prescriptions upon discharge from the hospital. Typically, it is the same pain pills that worked while in the hospital. Please call the office during business hours to get a refill.

Try to take the appropriate medication for the level of pain you are having. Pain medications are helpful around the time of surgery, but they can cause problems if taken for too long. **The goal is to try to get you off of the medications by 4-6 weeks or earlier, if possible.** Some people may need medications for longer than 4-6 weeks, and that’s ok.

If you find that your pain is really mild, try taking plain extra strength Tylenol instead. You may want to take over the counter pericolace or milk of magnesia to keep your bowels regular. You may find the pain medication, constipating. Do not take any non-steroidal anti-inflammatory drugs (ie, NSAIDS, advil, celebrex, ibuprofen, motrin, naprosyn, etc) or aspirin products for 4 months after surgery. These medicines can prevent proper healing of the fusion. HOWEVER, you may be given Celebrex for 2-3 days after surgery to help with pain right after surgery. This should not hinder the proper

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fusion but prolonged use can affect healing. If you have any questions about whether you can take a medication or not, call the office.

Tips:

1. **If you can tolerate tramadol (Ultram) for the first 2-3 days home, alternate between tramadol then 3 hours later take a narcotic (Norco, Vicodin, Percocet) pain pill then 3 hours later Ultram, etc to stay ahead of pain**
2. **Make sure you take an over the counter stool softener (Colace, Dulcolax, prune juice, Milk of Magnesium) while on narcotic pain pills as they can bind you up**

Diet

Eat whatever you like. You may not feel like eating too much for a few days, and that's ok. Food high in fiber (fruits and vegetables) are good in that they can help reduce constipation. Drink plenty of fluids.

Follow up

Call Dr. Park's staff at (248) 663-1900 within the first few days after you get home. Tell her that you had surgery and need six week follow up appointment.

Questions

Feel free to call Dr. Park's office with any questions (248) 663-1900. If you are having an emergency, call (248) 663-1900. Tell the operator it is an emergency. During business hours, you will be connected to Dr. Park's staff who reports emergencies to Dr. Park. After business hours, you will be connected to the surgeon on call who can help you or contact Dr. Park if necessary.

Things to be aware of

If any signs of infection are observed while changing the dressing, call your doctor. These signs include

- Fever - a body temperature greater than 101°F (38°C)
- Drainage from the incision(s)
- Opening of the incision(s), and
- Redness or warmth around the incision(s)

In addition, call Dr. Park's office if you experience chills, nausea/vomiting, or suffer any type of trauma (e.g., a fall, automobile accident).