

# **SURGICAL BOOKLET**

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**Daniel K. Park, MD**



**MIDWEST  
ORTHOPAEDICS  
AT RUSH**



## Dear Valued Patient,

Thank you for allowing our team the opportunity to take care of you. Providing an excellent and unparalleled surgical experience for you is of the utmost importance to us. We have created this booklet as a guide for you for your upcoming procedure.

Surgery is a TEAM effort. I can provide the best technical skill, but ultimately, your investment in the recovery process as well as being informed of various surgical options and what you can expect after surgery will be critical for success.

Please thoroughly read through all of the necessary sections to appropriately prepare for your surgery day. The success of your recovery is directly influenced by the effort you invest in the process. By staying informed, you can set realistic expectations and be fully prepared for your journey to healing. My team and I hope that you find this information helpful as you work towards a better, more active lifestyle.

Ultimately, pace yourself for a smoother recovery. Healing takes time, and it's important not to rush the process, especially in the first few weeks after surgery. Prioritize rest and allow your body to heal at its own pace. Once you're fully recovered, you'll be ready to dive back into the activities you love with no restrictions.



MIDWEST  
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We're here for you whenever you need us. If you have an urgent need, concern, or question, don't hesitate to reach out. Our contact number (312-432-2338) is prominently listed in this booklet to ensure you can access it easily. If you have any questions or concerns, please do not hesitate to call (312-432-2338) or email [parkpractice@rushortho.com](mailto:parkpractice@rushortho.com). Our website [www.danielparkmd.com](http://www.danielparkmd.com) also has information on every condition and procedure that we perform.

Thank you for letting me take a part in your journey,

Daniel K. Park, MD



## IMPORTANT CONTACT INFO

Keep this information close as you might need these numbers during your recovery

### **Administrative Assistant**

Can be contacted at [Tasia Mitts Parkadmin@rushortho.com](mailto:Tasia.Mitts.Parkadmin@rushortho.com)

### **Clinical Team**

Can be contacted at [parkpractice@rushortho.com](mailto:parkpractice@rushortho.com)

### **Billing Questions**

(708) 236-2607

### **Medical Record Requests**

(312) 432-2316

### **Durable Medical Equipment**

(312) 432-2482

### **Evenings, nights and weekends, call Dr. Park**

at 708-236-2799 and ask for Dr. Park's team

OR go to your local or Rush's emergency room.



## IMPORTANT DATES

### Date of Surgery:

Month Day, Year

### Location of Surgery:

**RUSH OAK BROOK  
SURGERY CENTER**

2011 York Road,  
3rd Floor  
Oak Brook, IL 60523

**GOLD COAST  
SURGICENTER**

845 N. Michigan Ave,  
Suite 985W  
Chicago, IL 60611

**RUSH  
SURGICENTER, LP**

1725 W. Harrison St,  
Suite 556  
Chicago, IL 60612

**RUSH OAK PARK  
HOSPITAL**

520 S. Maple Ave  
Oak Park, IL 60304

**RUSH UNIVERSITY  
MEDICAL CENTER**

1620 W. Harrison St.  
Chicago, IL 60612

**SOUTH SUBURBAN  
SURGICAL SUITES**

9200 Calumet Ave,  
Suite E-100  
Munster, IN 46321

### Date of Initial Postoperative Appointment:

Month Day, Year

### Location of Initial Postoperative Appointment:

**MIDWEST  
ORTHOPAEDICS AT  
RUSH OAK BROOK**

2011 York Road,  
1st Floor  
Oak Brook, IL 60523

**MIDWEST  
ORTHOPAEDICS AT  
RUSH NAPERVILLE**

55 Shuman Blvd.,  
Suite 700  
Naperville, IL 60563

**MIDWEST  
ORTHOPAEDICS AT  
RUSH SOFIJA AND  
JORGE O. GALANTE  
ORTHOPAEDIC  
BUILDING**

1611 W. Harrison St,  
Suite 400  
Chicago, IL 60612

**MUNSTER INDIANA  
OFFICE**

9200 Calumet Ave,  
Suite 300  
Munster, IN 46321



## CHECKLIST

### Before Surgery

- ☐ Obtain **Preoperative Clearance** and have results faxed to the office 1 week prior to surgery. Failure to do so may result in rescheduling your procedure.
- ☐ Set up initial postoperative appointment with our office typically **4-6 weeks** postoperatively .
- ☐ **Medications:** Stop taking medications as instructed per your PCP.
  - ☐ **2 weeks before surgery** stop dietary supplements and NSAIDs.
    - NSAIDS (Aleve, Motrin, Aspirin) can increase your risk for bleeding
    - **Common medications** that need to be stopped are included in this packet
  - ☐ **7 days before surgery** Stop blood thinners unless instructed otherwise by the prescribing provider.
  - ☐ Please **check** with the prescribing provider if it is ok to stop those medications
  - ☐ **24 hours before surgery** Stop alcohol use.
- ☐ **Durable Medical Equipment** Get fitted for braces, crutches and review cold therapy units before surgery, if indicated. Cold therapy is effective at reducing pain and swelling postoperatively - it is always a good idea to use cold therapy.
- ☐ Pick up **Post-operative medications** form your pharmacy.
- ☐ **Midnight the night before surgery** Do not eat or drink between now and your surgery except Gatorade as directed below.
- ☐ Financial obligation form if applicable.
- ☐ **Eat well** before surgery. It is important to eat healthy foods before surgery. If you are diabetic, you know how important good blood sugar control is. Having surgery puts extra stress on your body and stress can affect your sugar level. Blood sugar that is too high or too low can cause



serious problems. Keeping blood sugars in control before, during, and after surgery will reduce your risk of infection.

1. Eating food that will help your body heal is key. Good choices are protein-rich foods, whole grains, fruits, vegetables, and dairy products
2. Drink at least 6 to 8 eight-ounce cups of fluid each day to stay well hydrated

☐ **Quit smoking**

Smoking can increase the risk for many problems after surgery, especially spine surgery

☐ **Prepare your home** for surgery

1. Make sure the pathways between rooms are clear and well lit
  - a. Remove doormats and throw rugs
  - b. Secure floor level cords
  - c. Remove clutter
  - d. Arrange furniture so you have wide, clear paths
  - e. Add nightlights to bedrooms, halls, and bathrooms



## CHECKLIST

### Day before surgery

- ☐ The surgical facility will contact you by 4 PM the day before to provide time of arrival
- ☐ Please take an 8 oz Gatorade the night before and 3 hours prior to arrival on the day of surgery. Please avoid red colored Gatorade. This carb loading helps with anesthesia effects. If you are insulin dependent diabetic you do not have to do this.
- ☐ Shower the night before or the morning of surgery with antibacterial soap
- ☐ Change your bed linens so they are clean when you return home
- ☐ Make sure you pack comfortable clothes. A button down shirt will be easier than a pullover
- ☐ If you planning on overnight stay, bring your CPAP machine

### On The Day of Surgery

Arrive on time to surgery center or contact either our office at 708-236-2799 or the appropriate surgery center if unforeseeable delays arise.

- ☐ You will arrive a few hours before the scheduled time so anesthesia can discuss with you the anesthesia plan and make sure everything is safe to proceed
- ☐ After surgery is done, Dr Park will come talk to your family and after that they can see you an hour or so after.
- ☐ Dr Park will talk to you, but because of the anesthesia affects you may not remember
- ☐ If there are any questions, please contact the office





## Please Bring

- ☐ This booklet!
- ☐ A legal picture identification.
- ☐ Insurance Card
- ☐ Assistive devices/Braces/Cold Therapy that you might have.
- ☐ Paperwork if **not** submitted previously.
- ☐ Medication list.
- ☐ Non-slip, flat, closed toe, athletic or walking shoes.
- ☐ One credit card if needed for the day.
- ☐ A book, magazine or hobby item.

## Please Do Not Bring

- ☐ Jewelry and piercings.
- ☐ Valuables.
- ☐ Remove contacts and wear eyeglasses.
- ☐ Remove acrylic nails



## CHECKLIST

### After Surgery

#### ☐ Pain Management

No matter how minimally invasive the surgery is, there will be pain. **Our goal is not no pain, but pain relief that is manageable.** Usually nerve pain goes away in a few days so if you still have the same preoperative pain after surgery do not panic. Numbness and tingling takes months while strength can take up to a year.

Muscular pain due to surgery can be relieved by walking, gentle stretching, and cold for first few days. After 3-4 days, using heat maybe more beneficial.

**We typically avoid Motrin, Aleve, and other NSAIDs because it may increase the risk of bleeding. If Dr Park wants you to take it, he will let you know if it is safe.**

### Narcotics

- ☐ Narcotic pain medication is highly effective but can be addictive and associated with many side effects
- ☐ Dr Park usually tries to get people off narcotic pain pills off within a week if you have not been on narcotic prior to surgery.
- ☐ Side effects include
  1. Constipation- Use over the counter stool softeners, drink plenty of water, and move around
  2. Shallow breathing- you may use the incentive spirometer if you were given one as an inpatient
  3. Nausea-make sure you take oral medications with food
  4. Itching-medications like Benadryl can help
  5. Sleepiness-adjust the dosing if you find yourself drowsy during the day

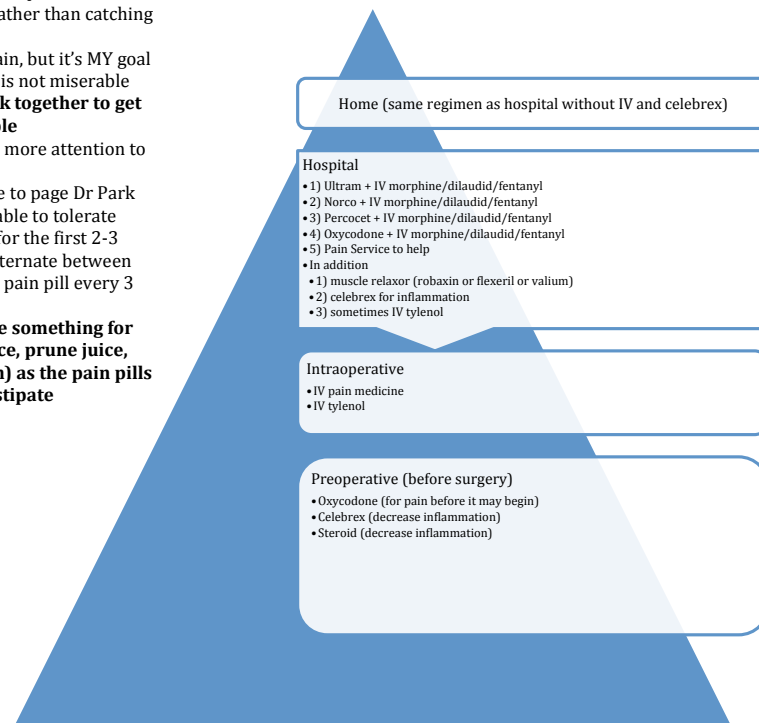


## Other non-drug pain interventions

- **Repositioning** allows for proper body alignment, improve circulation, and muscle relaxation
- **Gentle stretching** improves circulation to the muscles and joints
- **Music** promotes relaxation, rest, and rhythmic breathing. Music positively impacts blood pressure, heart rate, and muscle relaxation
- **Mindful breathing** can reduced pain and anxiety. This can be done any time and any place. Make sure you are comfortable position. Breathe in and out through your nose for a count of five seconds, exhale through your mouth for five seconds. Strive to complete a set of 10 cycles an hour.

### Tips

- Ask the nurse to schedule your pain pills (meaning, you get pain pills regardless if you are in pain so we are ahead of the game rather than catching up)
- It is usual to have pain, but it's MY goal to help make it so it is not miserable
  - **We will work together to get it manageable**
- If you feel you need more attention to your pain
  - Ask the nurse to page Dr Park
- At home, if you are able to tolerate tramadol (Ultram), for the first 2-3 days home would alternate between Ultram and narcotic pain pill every 3 hours
- **Make sure you take something for constipation (Colace, prune juice, milk of magnesium) as the pain pills makes people constipate**



**PAIN**



☐ **Wound Management**

- To reduce the risk of surgical site infection, your nose maybe swabbed to check if you have certain bacteria that increases the risk for infection. This is not a problem if you carry that bacteria, but it may change different type of soap you may need to use few days prior and the day of surgery.
- To reduce the risk of surgical site infection
  - Practice good hygiene during your recovery
  - Always wash your hands before and after touching the incision
  - Wear clean clothes
  - Use clean linens and bedding
  - Avoid touching the wound constantly
  - Do not place any lotions or creams until it is okay by Dr Park
- We know pets are important part of the family, but pets can carry bacteria. Try to not be in direct contact with your pet and your wound
- Try to not allow the pet on your bed, chair, or lap while your incision is healing
- You can shower when you get home. You can take the dressing off and let the water drip over it. Do not scrub it

☐ **Diet** Resuming a nutritious diet after surgery is paramount to your recovery. A balanced, nutritious diet helps your body heal. The expectation is that you resume a normal diet as soon as tolerated after your procedure

- A lack of appetite is normal for the first few days
- You may not be able to eat your normal portion
- Focus on consuming frequent, small amounts till your appetite returns
- Aim to eat all your meals sitting up in a chair or at the table
- Protein is key for repairing tissue
- Foods rich in vitamins and minerals are also key
  - Vitamin A: avocado, carrots, leafy green vegetables, sweet potato, cantaloupe



- Vitamin C: oranges, citrus fruits, tomatoes, strawberries, broccoli, bell peppers
- Vitamin D: milk, cheese, yogurt, eggs, salmon, tuna
- Calcium: milk, cheese, yogurt, and dark green, leafy vegetable

#### ☐ Preventing Blood Clots:

Blood clots commonly form in the legs. A blood clot that lodges in the veins of the leg is called a deep vein thrombosis (DVT).

- To help reduced the risk of blood clot
  - Get up and walk
  - Perform ankle pumps and rotate your ankles clockwise and counter clockwise every hour while at rest
  - Stay well hydrated

#### ☐ Activities

- Walking is encouraged daily
- Early walking after spine surgery can
  1. Provide faster wound healing
  2. Improve blood flow
  3. Improve lung function
  4. Enhance muscle tone
- 10 pound weight restrictions until seen in the office
- You can sleep on your back or side
- Driving only when you are off your pain pills, typically 2 weeks
- Physical therapy isn't started till seen in the office
- Some swallowing difficulty is normal after front neck surgery but you should be able to keep things down. **If extremely difficulty, please call the office**
- Try to avoid bending, lifting, and twisting (BLT)
  - Neck patients, avoid twisting your head or neck from side to side or up and down
  - Lumbar patients try not to bend at the waist for any reason besides caring for yourself. You may bend to shower, use the toilet, dress yourself



☐ **When should I call the doctor**

1. Temperature above 101.5 degrees Fahrenheit
2. Clear draining from the wound
  - a. If you had endoscopic spine surgery, you will have some drainage for a few days
3. Excess drainage from the wound
4. New neurological changes, for example new weakness or worsening weakness
5. Unable to know you have to pee or poop
6. Numbness in your private area
7. **Difficulty breathing**

**PLEASE CALL USE BEFORE GOING TO THE ER, WE CAN HELP EXPEDITE CARE**



**Medicines to stop before surgery (common ones)**

- Advil
- Aleve
- Alka Seltzer
- Alcohol
- Arthrotec
- Aspirin
- APC
- BC Tablets or Powder
- Cataflam
- Celebrex
- Coumadin
- Darvon
- Daypro
- Diclofenac
- Ecotrin
- Enbrel
- Excedrin
- Elliquis
- Goody's Headache Powder or Tablets
- Fiorinal
- Ibuprofen
- Indomethacin
- Indocin
- Ketoprofen
- Meloxicam
- Midol PMS caplets
- Mobic
- Motrin
- Nabumetone
- Naproxyn
- Oxaprozin
- Pepto Bismol Tablets
- Percodan
- Piroxicam
- Plavix (Warfarin)
- Sine Aid
- Soma Compound
- Vitamin E
- Voltaren
- Herbal Supplements



## Anterior Cervical Discectomy and Fusion or Corpectomy

### Your problem spine

The cervical spine (“neck”) is made up of seven bones called vertebrae. These vertebrae are separated by discs, which act as “shock absorbers” for the spine. The nerve roots that go into your arms, as well as the spinal cord, are encased within this bony framework of the spine.

Nerve roots and the spinal cord can be “pinched” by herniated discs or by bone spurs which arise from arthritis (“wear and tear”, or “degeneration”) of the spine. Pinching of nerve roots can result in pain, weakness, or numbness/ tingling of your neck, shoulder, upper back, arm, or fingers. Pinching of the spinal cord can additionally result in difficulty with walking or coordination.

You have decided to have surgery to help correct these problems. Two things will be done during surgery. First, Dr. Park will relieve the compression by removing the problematic disc(s) or bone spur(s) using an operating microscope. This is called a discectomy or decompression. Sometimes, an entire vertebral body needs to be removed. This is called a corpectomy. Second, he will fuse the involved segments together so that they become one unit. This is called a fusion. Fusion helps to stabilize the spine and prevent further nerve or spinal cord compression at that level. Fusing one level of the cervical spine results in approximately 5-10% less motion. The majority of people, however, do not notice much difference in their neck range of motion. Only those level(s) requiring decompression and fusion will be operated on-the rest of the spine will be left alone.

### Incision

An incision will be made in the front of the neck in order to obtain access to the spine. There will be no stitches to remove, because all of the stitches will be placed inside. You may have medical bandaid after surgery to keep the wound clean.

### Bone graft

A bone graft is necessary to perform the fusion. Two different types of graft can be used:

- Your own bone taken from the arthritis or cadaver bone
- Cage made of plastic or titanium





There are pros and cons to each type of bone graft or cage. A number of factors influence whether your own bone, cadaver bone, or some combination of the two is appropriate for you. Based on these factors, you and Dr. Park will discuss and decide together the type of graft to be used for your surgery.

## **Plate**

A specially engineered titanium metal plate is also necessary to perform the fusion. The plate is held to the spine with precisely manufactured screws. The plate stabilizes the spine to the bone graft so that it can fuse properly.

## **Brace (Collar)**

A neck brace (“collar”) will usually be worn after surgery if more than 2 levels are fused. The type of collar depends on the exact nature of the surgery. Dr. Park will discuss this with you. The collar limits neck motion in order to help fusion occur or limit the amount of motion that is allowed until healing takes place. How long the collar is worn depends on the nature of the surgery you have. Most people need to wear the collar for six weeks. In some cases, they may need to wear it longer.

Unless directed otherwise, if you are given a brace, wear the brace when out of bed and are active. When out of the collar, keep your head looking straight ahead during those times as much as possible. You do not have to wear the brace at night or showering unless directed otherwise.

If you have skin abrasion from the collar, you can lightly apply talc powder between the skin and the brace. Do not place talc powder, however, to open sores or the incision itself. Alternatively, you can place a scarf or handkerchief between the skin and the collar.

## **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."

For 1 level or 2 level fusion, majority of people are able to go home the same after being monitored for at least 4 hours. Others because they have other medical problems, more invasive surgery, or no help at home, will stay overnight. We monitor patients mainly for breathing safety and neurological safety. The main thing to observe at home on the same day of discharge is to make sure you are breathing without too much effort. Sometimes, bleeding can occur inside the bone and press on the breathing tube. This can cause suffocation and in very rare cases death. So any difficulty breathing is important to let Dr Park know. This is the main reason we observe patients for at least 4 hours after surgery.

### **Intravenous Fluids (IV)**

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.

### **Diet**

Proper nutrition is an important factor in your recovery. You will be given liquids at first, then progress to solid food when you tolerate the liquid well. After anterior cervical spine surgery, it is very common to have a temporary sore throat or temporary difficulty swallowing. This occurs because your trachea (windpipe) and esophagus (tube connecting mouth to stomach) lie in front of the spine and must gently be held aside during surgery. These symptoms gradually subside over a few days. Sometimes some trouble with swallowing may persist for several weeks after surgery, especially when eating dry foods or large pieces of meat that have not been thoroughly chewed.

### **Activity**

You can get out of bed with assistance as early as the evening after surgery if you are able. You will be encouraged to walk during your recovery period. Walking is the best activity. Walk as much as you like. It is good for you and will help you recover more quickly. Getting out of bed is good for your lungs; it prevents blood clots from forming in your legs, and speeds your recovery. If a brace is given to you, it is typically required when you are out of bed.



No physical therapy is needed unless indicated for other reasons. No strengthening or stretching is necessary – these may actually be harmful unless prescribed to you later at an appropriate time by Dr. Park.

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 neck. 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 the matter 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.

## Pain medications

A combination of pain pills will be given before surgery to help minimize pain. After surgery, pain pills will be given to you. Once a good regimen is found, you will be discharged on that regimen for home use.

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 weeks or earlier, if possible.** Some people may need medications for longer than 4 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 3 months after surgery. These medicines can prevent proper healing of the fusion. If you have any questions about whether you can take a medication or not, call the office.

### Tips:

1. **Do Tylenol around the clock for the first 2 days. You can use the narcotic pain pill as rescue medicine if Tylenol is not working**
2. **Typically Dr Park may prescribe a strong pain pill (oxycodone) and a moderate pain pill (tramadol). Do the Tylenol and wait 1-2**



hours. If no response try the tramadol and wait 1-2 hrs. If no help, then go up to oxycodone. If there is good relief after taking a medicine stay at that level of pain medication.

3. **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**

## 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 are typically in the hospital overnight, but many are able to go home same day.

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) Someone can watch you and stay with you the first night
- 4) You are able to get out of bed and walk around. Having a bowel movement is not necessary before going home.

## 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)
- Difficulty breathing
- Difficulty swallowing

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).

**If you cannot breath comfortably or keep choking on food and liquids please contact Dr Park's office ASAP**



## Cervical Disc Replacement

### Your problem spine

The cervical spine (“neck”) is made up of seven bones called vertebrae. These vertebrae are separated by discs, which act as “shock absorbers” for the spine. The nerve roots that go into your arms, as well as the spinal cord, are encased within this bony framework of the spine.

Nerve roots and the spinal cord can be “pinched” by herniated discs or by bone spurs which arise from arthritis (“wear and tear”, or “degeneration”) of the spine. Pinching of nerve roots can result in pain, weakness, or numbness/ tingling of your neck, shoulder, upper back, arm, or fingers. Pinching of the spinal cord can additionally result in difficulty with walking or coordination.

You have decided to have surgery to help correct these problems. Two things will be done during surgery. First, Dr. Park will relieve the compression by removing the problematic disc(s) or bone spur(s) using an operating microscope. This is called a discectomy or decompression. After the decompression is finished, a disc replacement will be placed where the damaged disc used to be.

### Incision

An incision will be made in the front of the neck in order to obtain access to the spine. There will be no stitches to remove, because all of the stitches will be placed inside.

Occasionally, there maybe a small drain in your wound that is placed during surgery to prevent blood clots from pooling in the wound.

### Brace (Collar)

A neck soft brace (“collar”) will usually be worn after surgery to help protect you but this is not critical to the healing. Dr. Park will discuss this with you. Dr Park encourages you to take it off few times a day to work on flexion and extension of your neck (nodding yes or no) but limit turning your neck left and right for the first few weeks after surgery. You do not need to sleep or eat or shower in the collar.

### 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."

We will monitor you for at least 4 hours after surgery to make sure you are breathing okay and swallowing okay. It may feel raw in your throat which is normal but you should not have excessive difficulty swallowing. Breathing should not be difficult. If they are you will need to notify the staff and/or Dr Park immediately.

## **Intravenous Fluids (IV)**

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.

## **Diet**

Proper nutrition is an important factor in your recovery. You will be given liquids at first, then progress to solid food when you tolerate the liquid well. After anterior cervical spine surgery, it is very common to have a temporary sore throat or temporary difficulty swallowing. This occurs because your trachea (windpipe) and esophagus (tube connecting mouth to stomach) lie in front of the spine and must gently be held aside during surgery. These symptoms gradually subside over a few days. Sometimes some trouble with swallowing may persist for several weeks after surgery, especially when eating dry foods or large pieces of meat that have not been thoroughly chewed.

## **Activity**

You can get out of bed with assistance as early as the evening after surgery if you are able. You will be encouraged to walk during your recovery period. Walking is the best activity. Walk as much as you like. It is good for you and will help you recover more quickly. Getting out of bed is good for your lungs; it prevents blood clots from forming in your legs, and speeds your recovery.



No physical therapy is needed unless indicated for other reasons. 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, most people do not need a walker.

Avoid heaving lifting. 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 the matter 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.

## Pain medications

A combination of pain pills will be given before surgery to help minimize pain. After surgery, pain pills will be given to you.

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 2-3 weeks or earlier, if possible.** Some people may need medications for longer than 2-3 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 1 months after surgery unless directed by Dr Park. If you have any questions about whether you can take a medication or not, call the office.

### Tips:

1. **Do Tylenol around the clock for the first 2 days. You can use the narcotic pain pill as rescue medicine if Tylenol is not working**



2. Typically Dr Park may prescribe a strong pain pill (oxycodone) and a moderate pain pill (tramadol). Do the Tylenol and wait 1-2 hours. If no response try the tramadol and wait 1-2 hrs. If no help, then go up to oxycodone. If there is good relief after taking a medicine stay at that level of pain medication.
3. 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

## 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. Majority can be discharged the same day

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.
- 4) You have a reliable person staying with you who can watch you.

## 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)
- Increased swelling over the incision
- Difficulty with breathing and swallowing

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).

**If you cannot breath comfortably or keep choking on food and liquids please contact Dr Park's office ASAP**





## **Lumbar Laminectomy (Decompression)**

### **Your problem spine**

You have spinal stenosis, a condition in which the spinal nerve roots are compressed by degenerated (“worn out”) portions of the lumbar spine. The compression of the nerve roots can cause symptoms such as pain, numbness, tingling or weakness of the buttocks and legs.

### **Your surgery**

Your surgery is done to treat spinal stenosis. During this procedure, Dr. Park will remove the portions of the lumbar spine that are causing the compression. The entire spine is not removed – only the areas compressing the nerve roots are removed. The decompression helps to free up space for the nerve roots.

The goal of the operation is to help improve the buttock and/or leg pain. Low back pain may or may not improve after surgery.

### **Incision**

An incision will be made down the middle of your 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.

### **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.

If the plan is for you to go home the same day, your family and friends will come and see you in the anesthesia recovery unit. Many patients are able to go home the same day. If the plan is for overnight, you will see your family members likely in your hospital room.

## 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. Once you can tolerate ice chips, typically you will be given clear liquids. If you are able to keep the liquids down without feeling sick, you are then progressed to more normal food.

## Physical Therapy

If you go home the same day of surgery, you will not need physical therapy. However, you should walk as much as you can within reason when you get home. Walking 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.

If you are admitted to the hospital for observation, it is typically because more than 1 level of decompression took place. In this case, 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.

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.



## 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.

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 2-3 weeks or earlier, if possible.** Some people may need medications for longer than 2-3 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 6 weeks after surgery. These medicines can cause bleeding inside the wound. If you have any questions about whether you can take a medication or not, call the office.

### Tips:

1. **Do Tylenol around the clock for the first 2 days. You can use the narcotic pain pill as rescue medicine if Tylenol is not working**
2. **Typically Dr Park may prescribe a strong pain pill (oxycodone) and a moderate pain pill (tramadol). Do the Tylenol and wait 1-2 hours. If no response try the tramadol and wait 1-2 hrs. If no help, then go up to oxycodone. If there is good relief after taking a medicine stay at that level of pain medication.**
3. **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**

## 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 a one level decompression can go home the same day. 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.

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
  - if your surgery was done endoscopically, there will be drainage for the first few days after surgery. Use extra absorbent dressing material for the first few days after surgery. If it keeps draining after a few days call the office.

### 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.



## 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).



MIDWEST  
ORTHOPAEDICS  
AT RUSH



## **Lumbar Microdiscectomy**

### **Your problem**

Intervertebral discs can be thought of as the “shock absorbers” or “cushions” between the vertebral bodies (bones) in the spine. The disc is made up of a fibrous, tough, outer rim (the annulus) surrounding a central core of gelatinous, soft material (the nucleus). If the annulus tears, the nucleus can then extrude through the hole in the annulus and place pressure on the nerve root. It is like what would happen if a jelly doughnut is crushed- the jelly will leak out through the side of the doughnut. This is what is called a “herniated disc”. The pressure on the nerve roots caused by the herniated disc can result in pain, weakness, or numbness/tingling of the buttocks and/or the lower extremity.

### **Description of the surgery**

The surgery (lumbar microdiscectomy) is done to relieve the pressure on the nerves and help treat your symptoms.

After making a small incision over the area of the disc herniation in the lower back, Dr. Park will remove the portion of the disc that is creating pressure on the nerve roots. Some additional loose disc material is also removed, but the entire disc is NOT removed because doing so is unnecessary. Only the damaged disc is removed. Currently, we do not have the technology to replace the damaged disc with a new disc.

### **Going home**

Most patients either go home on the same day of surgery.

You can go home when:

- 1) Your pain is controlled by 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
- 4) you can urinate on your own

### **Wound Care**

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

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
  - if your surgery was done endoscopically, there will be drainage for the first few days after surgery. Use extra absorbent dressing material for the first few days after surgery. If it keeps draining after a few days 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. 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 6 weeks after surgery. These medicines can cause bleeding inside the wound. If you have any questions about whether you can take a medication or not, call the office.

#### **Tips:**

- 4. Do Tylenol around the clock for the first 2 days. You can use the narcotic pain pill as rescue medicine if Tylenol is not working**
- 5. Typically Dr Park may prescribe a strong pain pill (oxycodone) and a moderate pain pill (tramadol). Do the Tylenol and wait 1-2 hours. If no response try the tramadol and wait 1-2 hrs. If no help, then go up to oxycodone. If there is good relief after taking a medicine stay at that level of pain medication.**
- 6. 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**

#### **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).



## Lumbar or Thoracic Decompression and Fusion

### 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 as well as a cage sometimes to aid in the fusion process. 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.

## 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)

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.

## 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. Once you feel up for it, 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.



## 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.

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 spend 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.

## 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.

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 3 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 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. Do Tylenol around the clock for the first 2 days. You can use the narcotic pain pill as rescue medicine if Tylenol is not working**
- 2. Typically Dr Park may prescribe a strong pain pill (oxycodone) and a moderate pain pill (tramadol). Do the Tylenol and wait 1-2 hours. If no response try the tramadol and wait 1-2 hrs. If no help, then go up to oxycodone. If there is good relief after taking a medicine stay at that level of pain medication.**
- 3. 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**

## **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



## 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).



## **Posterior Cervical Surgery**

### **Your problem spine**

The cervical spine (“neck”) is made up of seven bones called vertebrae. These vertebrae are separated by discs, which act as “shock absorbers” for the spine. The nerve roots that go into your arms, as well as the spinal cord, are encased within this bony framework of the spine.

Nerve roots and the spinal cord can be “pinched” by herniated discs or by bone spurs which arise from arthritis (“wear and tear”, or “degeneration”) of the spine. Pinching of nerve roots can result in pain, weakness, or numbness/ tingling of your neck, shoulder, upper back, arm, or fingers. Pinching of the spinal cord can additionally result in difficulty with walking or coordination.

In general, the goal of the surgery is to relieve the compression on your nerves by creating more space for them. Plates, rods, and/or screws may be used in some circumstances as discussed with you by Dr. Park.

### **Incision**

An incision will be made in the back of the neck in order to obtain access to the spine. There will usually be no stitches to remove, because all of the stitches will be placed inside.

There may be a small drain in your wound that is placed during surgery to prevent blood clots from pooling in the wound. Generally, it is removed on the first day or two after surgery, depending on how much comes out of it.

### **Brace (Collar)**

A neck brace (“collar”) will usually be worn after surgery. The type of collar depends on the exact nature of the surgery. Dr. Park will discuss this with you. The collar limits neck motion in order to help fusion occur or limit the amount of motion that is allowed until healing takes place. How long the collar is worn depends on the nature of the surgery you have. Most people need to wear the collar for six weeks. In some cases, they may need to wear it longer.

Unless directed otherwise, wear the brace when out of bed. When out of the collar, keep your head looking straight ahead during those times as much as possible. You do not have to wear the brace at night or when showering unless directed otherwise.

When you shower or shave, do not flex or extend your neck while doing those activities. Keep looking ahead as you do those activities of daily living.

If you have skin abrasion from the collar, you can lightly apply talc powder between the skin and the brace. Do not place talc powder, however, to open



sores or the incision itself. Alternatively, you can place a scarf or handkerchief between the skin and the collar

## 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 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)

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.

## Activity

You can get out of bed with assistance as early as the evening after surgery if you are able. You will be encouraged to walk during your recovery period. Walking is the best activity. Walk as much as you like. It is good for you and will help you recover more quickly. Getting out of bed is good for your lungs; it prevents blood clots from forming in your legs, and speeds your recovery. If a brace is given to you, it is typically required when you are out of bed.





No physical therapy is needed unless indicated for other reasons. 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.

Do not drive a car until you see Dr. Park in the office 6 weeks after surgery. Dr Park's office will call you 2-3 weeks postoperatively and driving can be discussed then; however, you should not drive till discussing it with Dr Park's staff.

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. Remember, **there is nothing you can do to speed up the healing process, but there many things you can do to prevent it from healing properly.** Do not try to do too much too early. Use your common sense.

## 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.

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 weeks or earlier, if possible.** Some people may need medications for longer than 4 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 3months after surgery. If you have any questions about whether you can take a medication or not, call the office.



### Tips:

1. Take Tylenol around the clock for the first 2-3 days. You can add in the narcotic pain medication if needed on top of that.
2. Typically Dr Park may prescribe a strong pain pill (oxycodone) and a moderate pain pill (tramadol). Do the Tylenol and wait 1-2 hours. If no response try the tramadol and wait 1-2 hrs. If no help, then go up to oxycodone. If there is good relief after taking a medicine stay at that level of pain medication.
3. 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

### 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 are typically in the hospital for 1-2 nights.

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

### 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)



MIDWEST  
ORTHOPAEDICS  
AT RUSH

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).