
LUMBAR FUSION

SURGICAL EXPLANATION:

An incision is made on the lower back to expose the spine. Disc material, bone spurs and/or arthritis are removed, and the nerves unpinched. The disc space is replaced with a titanium cage and packed with bone graft and secured with titanium rods and screws. In time, the fusion will take place, and the two or more bones will grow together to form one bone.

HOSPITALIZATION:

This surgery may be done as inpatient or outpatient. The patient may stay one night in the hospital or outpatient care suite. Patients will usually go home after their hospitalization. During their hospitalization, patients will be instructed by physical therapy and the nursing staff to reposition every few hours. This will include getting out of bed to the chair with meals, ambulating with assistance, and log rolling while in bed every two hours. Patients will be shown how to follow spinal precautions, which include no bending, lifting, twisting, slumping or arching of the back, and log rolling to change positions prior to sitting up in bed.

For more information, please visit www.orthoillinois.com and click the following: Resources, Patient Education, scroll down to Spine Procedures and click on your surgery procedure.

Transforaminal Lumbar Interbody Fusion Postoperative Instructions

Wound Care

- Keep incision area dry and clean. Do not put any ointments or antibiotic solutions on the incision. Steri-strips or staples are used to close the skin. Let the steri-strips fall off by themselves or you should remove them after two weeks. If you have staples, you will receive a staple removal appointment 3 weeks after surgery. If you notice **any drainage**, redness, swelling or increased pain at the incision site, call the office immediately. You may use an ice pack after surgery to help with incisional discomfort as needed 20 minutes on then 20 minutes off.
- You will likely go home from the hospital with a drain. Please refer to the postoperative drain instruction sheet provided to you for any additional showering, incision, and drain care instructions.
- You may shower 4 days after your surgery (24 hours after drain removal), as long as your white waterproof dressing (Silverlon) is sealed and intact. Remove your waterproof dressing 7 days after your surgery. Do not take a bath or get into a pool for 6 weeks and evaluated by physician
- For the best cosmetic result, keep your incision away from direct sunlight and tanning booths until it fades completely to flesh tone. Otherwise, there is a risk of permanent discoloration. You may use vitamin E lotion to massage the incision after 6 weeks.

Activities and Restrictions – at least 6 weeks after surgery

- **No forward bending, twisting, or stooping forward at the waist.**
- Your shoulders and hips should move together as a unit without twisting your low back. In bed, log roll to change positions, and roll onto your side before sitting up.
- Do not use a reclining chair (mainly because they force you to slump, and are difficult to exit properly). You may cross your legs at your feet and your knees for dressing. Avoid crossing your legs for extended periods of time.
- You may be scheduled for an appointment to review the postoperative spinal precautions listed above with our physical therapist.
- No lifting over 20 pounds.
- Regular walking is the best exercise after this type of surgery. Stair climbing is permitted. Formal physical therapy will generally start about 4-6 weeks after surgery. You may engage in sexual activities 4 weeks after surgery, provided the activity is not painful. You may resume driving 2-4 weeks after surgery when your judgment is not impaired by pain medication.
- TED stockings should be worn for 2 weeks after surgery during the day then remove at night.
- There is always a small chance that a brace or orthosis will be necessary after surgery. Your surgeon will discuss this matter if the need arises.

Medications and Nutrition

- **Increasing your protein intake dramatically improves the rate of successful wound healing. We strongly recommend drinking up to 2 protein shakes per day (in addition to your customary diet) for the first 6 weeks.**
- Avoid constipation (caused by narcotic medication) by following the bowel regimen described on the separate sheet provided.
- For the next year, you should take antibiotics prior to any dental work or invasive medical procedure. If possible, avoid dental procedures for 3 months after surgery..
- Do not take anti-inflammatory medication (e.g., ibuprofen, naproxen) for 2 weeks before and 6 weeks after surgery, unless specifically discussed with your surgeon.
- Do not take any blood thinning medication (e.g., Coumadin, Plavix, Eliquis, Xarelto, Aspirin) for 1 week before. Refer to your post op instruction sheet to resume blood thinner as directed by physician.
- Do not take any osteoporosis medication (e.g., Fosamax, Actonel, Evista, Prolia) for one month before and 3 months after surgery, unless specifically discussed with your surgeon.
- Medications for Rheumatoid Arthritis may need to be held for a time period both before and after surgery. Notify your physician of any of these medications (e.g., Enbrel, Remicade, Imuran, Arava, Humira) and refer to your post op instruction sheet for timeframe directed by physician.
- Do not take herbal supplements including fish oils or Niacin (vitamin B3) 2 weeks before or 2 weeks after surgery
- Just a reminder: **NO SMOKING.** Tobacco smoke (even second-hand smoke) and nicotine (even gum, patches, or E-cigarettes) after fusion surgery will jeopardize the healing process, and may result in chronic pain and the need for further surgery.
- Take over-the-counter calcium (600 mg) daily and vitamin D3 (2000 I.U.) two times daily with meals prior to surgery and for 6 months following surgery. Depending on your pre-op vitamin D level, we may require that you take a prescription vitamin D3 supplement instead. If you have a history of kidney disease or kidney stones, please talk to your PCP regarding adjusting calcium dose before starting supplementation. Increasing your protein intake also improves the rate of successful healing.
- The medications prescribed for your post-operative pain are to be used as needed, not scheduled. You may alternate your pain pill with Tylenol for breakthrough pain as needed (daily limit of Tylenol 4000mg) as needed. Do not take your pain pill and your muscle relaxer at the same time. These medications should be taken 2-3 hours apart.
- Norco/hydrocodone is a habit forming medication. You should stop this medication as soon as possible

Long-Term Management

The key to success after a lumbar surgery is prevention of future episodes. The critical elements to good back health are:

- Strong core stabilizing muscles (back extensors, abdominals, gluteals)
- Hamstring flexibility
- Proper lifting technique (*how* you lift is much more important than *how much* you lift)
- Avoidance of a flexed or slumped low back (e.g., stooping over to pick something up)
- Weight loss (especially in patients with a large midsection)
- Regular aerobic exercise (30 minutes, 3x/week)
- Avoidance of tobacco products

Adherence to these principles will maximize your chances of avoiding future surgery. However, no one else can apply these concepts except the patient.

Questions and Emergencies

Call 815-398-9491 during business hours for questions and emergencies (Monday-Thursday 8 A.M. to 4 P.M., Friday 8 A.M. to noon). **Medication refills will only be authorized during business hours.** Please specify if you calling for an emergency and you will be connected with the spine nurse. All emergencies are reported to the physician immediately.

After business hours, you may call 815-398-9491 and the answering service will contact your physician. If he is out of town or if it is the weekend, another physician or physician's assistant will be available.