

Dr. Anant Kumar, M.D.

Post-Operative Instructions after Cervical Spine Surgery

We want to make this experience as pleasant as possible for you and your family.

If you have any questions before or after your surgery,

please contact our office at **(720) 452-3355**

Post-Op Pain

It is not unusual to experience the following symptoms in the first few weeks after surgery:

1. Pain in and around the incision(s).
2. Some persistent neck or arm pain.
3. Pain between the shoulder blades or across the shoulder area.
4. Numbness in the hip area or pulling feeling in buttocks or groin area if a bone graft was taken from the hip.
5. Mild swelling or redness at the incision(s).
6. Pain on moving from bed to chair or standing position. It is not unusual to be uncomfortable during the first few days following surgery, and especially at night. This will improve steadily.
7. A sore throat that feels like something is caught when you swallow.

Calling the Office

We are here to help you. Please call with any questions.

Call the office at (720) 452-3355 if any of the following occur:

1. Sustained fever greater than 101.5 degrees Fahrenheit by mouth that does not respond to a dose of two tablets of Tylenol. (Do not take Tylenol if you have any contraindications or allergies to Tylenol.)
2. Drainage from the incision(s). (spotty drainage may be normal for the first few days)
3. Incision is very red or warm to the touch.
4. Arm or neck pain or swelling in excess of your pre-operative pain.
5. Difficulty swallowing.
6. Severe nausea, vomiting, diarrhea, or constipation.

Pain Medication

With regard to pain medicine, you will be given a prescription when you are discharged. You may also get a prescription for a muscle relaxant. Take them as needed and directed. If you need a refill prescription of pain medication or a prescription for Tylenol, call your pharmacy and they will contact us for the authorization. **DO NOT WAIT UNTIL YOU ARE OUT OF MEDICINE!** It can take up to 2 days for us to call in refill authorizations. **No prescription refills will be called in at night or on weekends.**

Do not begin taking Non-Steroidal Anti-Inflammatory Drugs or NSAIDs (Advil, Motrin, Ibuprofen, Nuprin, Alleve, Celebrex, Vioxx, Bextra, etc.) until approximately 12 weeks after surgery.

You may be prescribed Decadron (a steroid) to take after you are home from the hospital. Take this prescription as directed. You must take the entire prescription. Decadron may cause you to feel nervous or jittery. It may also cause difficulty sleeping. These symptoms will improve once you have finished your prescription.

The pain medication and anesthesia can cause problems with constipation. Start a stool softener daily, increase your fluids, and walk as tolerated to help with constipation. It is ok to use an over the counter suppository (such as Dulcolax) or an oral laxative (such as Dulcolax tabs or Milk of Magnesia), as needed, if you have had no bowel movement by 3 days after your surgery.

Incision Care

There are staples, sutures or paper band aids (steri-strips) holding the incision(s) closed. If banked bone was used for the fusion, you will have only one incision at the neck. If your own bone was used, a second incision at the hip will be present.

1. Change the dressing(s) daily for 3 days with 4x4 gauze and tape, or when the dressing is soiled. After that, if there is no drainage, you may remove the dressing. You may either let the incision air dry (**leave the steri-strips in place**) or cover with an oversized Band-Aid. **Redness and/or persistent or colored drainage should be reported to our office.**
2. You may shower 48 hours after surgery. Water will not hurt the incision but do not tub bathe or soak the wound. Do not scrub the incision. Keep the dressing clean and dry. If the dressing gets wet, change it.
3. Do not apply ointments or solutions to the incision. Mild soap and water is OK.
4. If you notice a small clear suture at the end of the incision, do not remove it. It will either dissolve or be removed in the office.
5. If you develop blisters, redness, or irritation from the tape, discontinue its use.

Calling 911

Please call 911 immediately if any of the following occur:

1. Difficulty breathing, shortness of breath or pain with breathing.
2. Chest pain.
3. Leg pain – specifically calf tightness or swelling.
4. Bowel or Bladder loss.

Do's and Don'ts

You should think of the first week after surgery as an extension of your hospital stay. In general, if any activity increases discomfort, don't do it. It will get easier each day.

Your first post op visit with Dr. Kumar will be scheduled 10-14 days after surgery. Make sure you have this appointment scheduled! An x-ray will be ordered on the day of your first and second post-op visits if you have had a cervical fusion.

COLLARS/BRACES:

1. Wear your collar at all times. You have been given two collars. Wear one in the shower, then change into the second one and let the first collar dry. Avoid big 'yes' or 'no' motions with your head. The collar is **not** there to restrict all neck movement. It is there to restrict excessive movement to allow the bone graft to heal.
2. Following a fusion, you will wear a hard cervical collar for approximately 6-8 weeks after your surgery. Following a laminotomy, foraminotomy or laminectomy you will wear a cervical collar for approximately 4 weeks. This may vary on a case to case basis. You must wear a brace at all times. At your 6-8 week follow-up appointment, Dr. Kumar will determine when you may begin weaning off your collar.

DAILY ROUTINE:

1. Do not use time at home as an excuse to do housework! **Remember, no stooping, bending, or twisting is allowed.**
2. Do not remain confined to bed during the day. Walk as much as you comfortably can. You may climb stairs. If you sit or stand for more than 20-30 minutes, you should get up and walk to avoid getting stiff.
3. Avoid lifting more than 5-10 lbs.
4. No exercise program is allowed until you are released by your doctor to do so.
5. White surgical stockings may be worn to prevent blood clots. If prescribed, they are to be worn until your first post-operative visit with the physician. You will need assistance in taking on and off the stockings. If help is not available, either leave the stockings on and sleep in them at night, or do not put them on in the morning.
6. It is ok to sleep on your side, back, or in a reclining position.
7. You may shower 48 hours after surgery. Water will not hurt the incision but do not tub bathe or soak the wound. Do not scrub the incision. Keep the dressing clean and dry. If the dressing gets wet, change it.
8. Hot tubs – Patients who have had a fusion should not use a hot tub for at least 3 months post op. If you have had a laminectomy, laminotomy or foraminotomy and do not have any surgical implants or bone graft you may use a hot tub at 6 weeks post op.
9. Do not schedule dental work for two weeks prior to your surgery or for two weeks following your surgery.
10. Implant cards are available upon request if you have had a cervical fusion. This may be required by your airlines before they allow you to clear security.

DRIVING:

You should not drive until the hard cervical collar is removed by your surgeon or until your surgeon instructs you otherwise. You must be OFF all narcotic medications before you can resume driving. You may ride in a car as a passenger. Do not ride for more than an hour without getting out and walking for a few minutes.

SEXUAL ACTIVITY:

Sexual Activity: You may resume sexual activity 2-6 weeks after surgery with the following precautions:

- Do not over-exert your body. Let your partner do the strenuous movements.
- Lay on your back, pillow under your knees if desired.
- Wear your brace if you have one.
- Do not twist or bend; keep your spine in a neutral position.
- Discuss any questions or concerns regarding sexual activity with your physician.

RETURN TO WORK/SCHOOL:

Returning to work or school is variable depending on the type of work as well as the type of surgery performed. Some people return to work in 3-4 weeks, and others return in 12 weeks. Decisions regarding returning to work and physical therapy needs will be made on an individual basis by your physician.

I acknowledge that I have read through and have been instructed in the above post-operative instructions.

Patient

Date

Witness

Date