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Post-Operative Guide for Anterior Cervical Fusion Surgery Patients

These instructions should be used after your surgery and will help guide you after surgery. When discharged from the hospital after the surgery you will need to be accompanied by another adult. When you get home, please call our office at (888)67-Spine or (888) 677-7463 to schedule your follow up appointment. The appointment should be scheduled one week from your surgery date.

WOUND CARE

- Do not get wound wet until sutures removed on until your first postoperative appointment. Please do not change dressing unless it is completely soiled. Contact office if dressing needs to be changed prior to 1st week postoperative visit.
- Do not shower until your sutures are removed. Sutures usually are removed at your one week postoperative visit. Once sutures removed and wound is cleared as being “OK” you may then shower after 1st week postoperative visit.
- Do not take a bath or submerge your incision under water (i.e. swimming pools, or lakes) for SIX weeks after surgery. If the wound accidentally gets wet, gently pat it dry and cover the wound with a clean, dry dressing.
- Incisions can become infected. If you notice redness, swelling, or draining at incision area, please call the office at (281) 664.2237.
- You may remove your ted hose stockings 48 hours after arriving home.

ACTIVITIES

- Walk a minimum of thirty minutes each day. This can be broken up into intervals of ten minutes throughout the day. Gradually increase your walking time on a pain guided as tolerated basis.
- Some patients may require physical therapy to increase their strength and endurance after surgery. If physical therapy is required, it usually begins six weeks after surgery.
- Avoid pulling, pushing, twisting, bending, or lifting greater than 10lbs for six weeks after surgery.

MEDICATIONS

- When discharged from the hospital you will be given prescriptions for pain and/or muscle relaxants. Be sure Dr. Mohr's office has the correct pharmacy information in your chart. Sometimes it is necessary that these medications are called in to your local pharmacy.
- Contact your local pharmacy for prescription refills.
- The need for pain medication varies for each patient. Everybody's perception of pain is different. Some will need it briefly; others may need it for several months. You should only take your pain medicine if you feel that you need it. It is okay to use Tylenol if you feel you no longer need the prescription strength pain medication to manage your pain.
- Generally, most patients stop taking pain medications EIGHT weeks or less after surgery. If it becomes necessary for you to use pain medications for more than 8 weeks we may refer you to a Pain Management Specialist to assist us in managing your pain and medications for pain.
- Pain medications should be reduced gradually not stopped abruptly. Suddenly stopping a pain medication can cause you to feel very uncomfortable. Symptoms of stopping a pain medication abruptly may include nausea, vomiting, chills and diarrhea.
- If you need to change your medications due to side effects or failing to relieve your pain, please contact (281) 664.2237.
- Smoking reduces bone density and significantly impairs healing after surgery; smoking should be avoided.
- Blood thinners such as Lovenox, Plavix, Xarelto, Aspirin and Warfarin can be restarted 72 hours after surgery.
- Begin taking 1200mg of Calcium and 2500IU of Vitamin D every day after surgery in order to promote bone healing.
- Please avoid taking rheumatoid arthritis, NSAIDs like motrin/aleve for 3-6 months after fusion surgery. If any variation of this is warranted Dr. Mohr will want to discuss it with you.

CONSTIPATION

Constipation is a common problem for patients who have had surgery. Pain medicines, anesthesia and iron pills can cause constipation. The following interventions can help relieve constipation:

- Drink at least 6-eight ounce glasses of water every day.
- Constipation often occurs with use of pain medication. Therefore, use of a stool softener is recommended on a short term basis. Common ones include: Colace, Dulcolax, Sennekot, or Metamucil; they can be purchased at your local pharmacy. The dosage is usually to take one tab by mouth twice daily.
- Use a bulk laxative such as Consul, Miramax, Metamucil or Been-fiber. Bulk laxatives provide roughage for the colon without chemical stimulants. These substances are in powder form and need to be mixed with water or juice.
- Drinking Miralax followed by two cups of black coffee or green Tea per day may help. Green tea can help stimulate the colon naturally.
- If all of these suggestions fail, you might need to try a Fleets enema.

NECK PAIN

You may feel soreness and tenderness at the base of the neck or both shoulder blades after surgery. You may also feel some slight numbness and tingling in your arms intermittently. The arm pain you might have felt before surgery may sometimes be present after surgery, but it may be more intense or totally disappear. Pain at the incision site is normal. You may feel some discomfort in your throat due to slight swelling and you may have difficulty swallowing; this is called dysphasia. You may also experience mild hoarseness. You may use throat lozenges, or chloraseptic spray to help with throat discomfort. These symptoms may occur for several weeks after surgery but should not worsen.

NECK BRACE

Multiple level cervical fusion patients need to wear a Vista collar for 4-6 weeks post-operatively; single level cervical fusion patients need to wear the Vista collar for 2 weeks. Driving is prohibited while wearing your neck brace. You should avoid heavy lifting while wearing the brace and until the doctor releases you to resume your normal activity level.

SMOKING

It is highly recommended that you refrain from smoking post-operatively. Smoking reduces bone density and significantly impairs healing after surgery; smoking should be avoided.

If you have questions after referencing this post-operative guide, please contact Dr. Mohr's Assistants at (888) 67-SPINE or (281) 664.2237.