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Post-Operative Guide for Sacroiliac Joint Fusion 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.
- No brace will be needed for this surgery
- 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.
- 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: IMPRESSION: 1. Worsening large disc extrusions at the L2-L3 and L3-L4 levels with displacement of traversing bilateral L3 and L4 nerve roots. There is redemonstration of decompression laminectomy at L3-L4. 2. Redemonstration of anterior and posterior fusion at L4-L5. Incomplete fusion of interbody device appears unchanged since 2017. There is mild thickening and possible clumping of nerve roots in the right lateral recess, not appreciated on prior study. Please correlate. 3. Stable central disc protrusion at L5-S1 narrowing the lateral recesses without significant attenuation of traversing nerve root sleeves. 4. Stable levoconvex curvature centered at L3-L4. 5. Foraminal narrowing at the L1-L2 through L5-S1 levels. Findings appear slightly

worsened at the L3-L4 level with presumed impingement of exiting bilateral L3 nerve roots.

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, 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.

PAIN

You will experience some post-op pain. The level of pain varies from patient to patient. Sacroiliac joint fusion surgery patients may experience leg pain. Surgical pain can vary from more intense pain or pain oftentimes totally disappears. Pain at the surgical site(s) is normal. These symptoms are normal in most cases, but if any severe pain symptoms continue after a long period of time or worsen. Please contact us. If you have questions after referencing this post-operative guide please contact Dr. Mohr's Assistants at (888)67-SPINE, 281-664-2237.

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.