

# **PATIENT POST-OPERATIVE INSTRUCTIONS**

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## **For immediate medical attention, please contact:**

Dr. Poffenbarger's office: 307-578-1955

West Park Hospital: 307-578-7501

Your personal physician / Your local hospital / 911

## **Post-Operative Questions and Concerns**

### **Wound Care**

1. If you have a wound dressing in place, it should be removed 48 hours after surgery. Take the dressing off but do *not* replace it. The wound will heal best if it is open to the air.
2. Do not submerge your wound in water for 30 days after surgery. It is OK to get the wound minimally wet in the shower once your wound is more than 48 hours old. Do not let the shower pelt the wound, but rather allow the surrounding skin to get wet enough to be clean. It is OK to get soap and water on the wound as long as you don't inundate the wound and make it soggy.

### **Normal vs. Abnormal Symptoms**

1. Those who have had cervical spine surgery may notice some difficulty swallowing for several weeks after surgery. This will be most pronounced when eating foods such as red meat and hard candy. Avoid these foods until the difficulty passes.
2. Those who have had spinal surgery might note sharp electric pains in their limbs or spine occasionally after surgery. These sensations, while unpleasant, last only briefly and tend to fade with time and are expected. **Severe shooting pain in your limbs or spine that does not go away after a few hours or increases in severity** is not expected. Please contact your surgeon.
3. Constipation or changes in your bowel and bladder habits are expected, but **incontinence** is not. Contact your surgeon.

### **Restrictions and Suggestions for Post-Operative Activity**

In addition to specific restrictions based upon your particular surgery, many general rules apply.

#### **Exercise:**

1. For the first 30 days everything should be done in moderation. Take it easy.
2. Maintain good posture, especially after spinal surgery.
3. The best physical activity after surgery is walking. Walk twice a day as soon as you feel up to it. Begin walking ½ mile each time and graduate up to 2 miles twice a day by the time you return for your six-week post op check. Walking not only invigorates your body; it prevents blood clots in the legs, reduces pneumonia and probably assists in healing by increasing blood flow.
4. Wait 4-6 weeks before other exercise. Once you begin, slowly build up effort over two to three months. Straining with heavy objects risks opening your surgical incision.

Sit-ups, push-ups, contact sports and other strenuous activities should be avoided until you have specific approval from your surgeon.

5. If you have significant weakness or incoordination, ask for help in arranging outpatient physical and/or occupational therapy.

### **Brace Usage**

1. Cervical and lumbar spine patients may need to wear a brace for 6-12 weeks, according to your surgeon's specifications. The sooner your back fuses after surgery, the shorter you will need to wear it.

2. In order to enable fusion quickly and efficiently, you must wear the brace whenever instructed to do so, walk regularly, and *do not smoke*.

3. Be sure you are comfortable with the fit of your brace so that *it* can do its job and *you* can do yours.

### **Smoking**

Smoking is strongly discouraged in the six weeks following surgery. Smoking will cause your spinal surgery to fail, can lead to wound infection and is a risk factor in many post-surgical problems. To get well, you must give it up.

### **Medications**

1. Make sure you understand the recommendations for your medications prior to leaving the hospital. Questions regarding dosage, frequency, or duration of use should be clarified with your nurse before discharge.

2. While you should not take excessive pain medications after the majority of your pain has subsided, you should also not suffer unnecessarily.

3. ***This clinic will not provide multiple, long-term narcotic prescriptions.*** You will receive a maximum of three prescriptions for narcotic pain medications from the Big Horn Basin Bone and Joint clinic. If you have a chronic need for these potentially addictive medications, you will be referred to your primary care provider or pain management services. No exceptions.

4. **Steroid medication** – Decadron or Dexamethasone may also be prescribed. The dosage will taper off until you stop the medicine altogether. Long-term steroid use has severe side effects including stomach ulceration. To avoid such side effects, Zantac or Pepcid will also be prescribed.

5. **NSAIDs** – Motrin, Aleve, Ibuprofen, Advil, and Naproxen are anti-inflammatory medications. ***These medications must not be taken until 4-6 weeks after a spinal fusion as they decrease your ability to fuse.*** Tylenol is *not* an NSAID and can be taken as needed.

6. **Stool Softeners** should be taken following surgery and during narcotic use to prevent severe constipation. Walking, eating vegetables, natural laxatives such as prune juice and so on are also suggested. Avoiding constipation is critical as straining at the stool can cause you to tear sutures in your wound, herniate discs in your back, and leak cerebrospinal fluid from your wound.

### **Warning**

\*Do not skip doses of scheduled medications, especially anti-seizure, blood thinning, or antibiotic medications.

\*If you develop any rash, shortness of breath, or swelling of arms or legs, contact your surgeon *immediately* or proceed to the nearest emergency room.

### **Follow-Up Appointments**

1. For staple or suture removal, call the clinic after hospital discharge for an appointment in approximately 10-14 days. If arrangements have been made to remove your staples or sutures at a nursing home or rehab facility, you may not have to return. If your sutures were buried under the skin, you will have glue called Dermabond across the wound. In this case, removal is unnecessary.
2. Please call Big Horn Basin Bone and Joint to schedule your six-week post-operative appointment. An x-ray, CT scan or MRI may also be required at that time.
3. **If you have had a spinal fusion, you will have x-rays taken each time you visit the clinic for follow-up.** The x-rays are necessary to assess the progression of your fusion. When the x-rays so indicate, additional flexion/extension films will be taken to ensure that your spine is stable.

**Warning:** *Patients must obtain all follow-up scans and blood tests as ordered. Early detection of fusion failure is the key to successful treatment. Do not miss follow-up appointments and scans just because you seem to be feeling well.*

### **Return to Work/Normal Activity**

1. Most patients will be given six weeks of convalescent time. Please speak to your surgeon for assistance in extenuating circumstances.
2. You may not drive a motor vehicle or operate heavy machinery while taking narcotic pain medications such as OxyContin, Dilaudid, Tylenol #3, Demerol, Percocet, or morphine. You will be given specific restrictions based upon your particular surgery. However, you should not drive if you have a cervical collar, seizure disorder, severe visual impairment, or loss of strength to a degree which would interfere with safe driving. Check with your insurance company and your state department of motor vehicles before driving.

**If you have any questions, please feel free to call Bighorn Medical Center. Your recovery and well-being are of utmost importance to me and my staff. We will be pleased to do whatever we can to assist you to that end.**

Sincerely,

**G. J. Poffenbarger, MD**