



# POST-OPERATIVE DISCHARGE INSTRUCTIONS

## TOWN CENTER ORTHOPAEDIC ASSOCIATES SPINE SURGERY

**Charles Seal, MD**

### CERVICAL FUSION SPINE SURGERY

ANTERIOR DISCECTOMY AND FUSION WITH INSTRUMENTATION

OTHER \_\_\_\_\_

**FOLLOW UP APPOINTMENT ON \_\_\_\_\_ at \_\_\_\_\_**

**Your post-op medications have been sent electronically to the pharmacy that is on file at Town Center Orthopedics. You may pick them up after you are discharged.**

### I. ACTIVITY RESTRICTIONS

- A. Return to work will be discussed with Dr. Seal or the NP on an individual basis
- B. No driving while taking NARCOTIC medications
- C. No lifting more than 10 pounds unless discussed prior to surgery
- D. Most patients do NOT require a neck collar or brace. Some patients choose to wear a soft “foam” type cervical collar for comfort the first few days after surgery, this should be discussed with Dr. Seal or his NP. If a brace is given, follow all instructions as given to you by Dr. Seal.
- E. You are encouraged to walk on flat, non-slippery surfaces as much as you feel comfortable. You may ride an upright stationary bicycle or walk on a treadmill as soon as you feel comfortable.
- F. DO NOT SMOKE as this may significantly decrease your chances of healing/fusion

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- G. **ALWAYS** be mindful of good body mechanics as discussed with your physical therapist or Dr. Seal or his NP.

## II. PAIN MANAGEMENT

Post-operative pain is to be expected and will vary depending on several factors: the type of surgery, prior use of narcotic pain medications, and personal tolerance of pain. Given the individual variation of pain, your post-operative pain management will be managed on an individual basis, and your post-meds will be e-prescribed to your pharmacy prior to discharge.

- A. After a cervical decompression that was done for arm/shoulder pain, the nerve root may remain inflamed for several days to weeks. The nerve root was being compressed for an extended period of time and requires to “cool down.” **You may be placed on a short course of steroids to help reduce this inflammation.** Furthermore, it is normal for you to have some spasms and aching pain in the back of the neck and shoulders following an anterior decompression and fusion since the bone graft or spacer placed in your neck is restoring the normal disc height and stretching the surrounding structures which were previously contracted. **You may be given muscle relaxants to help with this spasm pain.** Your body will adapt over time to this restored disc height.
- B. You may be cleared to take anti-inflammatory medication after your first post-op appointment, or earlier if instructed explicitly by Dr. Seal or his team. Do not take NSAIDs if you are currently on steroid medication. These NSAID medications include: Ibuprofen/Advil/Motrin, Naproxen/Naprosyn/Aleve, Diclofenac/Voltaren, Excedrin, Celebrex, Aspirin.
- C. Medications will **only** be refilled during office hours. **Please** be aware of how many pills you have left so that you will not run out when the office is closed.
- D. It is normal to have some difficulty swallowing or hoarseness immediately after surgery. Start by eating soft or liquid foods and slowly increase to more solid textures as is comfortable. This usually resolves in a few days, but for a small percentage of patient it may take several weeks. Call our office or go to the ER immediately if you cannot swallow liquids or are having any difficulty breathing.

## III. INCISION CARE

- A. Unless otherwise stated, your incision(s) have been sutured from the inside with material that dissolves. Thus, there are no sutures or staples that need to be removed at a later date.
- B. You can remove the outer dressing on postoperative day number 2. After that, **YOU MAY SHOWER**, and do not scrub. Gently pat dry. Do **NOT** soak the incision by taking baths or sitting in a pool/hot tub until the incision is completely healed (generally 3-4 weeks).

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- C. Healing tissue that will exist along your incision does not contain the pigment melanin that normally protects the skin against the sun. For cosmetic reasons, it helps to protect the incision from the sun by using sunblock with at least **SPF 30 or higher for 6 to 12 months.**
- D. It is normal to have swelling around the incision site after surgery. You may use ice over the incision site, for no more than 15 minutes at a time, as tolerated. Notify the office immediately if swelling is causing any difficulty with swallowing soft foods. Go to the ER if swelling is causing any difficulty breathing or is increasing rapidly.

#### **IV. POST OPERATIVE CONSTIPATION**

- A. It is very common to have constipation after surgery. This is typically due to side effects of the narcotic pain medications. You should continue to take a stool softener (such as Colace) twice daily while on narcotic pain medications to help with this issue. If you are unable to have a bowel movement, first try over-the-counter laxatives (such as MiraLAX or Dulcolax), suppositories or enemas. Please contact Dr. Seal's NP for advice on how to proceed if you are unable to have a bowel movement. **CONTACT** our office immediately if abdominal pain increases, you stop passing gas, or there is nausea/vomiting.

**V. CALL** our office (703 435 6604), your private physician's office or present to an emergency room **IMMEDIATELY** if any of the following occur:

- A. Fever (>101.5 degrees Fahrenheit), chills or sweats that occur beyond 2-3 days after surgery. It is **NOT** unusual to have a low-grade fever (100.5 degrees Fahrenheit) for 2-3 days after surgery.
- B. Redness rapid swelling, or warmth around the incision(s), **NON**-clear drainage from the incision, or increased pain in or around the incision
- C. Any neurological change in the arms or legs such as new weakness or increased pain/tingling/numbness
- D. Persistent or increased difficulty swallowing or speaking
- E. Severe headaches that are different in nature to prior headaches and ones that are worsened with standing and better with lying down
- F. Abdominal bloating associated with persistent nausea and vomiting (often these symptoms will be accompanied with constipation or inability to have a bowel movement)

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G. Calf swelling, redness, pain or warmth as this can be a sign of a deep venous thrombosis (also known as a “blood clot”)

H. Chest pain, difficulty breathing or cough

## **VI. FOLLOW-UP APPOINTMENT**

A post operative appointment is typically made with Dr. Seal’s NP where they will do x-rays (if indicated) and check your incision. They will refill any needed medications and discuss the next steps in your recovery, including whether or not you need physical therapy. Please let us know if you need to change this appointment.

If there are any problems, please request to speak with Dr. Seal or the Nurse Practitioner.

## **ALWAYS FEEL FREE TO CONTACT US WITH YOUR CONCERNS & QUESTIONS**

### **Important Contact numbers**

**Main Office Number: 703-435-6604, this number can be used to reach the on-call physician after hours or on weekends for EMERGENCIES only.**

**During the week, you can contact Dr. Seal’s assistant and nurse practitioner:**

**Assistant: Emily Kassab 571-463-8730**

**Nurse Practitioner: Rachel Feltcorn 703-794-5109**