



POST-OPERATIVE INSTRUCTIONS

FOR PATIENTS WHO HAVE HAD NECK SURGERY
(Cervical Discectomy, Laminectomy, Anterior and/or Posterior Fusion)

HOSPITAL STAY:

The hospital stay for cervical surgery is usually one to two days depending on the type of surgery.

BRACING:

The brace should be worn snugly, such that you can move your mouth to talk and eat, but such that you cannot move your neck more than a few degrees in any direction. Your brace is adjustable for your comfort. Please ask your nurse for instructions on how to adjust the brace. The brace is to be worn at all times except for when you are in bed. You do not have to sleep with your brace on, unless the doctor specifically instructs you to wear it.

THINGS TO AVOID AFTER SURGERY:

In the postoperative period following cervical fusion, you will want to avoid the following:

1. Removing the cervical brace for any reason, except as outlined above.
2. Lifting or carrying anything more than TEN pounds.
3. Any activities that put undue stress on the neck and/or upper shoulders.
4. Any overhead activity.
5. Smoking or any other tobacco use.

Tobacco use will delay and even prevent the fusion from healing, and in addition has been shown to cause degenerative changes in the discs and is therefore prohibited.

DRIVING:

For the first three weeks after surgery, you are not to drive. This is because you will have decreased driving reflexes (such as in accident type situations) secondary to pain that you may incur with sudden movements of your legs or back. In addition, you may be on narcotic medications and these can also significantly dull your driving reflexes. For this same initial three weeks after surgery, you should minimize your time in a car as a passenger.

After your initial post-operative visit, you may be released to drive by your physician. If the car ride lasts greater than one hour, you should pull over periodically, so you can get out of the car and stretch. This is to prevent Stiffness.

SHOWERING:

Showering is acceptable starting two days after surgery. Prior to that time, we suggest "sponge baths" or washcloth-type baths, taking care not to get the brace, dressing, or wound wet. When you begin showering, the brace may be taken off after you are in the shower. When you do take a shower, please have somebody around to assist you. Hair washing is permissible while in the shower. Do not scrub the incisions. If the dressing gets wet, place a dry, sterile dressing after the shower. **NO bubble baths, tub baths, hot tubs, swimming pool or whirlpools for 6 weeks. NO ointments, hydrogen peroxide or Neosporin on the wound.**



DRESSING AND WOUND CARE:

It is important to keep the wound and dressing dry underneath the collar. Most of the time dissolvable sutures are used so there are no stitches to be removed. Occasionally the ends or "tails" of the stitches are outside the skin. At your follow up visit, we will check your wound and change or remove the steri-strips and dressing if necessary. If your dressing does get wet for some reason, please replace the dressing with a sterile piece of dressing gauze and medical tape as soon as possible. Please have supplies available so that someone can be prepared to change your dressing. When changing the dressing, replace the existing dressing with a sterile piece of dressing gauze, usually 2x2 inch or 4x4 inch type size, using medical tape to hold it in place: these supplies can be obtained at most drug stores. Typically, you need enough supplies to change your dressing about ten times after surgery, usually after showers.

IF ANY OF THE FOLLOWING SHOULD OCCUR, PLEASE CALL THE OFFICE:

- Drainage (continued or increased) from incision
- Opening up of the incision
- Fevers greater than 101degrees
- Flu-like symptoms
- Increased redness and/ or tenderness around your incision

SLEEPING:

You may sleep in any position that makes you comfortable. Many patients find comfort sleeping in a recliner chair. If you are a restless sleeper, it is recommended that you keep your collar on while you sleep. However, most of the time it is not required. It is normal to have difficulty sleeping for the first several weeks following your surgery.

EATING

It is normal to have a sore throat and some difficulty swallowing solid foods. This may persist for several weeks. Eating soft foods like jello, oatmeal, yogurt, macaroni and mashed potatoes help. Use sore throat spray occasionally.

WALKING:

Although it is important to minimize your lifting, carrying, and overhead activity, it is important to try to walk in increasing amounts every day. Please, make a determined effort to walk at least three times per day. Your initial walking time may only be five to ten minutes at a time, but this should increase so that by three weeks after surgery, you are walking up to one mile per day.

PRESCRIPTIONS:

You will be provided medications prior to your discharge from the hospital. This will include pain medications (usually Percocet or Lortab), muscle relaxants (usually Flexeril or Zanaflex), and some general medications to help with recovery from surgery (Dulcolax or Colace).

DO NOT take any anti-inflammatory type medications such as ibuprofen, Motrin, or naproxen, as their use may inhibit fusion progress and/ or healing. Only take Aspirin and Tylenol if instructed by physician. If you were taking any other medications prior to surgery, you will be informed which ones you can resume when you are discharged from the hospital.



STOCKINGS AND BLOOD CLOTS:

You will have TED hose stockings when you leave the hospital. These help prevent blood clots in your legs. Please wear them 23 hours a day for one week after surgery. They may be removed for brief periods of time for personal hygiene purposes or to wash and dry them. If you get significant swelling of either leg, especially if accompanied by pain in the calf, it is important to call our office.

INCENTIVE SPIROMETER:

Be sure to take your incentive spirometer home. This is the "breathing" machine that you used at your bedside. Use this at home on a regular basis for your first three weeks after surgery. This helps oxygen get to your lungs, and thus to your surgery site, and also helps to prevent pneumonia.

FOLLOW UP APPOINTMENT, POST-OPERATIVE PHYSICAL THERAPY, RETURN TO WORK:

Please arrange a post-operative appointment approximately two to three weeks after discharge from the hospital. The first visit will include a postoperative wound check, dressing changes, physical exam.

The next follow-up appointment will usually be six to eight weeks after surgery. On the second office visit, you will have x-rays taken and will start physical therapy. The physical therapist will teach you exercises you can do at home. Please perform these exercises on at least an every other day basis.

*****If you have chest pain, trouble breathing, car accident, or prolonged nausea/vomiting, then go to the Emergency Room.*****