POST-OPERATIVE DISCHARGE INSTRUCTIONS FOR
LUMBAR SPINE SURGERY

PLEASE RETURN HOME AND REST. Pamper yourself. Your initial activity level is influenced by the anesthetic agent you have received. It is not uncommon to feel drowsy or tired for a number of hours. You may experience a sore throat and muscle aches. You will need to deep breathe and cough frequently for the first 24 hours post-operative. Please make sure you also do your leg exercises, pump your ankles and bend your legs up and down to help prevent clots in your legs.

AFTER ANESTHESIA: DO NOT drive a car, operate complicated machinery, make important binding decisions, drink alcohol or smoke.

1. Nourishment: We suggest you return to your normal diet slowly. Begin by drinking liquids such as cola, 7-Up, tea, ginger ale, or apple juice. Progress your diet to foods that are not spicy and then to your regular diet as tolerated.

2. Activity:
   • No bending, lifting, twisting, pushing or pulling anything greater than 10 lbs for 6 weeks. Imagine a straight line running from your shoulder down to your hip to your knee-maintain this alignment. …Let pain be your guide….. If it hurts, don’t do it. …Do not take a pain pill to do something, If you need to take a pain pill, then you shouldn’t be doing it.
   • You may take a shower the next day. Cover dressing with plastic, shower, then remove the plastic and dressing. Leave steri strips intact. Cover with a dry dressing. Repeat this for 7 days, then you may shower with no covering. No baths, pools or Jacuzzis for 3 weeks.
   • Short walks only for the first few days. Walk daily, beginning at the end of the first week for about 20 minutes and by the end of the 6th week to walk for 1 hour. If symptoms return, shorten duration of the walk. No swimming, use of treadmill/stairmaster exercises for 6 weeks, unless directed by your physician. Further exercises/physical therapy and return to work will be discussed with your surgeon on your postoperative follow-up visit. “If it hurts, don’t do it!” Don’t take a pain pill to do something. No traveling in a car until your postoperative visit with your surgeon/ nurse. Please discuss driving then.
   • To get in and out of bed, have the bed flat, roll onto your side. Push yourself up sideways. Sit at the edge of the bed for a few minutes, then you may walk. Stand tall, no hunching over.
   • To get back into bed, sit at the side of the bed, scoot your bottom back, then lower yourself down sideways. You may need help to lift your legs into the bed for the first night.
   • When you are on your back, it may be more comfortable to have a pillow under your knees. When you are on your side it may be more comfortable to have a pillow between your legs.
   • Limit sitting to meals for no more than 30 minutes. Sitting reclined with your feet up is also a kind position for your spine.
   • No strenuous activity for 6 weeks. Gradual activity increases will be allowed by your doctor.
   • Sexual activities may be resumed after 7 days (back or side lying position). Take a passive role.

3. Medication: Resume your previous medication schedule. Your physician will advise you on what medications to take for discomfort. Take only the medications your physician has prescribed.
   • Do not take aspirin or aspirin products for 4 days.
   • It is advisable to take pain medications as prescribed the first 24-48 hours after discharge.
   • You will most likely need to take a stool softener while taking pain medicine to prevent constipation.
   • Prescription given; Instructions on prescription reviewed with: Patient/Spouse/Significant Other.

4. Surgery Site: You can expect:
   • No drainage/small amount/moderate amount/large amount of drainage from surgical site.
   • Tonight, reinforce the dressing only. DO NOT remove it until tomorrow.
   • If the dressing gets wet, take the wet dressing off and replace it with a dry dressing.
   • Call your doctor if the dressing continues to have a large amount of drainage on it.
   • You must change your dressing every day.
   • Apply ice packs to low back for 20 minutes at a time for 2-4 days. Protect yourself from an ice burn-place ice pack in a pillow slip.

5. YOU SHOULD CALL YOUR PHYSICIAN FOR ANY OF THE FOLLOWING:
   • Temperature greater that 101° F.
   • Tenderness, swelling, calf pain, or discoloration of lower extremities.
   • Unexplained shortness of breath, chest pain or palpitations, anxiety and/or sweating, coughing up blood.
   • Sudden pain that remains and has not been previously experienced.
   • Pain that does not lessen with pain medication.
• Cloudy or foul smelling drainage from surgery site.
• Redness, warmth and firmness around surgical site.
• Bleeding or continuous oozing that saturates the dressing and that does not stop after applying pressure to the incision for 10 minutes.
• Increased swelling of fingers or toes, severe tightness not relieved with elevation of limb above the level of your heart.
• Have not passed urine 12 hours from your discharge.

6. Follow-up
Appointment is scheduled to see the doctor or nurse for a wound check in 7-10 days.

Wound check appointment scheduled on ____/____/______ at ____:____AM/PM

Postoperative appointment with:
Dr. ________________________________
Scheduled on ____/____/______ at ____:____AM/PM

Please call for any questions and/or concerns.

24 Hour Physician’s telephone number: ( ____ ) ____,____

I have received, read, understand, and accepted the personal responsibilities with the above postoperative discharge instructions.

______________________________________
PATIENT SIGNATURE/RESPONSIBLE PARTY & RELATION DATE TIME

I have reviewed the postoperative instructions with the:
□ Patient
□ Spouse/Significant Other
□ Other ____________________

______________________________________________ LVN/RN
NURSE’S SIGNATURE

Outcomes:
Provides instructions regarding dietary needs (1 1 07) Provides instruction about prescribed medications (1104)
Evaluates responses to nutritional instruction (152) Evaluates response to instruction about prescribed medication (148)
Provides pain management instruction (1108) Identifies expectations of home care (162)
Evaluates response to pain management instruction (153) Evaluates response to instruction (150)

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