

## The 3 P's (Pain, Poop, Physical Therapy) for Post-Op Spinal Fusions

Pain control is a key part of your care after surgery. It can help speed recovery and improve the results of your surgery. This handout was written to help you learn how pain is managed after surgery.

You will also learn:

- How to set real goals for pain control.
- How to manage pain with medicines and non-drug therapies.
- How to keep your bowels regular.
- How to increase your activity at home.
- What to do for dressing changes.
- How to keep your medicines safe.

### Pain Control

We care about decreasing your pain. We will work with you to help control the pain. The best way to control pain is to combine medicines and other techniques.

### Pain Control Tips

- Use the same pain scale from the hospital at home to check the level of pain.
- Use the scale often to check pain the first two days at home. We expect less pain each day. Check less often as pain decreases.
- Don't let pain get out of control. It is best to treat it early.
- Use several things together to treat pain.
- You may have more pain during physical or occupational therapy sessions. Take pain medicine before therapy sessions.

### Realistic Goals for Pain Control

It is not realistic to take away all your pain. Too much medicine can make you very sleepy and may affect breathing. We will work with you to keep you as safe and as comfortable as possible. We will talk to you about what to expect and what goals to set for pain control. Your nurses will work with you to find the best way to manage the pain.

People feel pain in many ways. You should expect to have some pain after surgery. We will ask you to tell us about the pain. The pain scale you used in the hospital was:

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This pain rating is used to tell us how well you can move, eat, and sleep.

Good pain control should allow you to get some rest without getting too sleepy. You should be able to be active and do physical therapy. Realistic pain goals after surgery may help measure your progress as you get better. The nursing staff will help you to set a realistic pain goal. They will match it with your activity goals. Goals may include:

- Better pain control with activity/walking.
- Sleeping through the night.
- Able to sit longer in a chair.
- Able to walk more distance.

You should think about your progress and decide if the pain goal was realistic. You may need to change the goal.

### Non-drug Therapies

Using non-drug therapies with pain medicine may help control pain.

## Relaxation

Tense or stiff muscles may increase pain. If you would like to try relaxation exercises and you have internet access, go to the web site [www.uwhealth.org](http://www.uwhealth.org). Type “**relaxation**” in the search box.

If you don't have access to the internet, lie in your bed with your eyes closed and do the following:

1. Starting at the toes moving up to the head, tense and relax each body part.
2. “Think” about your toes. While you are thinking about your toes, curl them into a ball and hold them tight while counting to three; One, two, three. Now, relax your toes. Take a deep breath and feel your toes relax.
3. Now think about your legs. Hold them very tight while counting to three; One, two, three. Now, relax your legs. Take a slow deep breath and feel the relaxation in your legs.
4. Keep going and moving up the body all the way to the head.

## Guided Imagery

Guided imagery is a way to focus the mind on an idea that lets the body relax. This supports the body's natural desire to heal. If you would like to try guided imagery and have internet access, go to the web site [www.uwhealth.org](http://www.uwhealth.org). Type “**guided imagery**” in the search box for information and resources.

## Distraction

Distraction is a way to take your mind off the pain. It works best if it is something that you can become absorbed in. Some include:

- Listening to music
- Reading a favorite book
- Drawing or coloring pictures
- Playing video games
- Watching a favorite movie

## Using Cold and Heat Packs

Cold or heat may help swollen or sore body parts. **Check with your health care provider before putting either of these packs on the incision site.**

- Put the cold or heat pack on for up to 20 minutes.
- Wait at least 30 minutes between treatments.
- Cold pack temperature should be around 59° F (15° Celsius).
- Heat packs should be around 104°-115° F (40°-45° Celsius).
- If you have any pain or numbness when using the cold pack, take it off and talk with your health care provider.
- Do not use cold or heat packs on open parts of skin.
- Do not use if you have poor circulation.

## Medicines

Our goal is to give you the best relief from pain. We combine pain medicines that work in different ways. Not every child needs to take all the medicines listed below. Please follow specific directions from your health care provider given at discharge.

- **Tylenol® (acetaminophen)**  
Tylenol® can be used by itself. It also works with other pain medicines to decrease pain. It is common to take it “around the clock” for the first 5-7 days after surgery. It can be taken this way after discharge too. It is common to take Tylenol® before opioid pain medicine. If Tylenol® does not give enough relief, an opioid can be taken.
- **Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)**  
This group includes medicines such as ibuprofen, naproxen, ketorolac and Celebrex®. They give relief from pain and decrease inflammation. They can be taken with Tylenol® and opioids. After surgery, ketorolac is given through an intravenous (IV). Once you no longer need an IV, it can be given by mouth or changed to ibuprofen. Ibuprofen can be a scheduled medicine after discharge for a few days. It can also be given as needed.
- **Opioids**  
Oxycodone is an effective pain medicine to use if you do not have relief from Tylenol® or NSAIDs. Your health care provider may prescribe a dose for you to take in the hospital and at home. Follow the directions on the prescription. Take the prescribed dose until a few days after surgery and you are ready for a lower dose. Try a lower dose using

the directions on the prescription to guide you. If your pain increases, go back to taking the larger dose. Try to decrease the dose again in a day or two. If you are not feeling relief from pain, contact your healthcare provider. It could mean a change in your condition. **Do not take more medicine than your health care provider has prescribed.**

## Opioids and Addiction

An opioid is a medicine that people may become addicted to if not used as prescribed. Addiction can happen when the opioid is used for reasons other than pain control. These include reasons such as sleep, anxiety or because of the way it feels. If you have concerns about addiction, talk to your health care provider.

## Muscle Relaxants/Anticonvulsants

Valium® is used after surgery to relax muscles and lessen anxiety. It is common to discharge home with this as an “As Needed” medicine. This medicine may make you sleepy. Use as needed to calm and relax tight muscle spasms or tension. Gabapentin is used to treat nerve pain. It can be taken up to 3 times a day. Patients will typically take this medicine as ordered by the doctor.

## Getting off Pain Medicines

If you are taking scheduled Tylenol®, ibuprofen, and oxycodone as needed, medicines should be stopped in this order:

1. First, the oxycodone
2. Next, either Tylenol® or ibuprofen
3. Then the other, either Tylenol® or ibuprofen

Medicine	Dose in Hospital	Frequency in Hospital	Last dose given

**Bowel Management/ “Poop Plan”**

Opioid medicines can cause severe constipation. Eat a high fiber diet. Drink plenty of fluids. Get up and move. Take medicines as prescribed by providers. If you are prescribed medicines that make stools easier to pass, take them. Examples of high fiber foods are bran flakes, apples, pears, barley, broccoli, brussel sprouts, peas, lentils, beans, raspberries, black berries, avocados, oatmeal, and whole wheat pasta.

**Call your provider if you have not had a stool by 2-3 days after discharge. Stop taking stool softeners or laxatives if diarrhea occurs. If diarrhea continues call your doctor.**

You may be prescribed stool softeners such as Colace®. This is given to make stools easy to pass and prevent hard stools. Laxatives such as Senna, Milk of Magnesia® or MiraLAX®, pull water into the intestines making stool softer and easier to pass.

**Physical Therapy**

Physical therapy can be very helpful to increase your strength and range of motion. At times it may decrease pain. If you haven’t gotten out of bed since surgery, there may be more pain. Our nursing staff will give you pain medicine before physical therapy sessions in the hospital. We would like you to take pain medicine and use non-drug therapies before home or clinic physical therapy sessions.

**Getting Around**

It will be decided before or after surgery if you will need a device to get around. The device will be given to you before discharge or will be delivered to your home.

## **Guidelines**

- Continue to walk more each day.
- Sit in a chair longer each day at home.
- You should try to walk at least a mile each day by the six-week visit with the surgeon.
- No B (bending), L (lifting), or T (twisting) until your six-week visit.

## **Care After Surgery**

You will get written instructions at discharge that are specific for you.

## **Bathing**

- You may change dressings every few days for 2 weeks and when dressings become soiled.
- Do not pull off the Steri-Strips, they will fall off on their own.
- Do not shower for 3 weeks to avoid getting the incision wet.
- Do not soak incisions in a tub for at least 4 weeks. This promotes healing and decreases risk of infection.

## **Back to School**

Pediatric Orthopedics staff suggests you do not go to school while taking opioid medicines. If you feel well, schoolwork can be done at home. Home teaching requests are approved on a case-by-case basis. Providers will write notes for school and gym excuses if needed. They may order Tylenol® or ibuprofen for use during school.