

Home Care After Anterior Lumbar Interbody Fusion

Surgery Date: _____

Doctor: _____

This handout will review the care you need to follow once you are home. If you have any questions or concerns, please ask your nurse, or doctor or call the numbers at the end of this handout.

Incision Care

- Proper care of the incision helps to prevent infection. Check the dressing daily to make sure it is clean and dry.
- If the dressing becomes saturated before postop day 5, okay to remove and apply several layers of gauze with tape around the edges. Please be sure to use good handwashing while caring for the incision.
- On postop day 5, remove the surgical dressing gently. If the incision is clean and without discharge, you may stop wearing the dressing after postop day 5.
- **Do not** wash right over the incision. Wash around it gently with soap and water and air dry.
- **Do not** use any creams, lotions, ointments, or alcohol near or on the incision.
- Keep the incision clean and dry. Check the incision daily for redness, swelling, or drainage. Some redness and swelling are normal. If the incision has a small amount of drainage that is clear to slightly blood-tinged that is normal. If you have drainage, you may change the dressing every other day or as needed.

- The incision was closed with sutures under the skin and covered with Dermabond or Steri-Strips™ (small pieces of tape) on the skin. These will slowly peel off on their own around day 7 to 10. You may gently remove these on postop day 14.

Activity Guidelines

Sitting: You can sit for any length of time based on your comfort level. You should change your position at least every 60 minutes to avoid muscle tightening and reduce blood clot risk. Any comfortable chair is appropriate to use. If you start to feel discomfort, change your position and activity.

Sleeping: You may sleep on your back or side. You may also use pillows for support when lying on your side. Place pillows behind your back and between your legs. When you lie on your back, place pillows under your legs.

Walking: You should begin walking short distances 3-4 times a day. Slowly increase the distance. Let comfort be your guide. The goal is to walk at least a mile by your first follow-up visit. You may walk anywhere your footing is safe. You may climb stairs. Reduce your activity for 48-72 hours during a major flare-up. Be sure to walk several times a day to help prevent muscle irritation and blood clots. Shorter and more frequent walks can sometimes be better tolerated.

Bathing: You may shower after 5 days. Avoid tub baths for the first 2 weeks. Avoid hot tubs, lakes, rivers, and pools until your first post-op visit.

Driving: **Do not** drive for 2 weeks or while you take narcotic pain medicine. When you resume driving, we recommend starting with short and infrequent distances.

Travel: Please discuss this at your preop visit. We recommend avoiding all unnecessary travel for the first 6 weeks.

Sex: It is okay to resume sexual activity when pain allows. Please be sure to follow the postop restrictions.

Restrictions: **Do not** lift more than 10 pounds (about 1 gallon of milk) until your first postop visit. **Do not** bend or twist at the waist, but you may squat with your knees. **No** sports other than the walking program until your first follow-up visit. Further restrictions will be discussed at that time. Patients are typically unrestricted at 12 weeks postop.

Return to Work

Your return to work will depend on how you are healing and the type of work you do. Patients who are able to follow the postop restrictions may return to work when pain allows them to do so. If you need to lift more than 10 lbs., bend, and twist, you cannot return for 8-12 weeks. If you lift less than 10 lbs., and do not need to bend and twist, you could return to work in 2-3 weeks. You must discuss this with your doctor.

Future Visits

Your first post-op visit will be about 6 weeks after surgery.

Pain Control

Men may have scrotal swelling or bruising, this is normal. To help with this, apply a cold compress, and lie flat with legs elevated. If you still have abdominal pain for more than 24-48 hours, contact the Spine Clinic.

While you heal, you may notice some pain, numbness, tingling, or weakness in your back or legs. You may try the ice method or pain pills to manage your pain.

Ice Method: First, use ice and try to decrease your activity for 1-2 days. Ice the area for 20 minutes every hour for 4 hours in a row (best time is in the evening). Use a ready-made ice pack or put ice in a plastic bag and then wrap the bag in a towel. **Do not** put the ice right on your skin.

Heat Method: Heat compress with a barrier can be used 72 hours after surgery. It is okay to use heat, ice or alternate between the two depending on what seems to work best for you.

Pain: Your pain will improve over time. As your pain improves, you will need fewer pain pills. Take all pain medicine with food and at least 8 ounces of water.

Narcotics: **Do not** increase the prescribed dose without calling the Spine Clinic to discuss. Doing so may result in running out of medicine early, which will not guarantee an early refill.

Acetaminophen (Tylenol®): Take 1000mg three times a day (every 8 hours). We recommend not exceeding 3000mg within a 24-hour period. If you are taking Hydrocodone-acetaminophen, each tablet has 325mg of acetaminophen. If you have liver disease, **do not** use acetaminophen without checking with your primary care provider.

Do not take non-steroid anti-inflammatory drugs (NSAIDs) for 3 months postop. These medicines can delay bone healing. Some commonly used NSAIDs include ibuprofen, aspirin, meloxicam, diclofenac, and Aleve®.

Gabapentin: Take as prescribed. This is most helpful for nerve pain. This medication should not be stopped abruptly, as one can experience withdrawal side effects including mood changes, agitation, and dizziness.

Refill Requests: Please allow at least 2 full business days for refill requests. For example, if you expect to run out of pain medicines on a Thursday, please call the clinic by Tuesday morning to request a refill. The clinic is open from 8:00 am to 5:00 pm, Monday-Friday. Please **do not** call after hours, as refills will not be provided after hours or on weekends.

We do not expect you to require opioid medicines beyond 3-7 days after surgery. Our hope is that these medicines are not needed beyond that time. However, if these medicines were used preoperatively, and you feel you will need to continue taking them, we ask you to please make plans with the previously prescribing provider to resume management of opioids if use is ongoing. We **do not** prescribe opioids beyond 6 weeks post-operatively.

When to Call

- A fever above 100.5 F (38.1 C) for two readings taken four hours apart.
- Drainage from your incision past postop day 5. If the clinic knows about the drainage, call with any change in amount, color, or foul smell to the drainage.
- A new headache that is present when upright but resolved when lying flat.
- New weakness that was not present when leaving the hospital or before your surgery.
- An increase in pain, redness, or swelling by your incision.
- New loss of bladder or bowel control, numbness/tingling to genital area, or inability to urinate.
- **If you have any trouble breathing or chest pain, please be seen by the nearest Emergency Department or call 911.**

Who to Call

Spine Clinic
Monday – Friday, 8:00 am – 5:00 pm
(608) 265-3207

Neurosurgery Clinic
Monday – Friday, 8:00 am – 5:00 pm
(608) 263-7502

After hours, these numbers will give you the paging operator.

Toll-free number: **1-800-323-8942.**

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 5/2023 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing HF#4957.