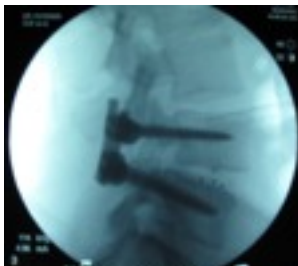
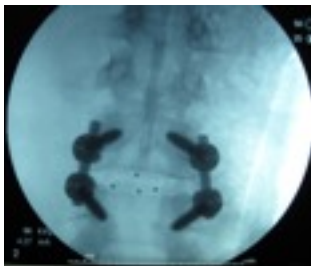


Town Center Orthopedic Associates-Dhruv B. Pateder, MD

Lumbar Fusion



Recovery from this surgery can range from several days to several months. Minimally invasive fusion (S-LIFT, XLIF, TLIF) is generally much easier to recover from than the same surgery done via a “traditional approach.” While a minimally invasive approach is always preferred, there are times where a more traditional approach is the patient’s best option. As you are familiar with your surgical procedure, the below will be guide to help you in the postoperative period.

Below are some of the common issues and concerns that arise:

- The first 2-6 weeks tend to be the immediate recovery period. You will experience the most discomfort and pain in this time period. Discomfort in the back, buttock and thigh is normal and is experienced by most patients. What causes this pain? The disc and the surrounding ligaments where surgery is performed has collapsed after years of degenerative changes. Surgery restores the disc height and the previously contracted posterior ligaments to their natural height. The “stretching” of these structures is one reason for the pain. In cases of scoliosis, correction of the curvature can also cause pain. Surgical dissection of the muscle can also cause pain. Additionally, you will be fatigued as you are recovering from the effects of surgery and anesthesia. Pain medication is necessary for most and most useful in this period. Unfortunately, it can make some patients feel more tired and fatigued. One of the most common side-effects of narcotic pain medications is constipation. It is very important to eat a high fiber diet and use your prescribed laxatives as needed. Prunes and prune juice are generally very effective in maintaining regular bowel function after surgery. You learn how to handle yourself in small maneuvers such as getting into and out of bed and how to take a shower comfortably.
- Pain medications are important to use during the initial recovery phase. We generally use three medications: 1) a long acting narcotic which is generally taken twice daily for the first week or two (MS Contin or Oxycontin); 2) a short acting medication for break through pain (Percocet, Vicodin, Dilaudid, etc); 3) a muscle relaxer (Robaxin, Flexeril, Valium, etc.)

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- As a general rule, do NOT take the following medications (unless specifically recommended by Dr. Pateder or April Cournoyer PAC): all forms of aspirin and nonsteroidal anti-inflammatory (NSAIDs) like Motrin, ibuprofen, Aleve, naprosyn, Celebrex and all others
- Walking after surgery is very important and I highly encourage it. While there are no specific rules on how much one should walk, I recommend a course of walking short distances followed by resting. As you recover, you may increase the frequency and distance that you walk. In general, start out slowly and increase activity as tolerated. You may also ride a straight back stationary bicycle at a slow pace. You may also use an elliptical machine as long as you do not use your arms to pull.
- You may continue to experience back stiffness for several months after surgery. This is generally most common upon awakening or staying in a fixed position for a long time (sitting for a long time). We recommend laying on a heating pad for 10-15 minutes before you get out of bed in the morning and start your day (this is similar to a baseball pitcher who “warms-up” before a game). We also recommend that you do not sit for long periods of time. If you have a desk job, try to get up and move around as much as you can.
- Do NOT partake in the following activities for the first 3-6 months per our instructions: high impact exercises (running, skiing, jumping rope, etc.), weight lifting (squats, dead-lifts, etc). For patients who have undergone minimally invasive fusion and are further along, weight lifting with light weights and good form is acceptable. Weight lifting exercises that put excess stress on your back (squats, dead-lifts, etc) is discouraged even in this scenario
- With the use of modern instrumentation, there are no braces and activity is encouraged. The day after your surgery, you will be seen by a physical therapist and an occupational therapist who will go over the specifics about motion
- Incision care for this surgery is generally very easy. There are 2 layers of dressing. The outermost layer is a waterproof dressing that is removed on the second day after surgery. Under that dressing are Steri-Strips which are directly on the incision. The Steri-Strips are also waterproof and can be washed with soap and water. The Steri-Strips will fall off by itself in 10 days.
- If the Steri-Strip has not fallen off 14 days after surgery, you may remove them
- Sometimes, we use staples to close the skin (in cases where is skin is very thin, revision surgery using a previous incision, poorly controlled diabetes, etc.). Before you leave the hospital, the outer dressing will be removed and the staples may remain uncovered and “open to air.” The staples are generally removed in the office at your first post-operative visit 3 weeks after surgery (if you do have staples, schedule your first post-operative visit 3 weeks after surgery).

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- Physical therapy is started, if one needs it, after you are seen at the first postoperative visit. Until your first post-operative visit, we recommend that you gradually increase the amount of walking you do and try to do as many of your activities of daily living as possible.
- Bony fusion (where new bone “bridges” or “mends” the vertebrae) can take anywhere from 3-15 months. The progression is typically seen on X-rays. Sometimes, a CT scan is necessary to confirm a full fusion. If one is necessary, we will discuss this with you in the office