



Spine Institute of Arizona

Edward J. Dohring, M.D.
*Board Certified Orthopaedic Surgeon
Fellowship Trained Spine Surgeon*

Michael W. Cluck, M.D., Ph.D.
*Fellowship Trained Spine Surgeon
Board Eligible Orthopaedic Surgeon*

Mary E. Merkel, M.D.
*Board Certified Physical
Medicine and Rehabilitation
EMG/NCV Testing*

Allan L. Rowley, M.D.
*Board Certified Physical
Medicine and Rehabilitation
Interventional Pain Management*

Bill Balogh, P.A.-C.
Board Certified Physician Assistant

Donna M. Lahey, R.N.F.A.
*Office Administrator
Registered Nurse First Assist*

Main Office:

9735 North 90th Place
Scottsdale, Arizona 85258

18699 North 67th Avenue, Suite 230
Glendale, Arizona

Tel. 602/953.9500

Fax 602/953.1782

www.spineaz.com

POST OPERATIVE INSTRUCTIONS

FOR PATIENTS WHO HAVE HAD CERVICAL FUSION SURGERY (Cervical Fusion Including Anterior and/or Posterior Instrumented Fusion)

HOSPITAL STAY:

The average hospital stay for cervical fusion is 1-3 days. Some patient's hospital stays vary in length depending upon if they require anterior/posterior fusion or anterior fusion alone. This decision, however, is generally made prior to the surgery itself. All cervical fusion surgeries require that you be fitted in a rigid cervical neck brace that is worn 24 hours a day, 7 days a week for 6-8 weeks following surgery.

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.
2. Lifting or carrying anything more than five pounds.
3. Any activities that puts undo stress on the neck and/or upper shoulders.
4. Overhead activity.

Removing the cervical collar at any time prior to the six weeks following surgery, could delay or possibly prevent the fusion from completely healing.

Lifting or carrying anything more than five pounds could put undo stress on the neck and/or the upper shoulders, which could cause increased pain post-operatively.

POSITIONS OF COMFORT:

Since you are required to wear the cervical brace 24 hours a day, 7 days a week for 6-8 weeks it is going to be somewhat difficult for you to get comfortable in the first two weeks with sitting, sleeping, and/or being able to get around at home. The easiest thing to remember is that the most comfortable position while you're in your brace is most likely the safest position. There is no specific position that you need to stay in. Sitting, reclining, and/or laying flat, as long as there is not a great deal of pressure caused by that position, should not be a problem.

Showering is acceptable after the first seven days from surgery. The brace must be worn at all times during the shower. The brace comes with pads that are changeable after showering or sometimes it may be required that you obtain a second brace for showering is another option.

Again, the most important point that you should remember is that the brace needs to stay on at all times and there should be nothing that you do that causes tremendous stress to the neck and/or upper shoulders. Any of these situations could cause increased pain and make your post-operative course more uncomfortable than need be.

DRIVING:

You are not allowed to drive during his first six weeks while you are wearing your rigid cervical collar. You will be able to ride in a car as long as you are in your collar, comfortable, and in the car only for short periods of time. If the car ride lasts greater than one hour, you will need to pull over so you can get out of the car and stretch.

DRESSING AND WOUND CARE:

It is important to keep the 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 of the skin and covered with a steri strip (small Band-Aid like strip). At your follow up visit, we will check your wound and change the steri strips and dressing if necessary.

If your dressing does get wet for some reason, have supplies available so that someone can be prepared to change your dressing immediately. Please replace the dressing with a sterile piece of dressing gauze, usually 2x2 inch or 4x4 inch type size, which can be obtained at the drug store. Use medical tape to hold it in place (also obtainable at a drug store). Again, your brace must remain on at all times.

I prefer that you do sponge or washcloth type baths for the first three days after surgery. After this time, you can take a shower, if you securely tape plastic over the dressing so that it does not get wet. If the dressing gets wet, please replace the 4x4 otherwise do not change your dressing for one week after discharge from the hospital. When you do take a shower, please have somebody around to assist you. If you drop the soap or shampoo bottle, I would rather you did not bend over to pick it up, and instead have someone retrieve this for you. Please do not take a bath before your follow up visit, as soaking the wound is not good. This also applies to the bone graft incision that is on the front portion of your hip.

If your wound begins to bother you, or you notice any drainage of any sort on the dressing it is worth looking at the wound. To do this best, you should be sitting up in a very erect position, and have a friend or family member gently remove the front portion of your collar. Without turning your neck or bending have someone gently remove the dressing, trying not to disturb the Band-Aid like steri strips underneath. Once you remove the dressing, the wound can be inspected. If there is any concern regarding the wound, such as any significant redness or any discharge from the wound, this should be reported to my office, please call 602-953-9500 and ask to speak to Page. Replace the collar after the new dressing has been applied.

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, until your follow up visit. They may be removed for brief periods of time for personal hygiene purposes or to wash and dry them. Please remove them only at a time when you can be up and around, as walking helps prevent blood clots. Do not remove them when lying down. Occasionally I may prescribe an Aspirin every other day, as an additional measure to help prevent blood clots. The best way to prevent blood clots is to do the “ankle pumps” that the therapist showed you in the hospital, and to walk. If you do 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 surgery. This helps oxygen get to your lungs and helps to prevent pneumonia.

WALKING:

Although it is important to minimize your lifting, carrying, stooping, and bending, and to also minimize your sitting, it is important to try to stand and 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 medications for pain (Vicodin, and/or Tylenol with Codeine), muscle relaxants (Soma or Flexeril), and general medications (Vitamin C, Calcium, Colace, and Iron). The general medications (Vitamin C, Calcium, Colace, and Iron) should be taken for the first 3 weeks following your hospital discharge. These medications aid in the healing of the wound tissue, as well as keeping your bowel movements normal and thereby avoiding any problems with constipation and/or abdominal discomfort. For the first 3 weeks following fusion surgery we do not want you to continue any of your over the counter aspirin and/or anti-inflammatory type medications, as their use may inhibit fusion progress and/or healing.

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

At the time of your pre-operative visit a follow up appointment will be made for you approximately two to three weeks after discharge from the hospital. Often on this visit you will see my associate or my physician’s assistant. The first visit will include postoperative wound check, dressing changes, physical exam, and your first x-ray after surgery. At that time, if you are doing well, the TED hose stockings will be

discontinued, your dressings will be discontinued, and your activities will be increased as tolerated. Most patients with work related activities would not be allowed to return to any type of work unless it is a sedentary type of position. We may be able to place some restrictions on you, and return you to work in a limited capacity at least in the first four weeks following your fusion. For those whose jobs require heavier lifting and carrying, the earliest return to work will be no sooner than the first 2 months after surgery.

Normal follow-up appointments are two to three weeks post-discharge and six weeks post-discharge. On the six-week office visit, assuming the fusion has done extremely well, the patient will have x-rays taken in the office out of their brace with gentle flexion/extension views to evaluate the fusion itself. If the fusion is healing on schedule, you will then be allowed to discontinue your hard cervical collar. You will be placed in a soft cervical collar, and will start physical therapy at this time for upper extremity and upper back strengthening exercises and gentle neck exercises. This will be three times a week for four weeks. At your next follow-up visit after physical therapy your work status will be addressed.

Doing the exercises shown to you by the physical therapist on at least an every other day basis, and doing cardiovascular exercises are also very helpful towards maintaining the health of your neck. Smoking has been shown to contribute to degenerative changes in the discs, and should be avoided.