

ATLANTIC SPINE SPECIALISTS

Cervical Disorders • Degenerative Disorders • Spinal Trauma • Low Back Pain • Spinal Tumors • Scoliosis • Microsurgery

Carl P. Giordano, M.D.

*Fellow American College of Spine Surgeons
Fellow American Board of Orthopedic Surgeons
Diplomate American Board of Spine Surgery*

Richard S. Nachwalter, M.D.

*Fellowship Trained Spine Surgeon
Diplomate American Board of
Orthopedic Surgery*

POSTOPERATIVE INSTRUCTIONS FOR DISCECTOMY, LAMINECTOMY, & DECOMPRESSION

Wound Care

- Remove outer dressing over back wound 48 hours after surgery and leave wound uncovered and exposed to the air. Underneath this outer dressing may or may not be steri-strips (small pieces of tape) these will fall off and should not be pulled off. If you perspire a lot you should keep the wound covered with a single gauze dressing changed twice daily for one week.
- 72 hours after surgery you may take a shower and get the surgical wound wet. You may not go in a bathtub, pool, Jacuzzi or any body of water for approximately two months. Do not soap or scrub the wound. Gently pat the wound dry after the shower. The steri-strips will frequently fall off within 1 – 2 weeks of surgery. Sutures closing the wound are placed under the surface of the skin and will dissolve on their own.
- Do not put any creams or lotions on your wound unless otherwise directed by your physician.

Medications

- You may be given one medication to take after you leave the hospital:
 - 1) A pain pill which you can take as you need it.

Activity Restriction

- Avoid bending over, lifting and twisting your lower back. You can walk for exercise after surgery as tolerated. Do not think that you can facilitate the internal healing process after surgery with exercises. This process will occur on its own and takes approximately 12 weeks.
- Avoid driving for 2 weeks. You may ride in the car as a passenger, but you should recline the seat back to take stress off of your lower back. A decision will be made at your first post-op visit as to whether you are now able to drive.

(over)

131 Madison Avenue, Suite 110, Morristown, New Jersey 07960 • Tel (973) 971-3500 • Fax (973) 683-0016

541 East Broad Street, Westfield, New Jersey 07090
www.atlanticspinespecialists.com

What to expect after surgery

- The majority of all patients will experience significant reduction of their leg pain shortly after surgery depending on the duration of the symptoms before surgery, the amount of nerve inflammation and the extent of the nerve compression. Leg pain can continue on for several weeks. It is also not uncommon in the first several weeks after surgery for the nerve to remain intermittently irritated when you start to walk with long strides.
- If your incision becomes red or oozes you should call the office immediately. If your temperature goes over 101 you should immediately contact the office.
- It is common after surgery and while on pain medication to experience constipation. Should this occur you can use milk of magnesia (MOM). If the MOM does not work the next step is to buy Citrate of Magnesium (it looks like a little bottle of ginger ale and is over the counter at your local pharmacy) and you should follow the directions on the bottle. Alternately, Miralax, which can be purchased over-the-counter can be taken as directed on the bottle. It usually works in one to two days.

Post-Operative Anti-Coagulation

After surgery anti-coagulation should be avoided. The risk of developing a hematoma if anti-coagulation is started too soon after surgery is quite high. The risk of anti-coagulation needs to be weighed against the benefits of preventing cardiovascular events. In general we recommend that no oral or injectable anti-coagulation be given to a post-operative patient for 10 days. The risk of developing an epidural hematoma is high. When anti-coagulation is started it should be done so without a bolus and slowly.

Please contact the office if anybody is recommending that you start the anti-coagulation sooner.

Anti-coagulation medications include:

- Heparin
- Coumadin
- Plavix
- Aspirin
- Fish Oil

Wound Drainage

It is not uncommon for surgical wounds to have some scant drainage. If this occurs you should do your best to keep the wound clean and dry. We recommend you wipe the wound with Iodine or Betadine and cover it with a loose gauze bandage 3 times a day. Iodine and Betadine are over the counter antiseptics you can obtain at a local pharmacy. You should not place any creams on the wound. Even antibiotic creams tend to keep the wound moist and prevent them from drying and scabbing. Iodine or Betadine would be preferable.

Reasons to contact the office

If, post-operatively, you experience any fevers greater than 101.5 degrees, pounding headaches, excessive wound drainage, increasing pain in the arms or legs, or incontinence of urine or feces (where you can't control your urine or feces), you should contact the office immediately.

If you should have any questions please feel free to contact the office.