

Matthew P. Cubbage, M.D.
Advanced Orthopedics and Sports Medicine
21212 Northwest Freeway, Suite 605
Cypress, Texas 77429
281.664.2205
281.517.8510
www.DrCubbage.com

Post-Operative Guide for Lumbar Laminectomy/Discectomy Patients

These instructions should be used after your surgery and will help guide you after surgery. When discharged from the hospital after the surgery you will need to be accompanied by another adult. When you get home, please call our office at 888-67-Spine or (888) 677-7463 to schedule your follow up appointment. The appointment should be scheduled for two weeks from your surgery date.

WOUND CARE

- If you have white strips (steri-strips) on your incision, leave the strips on until your follow up appointment; we will remove the steri-strips in the office.
- You may begin showering the third post-operative day provided that the wound remains dry. One way to keep the wound dry is to cover the wound with a waterproof dressing; you can purchase waterproof dressings from your local pharmacy. You may replace your original dressing with a clean dry dressing 48 hours after your surgery. On the seventh post-operative day you may shower without a dressing (leave the steri-strips on the wound). Do not take a bath until we see you for your follow up appointment; do not submerge the wound. If the wound accidentally gets wet, gently pat it dry and cover the wound with a clean, dry dressing.
- Incisions can become infected. If you notice your incision getting red, swollen, warm or draining, please call the office at (281) 664-2205.
- You may remove your ted hose stockings 48 hours after arriving home.

ACTIVITIES

- Walk a minimum of thirty minutes each day. This can be broken up into intervals of ten minutes throughout the day. Gradually increase your walking time on a pain guided as tolerated basis.
- Some patients may require physical therapy to increase their strength and endurance after surgery. If physical therapy is required it usually begins six weeks after surgery.
- Avoid excessive kneeling, squatting, bending, or stooping for six week after surgery.

MEDICATIONS

- When discharged from the hospital you will be given a prescription for an analgesic and/or muscle relaxer. Be sure that the hospital has the correct pharmacy information in your chart. It is sometimes necessary that these medications are called in to your local pharmacy.
- Contact your local pharmacy for prescription refills.
- The need for pain medication varies for each patient. Everybody's perception of pain is different. Some will need it briefly; others may need it for several months. You should only take your pain medicine if you feel that you need it. It is okay to use Tylenol if you feel you no longer need the prescription strength analgesic/pain medication to manage your pain. Generally, most patients stop taking pain medications within three months or less after surgery. If it becomes necessary for you to use pain medications for more than three months we may refer you to a Pain Management Specialist to assist us in managing your medications and level of pain.
- Pain medications should be reduced gradually not stopped abruptly. Suddenly stopping a pain medication can cause you to feel very uncomfortable. Symptoms of stopping a pain medication abruptly may include nausea, vomiting, chills and diarrhea.
- If you need to change your medications due to side effects or failing to relieve your pain, please call Marsha at (281) 664-2205.
- Non-steroidal anti-inflammatory drugs such as, Celebrex, Advil, Aleve, Motrin, Ibuprofen, Daypro, Arthrotec, Indocin, Lodine, Mobic, Toradol, Naproxen, Relafen, Voltaren, Naprosyn, and Vicoprofen should be avoided for 90 days or 3 months following cervical and/or lumbar spine fusion surgery. These medications have been known to decrease the body's ability to form new bone.
- Smoking reduces bone density and significantly impairs healing after surgery; smoking should be avoided.
- Blood thinners such as Lovenox, Plavix, an Warfarin can be restarted 72 hours after surgery.

CONSTIPATION

Constipation is a common problem for patients who have had surgery. Pain medicines, anesthesia and iron pills can cause constipation. The following interventions can help relieve constipation:

- Drink at least 6-eight ounce glasses of water every day.
- Use Fiber One; it can be bought at your local pharmacy or grocery store.
- Use a stool softener such as Colace or Docusate Sodium; they can be purchased at your local pharmacy. The dosage is usually 50mg three times per day.
- Use a bulk laxative such as Konsyl, Miralax, Metamucil or Bene-fiber. Bulk laxatives provide roughage for the colon without chemical stimulants. These substances are in powder form and need to be mixed with water or juice.
- Drink two cups of Green Tea per day; green tea can help stimulate the colon naturally.
- You may also use Senokot or Dulcolax. These medications should be used on a short-term basis only.
- If all of these suggestions fail, you might need to try a Fleets enema.

PAIN

You will experience some post-op pain. The level of pain varies from patient to patient. Lumbar surgery patients may experience leg pain. The leg pain you might have felt before surgery may sometimes be present after surgery, but it may be more intense or totally disappear. Pain at the incision site is normal. Numbness and tingling in your leg or foot can be expected. These

symptoms are normal in most cases, but if any of these symptoms continue after a long period of time or worsen, please contact us.

If you have questions after referencing this post-operative guide, please contact Marsha, Assistant to Dr. Cabbage, at 888-67-SPINE or (281) 664-2205.