Post-Operative Spine Care

Activity:

- You will need to avoid bending, lifting, twisting, and sudden movements for three weeks after surgery

- Sitting, specially if leaning forward, results in the greatest forces being transmitted through your lumbar spine. Hence, avoid prolonged sitting for at least three weeks after surgery.
  On the first post operative day you should only sit for meals.
  Ensure you stand or lie down for 5 minutes, after you have been sitting for 10 minutes. This advice is applicable to everyone with back conditions but is particularly important in the early post-operative period.

- Walking is the simplest and safest exercise programme which starts on the first day after the operation. You should be able to take 6-8 short walks before discharge home. This will help you strengthen your muscles, improve your confidence, improve your breathing and prevent clots in the legs. Gradually increase your walking distance outdoors every day.

- You should feel confident that you are going to be able to comfortably attend to your activities of daily living before being discharged home. If you do not feel comfortable about this issue please raise your concerns with me or my team doctors and nurses. You should not go home until you can manage your routine day to day activities safely at home.

Physiotherapy:

- In the hospital, your physiotherapist may use treatments to help settle soreness and muscle spasm. The therapist will teach you how to transfer from lying to sitting and standing safely. They will help you with your confidence when walking and teach you general safe techniques for your back. This education should continue later on after discharge. After the sixth week following surgery you will move onto more active physical treatments to build up your strength and improve your flexibility. This may include endurance exercises such as treadmill walking and static cycling further help muscle strengthening. It's important to

achieve good muscle control of movements before you try and push your range of movements too far. Make sure you are happy with one stage in your programme before you try and move onto the next. As you gain confidence in your movements you can incorporate these in everyday tasks and activities. It is important to note that truncal and paraspinal muscle strengthening, range of movement exercises and therapies for muscle spasm, following surgery at an appropriate time frame, can reduce the risk of developing chronic ower back pain without increasing the risk of recurrent symptoms , for example from recurrent disc herniation.

- You are encouraged to commence hydrotherapy a few weeks after surgery. Simple and safe water based exercises help improve range of movement and comfort. It will also help you recondition your muscles whilst avoiding stresses on your back as the weights transmitted through your spine will be reduced in the water.
    - Before entering the pool area make sure that you have adequate balance to avoid falls and ensure that you take necessary safety precautions to avoid slipping. Water based exercises are of great value to your recovery. But remember that you are responsible for your safety in the pool area.

Diet:

ensure a balanced diet with adequate intake of proteins, carbohydrates, and fats. Make sure you consume a diet rich in calcium. Drink plenty of milk and increase your intake of dairy products.

Pain killers used after Spine Surgery:

Pain following spine surgery is often confined to the area of surgery and is often not severe. Severe pain, specially in the limbs warrants further investigation. It is desirable to reduce your pain-killers to a single simple agent , preferably Paracetamol and to cease this gradually as your condition improves.

The following is a list and brief description of some of the medications used for the treatment of spinal pain:

- Paracetamol is an effective and simple medication with few side effects if taken in correct quantities.
    - Dosage: 1 g every 6 hours as required.

- Panadeine Forte: contains Codeine as well as paracetamol and helps with more severe pain. The Codeine component is an opiate and will cause dependency if taken over long periods of time. It can cause nausea, headache, irritability, poor concentration and constipation.
- Digesic: This is similar to panadeine forte. It is a stronger pain killer than paracetamol. It contains Paracetamol and Dextropropoxyphene. . IT can cause dependency and has some side effects including nausea, headache, drowsiness, irritability.
    - Dosage: 2 tablets every 6 hours (Maximum 8 tablets per day)
- Tramadol: Also used for moderately severe pain. It is a synthetic opiate. It has the potential for serious interactions with other medications especially antidepressants. You should discuss its use with your doctor. It should not be used if you have had seizures or brain surgery. Dosage depends on your condition and history of previous use of Tramadol.

- Non-steroidal anti-inflammatory medications:
  Ibuprofen (Brufen®, Rafen®, Nurofen®), Indomethacin (Indocid®), Piroxicam (Mobic®) and Mefenamic Acid (Ponstan®).
    - They can cause kidney problems and peptic ulceration, perforation of peptic ulcers and bleeding ulcers
    - They may interfere with normal blodd clotting
    - They should be taken after a meal
    - If you have had a spinal fusion or brain surgery or any other brain conditions you should use this group of medications only after discussion with me.
    - If you have a history of kidney problems or peptic ulcer disease you should avoid these medications
    - They can interact with other blood thinning medications such as Aspirin or Warfarin
    - If you get pain in tummy pains, or vomit brown coffee-ground material, or have bloody or black stools you should discontinue medications fromthis list

Drug Interactions with blood thinning medications (eg Warfarin) and blood pressure lowering medications*

Morphine, Oxycodone (Endone® and Oxycontin SR®)

- These medicines should only be taken when required or as directed for moderate to severe pain. Morphine can be given through a drip or as an injection under the skin.
- Endone® is an immediate-release morphine-like tablet which can be taken up to every three hours. The dose is usually 2.5-10 mg (½ -2 tablets)
- Oxycontin® is a sustained-release morphine- like tablet which means that the tablet gradually releases the drug into your body. The dose, which must be swallowed whole, is usually 10-20 mg twice daily taken regularly (every 12 hours). It is important to remember that Oxycodone may cause an additive effect with sedatives and/or alcohol*. We need to know if you usually take any other strong (opioid) pain killers such as Morphine* Also advise your doctor if you have had seizures (fits) or a head injury.
- All opioids can cause side effects including nausea, dizziness, headache, confusion, drowsiness and skin rash. Let your doctor know should you experience any of these symptoms. Constipation is common and you may be prescribed laxatives to lessen this side effect.

Nerve Stabilising Agents

- Endep (Amitriptyline); an antidepressant at higher doses, is taken at 10 mg at night time to help with "neuropathic pain".
- Lyrica (Pregabalin): used for the treatment of some forms of seizure and neuropathic pain
- Neurontin (Gabapentin):Originally developed for the treatment of epilepsy. It is often used for the treatment of neuropathic pain

Steroids:

- Dexamethasone is the most common steroid used for the treatment of neurosurgical conditions
- In spine surgery short courses are sometimes prescribed for the treatment or prevention of nerve root or spinal cord swelling.
- Prolonged use should be avoided as it can cause suppression of the immune system, reduced bone density and strength, mood swings/changes, increased appetite, weight gain, disproportionate gain of fat around the trunk, easy bruising and bleeding, diabetes mellitus and interference with control of blood sugar levels if diabetic.

• Tramadol

Tramadol may be prescribed for moderate to severe pain. The normal dose is 50-100 mg up to four times daily (less in patients who are elderly or have kidney disease).

Wound care:

The wound is usually closed using dissolving sutures and should not be soaked under water for the first week after surgery. Patients usually shower with a dressing and change it for a dry one afterwards. The wound should not be soaked uncovered for the first three weeks.

Some pain should be expected within the first week after surgery which is mild and confined to the area of surgery. This will improve after a few days.

If the pain returns and is severe, or if pins and needles don't settle, patients should contact the office. Similarly, you should seek medical advice if you get discharge from your wound or any fever.

Driving:

As a general rule you should avoid driving for at least two weeks after surgery. Driving is safe if you are comfortable and safe and able to perform all of the required functions without impairment. Some specific conditions include:

- Being alert and oriented and under influence of no medications that can affect your cognitive function
- Being able to comfortably look back to check your blind spot
- Having normal muscle power in your legs, ankles and feet and to use the car's pedals with normal coordination and strength

Work:

- Exactly when you start work will depend on your condition and your occupation. You should avoid work in general for a period of three weeks after surgery. Further restrictions apply if your job involves prolonged sitting or physical work such as bending or lifting.

Follow-up

- Your sutures are dissolvable. However, we recommend you to book an appointment to see your general practitioner at one week following discharge from the hospital. This gives you and your GP an opportunity to review your general health, medications and your surgical wound. Your GP will be updated on your progress as he/she receives your discharge summary from my practice. However, please take your discharge summary with you in case there are delays in the mail reaching their practice.

- You should see me between 4 to 6 weeks following your operation.

Emergency Review:

- You should notify your doctor or attend the emergency department at St George Public Hospital if you develop any of the following symptoms after discharge. You are requested to contact my office and notify me if this happens:

    - Any form of pain that is new, worsened wound pain or pre-existing pain,

any pain that is difficult to manage for you

- Fever (a sign of infection or deep vein thrombus)
- Wound redness, worsened wound pain or swelling, or any discharge from your wound (signs of infection)
- Pain in the legs, in particular in the calf region or behind the knee (which may be a sign of a clot in the leg)
- Any new or worsened numbness, weakness, pins and needles sensation
- Any difficulty with the control of bowel and bladder function
- Chest pain, shortness of breath, or other concerning symptom