



# **BRANKO PRPA M.D.**

---

## *Spine Surgery*

### **POST OP INSTRUCTIONS – LUMBAR**

#### **Post-Op Pain**

It is not unusual to experience the following symptoms in the first few weeks after surgery:

1. Pain in and around the incision
2. Some persistent leg pain
3. Numbness or tingling of the leg or foot
4. Mild swelling or redness at the incision
5. Muscle tightness or spasm of the back going to the leg(s) to the knees.
6. Pain when moving from bed to chair or standing position.
7. It is not unusual to be uncomfortable during the first few days following surgery, and especially at night. This will improve steadily.

#### **Incision Care**

There may be staples, sutures or paper band aids (steri-strips) holding the incision closed.

1. Change the dressing daily until the first follow-up appointment with 4x4 gauze and tape, or when the dressing is soiled. After that, if there is no drainage, you may remove the dressing. You may either let the incision air dry (**leave the steri-strips in place – they will fall off on their own**) or cover with an oversized Band-Aid. Persistent or cloudy, smelly drainage should be reported to our office.
2. You may shower 24-48 hours after surgery. Do not Remove the gauze, but make sure to cover bandage prior to showering. do not tub bathe or soak the wound. After showering, recover the incision with a clean, dry dressing. (**leave the steri-strips in place**)
3. Sutures and staples usually come out at 2 to 3 weeks after surgery by our service. Then you may get the incision wet – pat dry.
4. Do not apply ointments or solutions to the incision. Mild soap and water is OK.
5. If you notice a small clear suture at the end of the incision, do not remove it. It will either dissolve or be removed in the office.
6. If you develop blisters, redness, or irritation from the tape, discontinue its use.
7. Watch wounds for any excessive swelling, redness, and pain after discharge from the hospital. Call the office (414) 939-5447 if you have any questions.

### ***Do's and Don'ts***

You should think of the first week after surgery as an extension of your hospital stay. In general, if any activity increases discomfort, don't do it. It will get easier each day.

Your first post-op visit will be scheduled (by my office) 10-14 days after surgery.

Your 2<sup>nd</sup> post-op appointment will be approximately 6 weeks after surgery. An x-ray will be ordered on the day of.

1. Avoid using aspirin products and **NSAIDs (Aspirin, Ibuprofen, Advil, Aleve)** until Dr. Prpa has instructed you to resume them or for at least 3 months after surgery. These products tend to interfere with growth and development of your recovery. However, if you are taking these products for treatment of other health conditions, it is important to discuss this with Dr. Prpa and your primary care provider.
2. Wear the TEDS (white) thigh stockings for 6 weeks from the day of surgery. (You may take them off when you are up and walking). Place them in the dryer to air them out. They will feel much better
3. **Walk as much as possible.** Walking helps the muscles and back get stronger. The wound and nerve will heal much faster.
4. Do not remain confined to bed during the day. Walk as much as you comfortably can. You may climb stairs. If you sit or stand for more than 50 minutes, you should get up and walk to avoid getting stiff.
5. Following a fusion, you will wear a brace for approximately 12 weeks after your surgery. You must wear your brace when out of bed, up and about and walking. No need to wear brace while sleeping or showering or going to the restroom in the middle of the night
6. Avoid exaggerated bending or twisting or lifting more than 5-15 lbs for 6 weeks after surgery. (Example – 2 gallons of milk)
7. Lift by bending at the knees.
8. **No exercise program** is allowed until you are released by your physician to do so.
9. Sexual activity is permitted whenever comfort permits.
10. You may ride in a car as a passenger. Do not ride for more than an hour without getting out and walking for a few minutes.
11. Decisions regarding returning to work and physical therapy needs will be made on an individual basis by our medical staff.
12. **Hot tubs** – Patients who have had a fusion should not use a hot tub for at least 3 months postop.
13. The pain medication and anesthesia can cause problems with constipation. Start a stool softener daily, increase your fluids and walk as tolerated to help with constipation. It is ok to use an over the counter suppository (such as Dulcolax) or an oral laxative (such as Dulcolax tabs, Milk of Magnesia, Metamucil, **Miralax**), as needed, if you have had no bowel movement by 3 days after your surgery.

14. Do not schedule dental work for two weeks prior to your surgery or for 6 weeks following your surgery. If you have had a fusion surgery you will require antibiotic premedication before any dental procedures for 1 year post op. This is typically something your dentist will prescribe.
15. It is ok to sleep on your side, back. Do not sleep in a recliner-chair.
16. Watch for any calf pain that does not get better over a 24 hour time span. Call the office if you are not better.
17. Call for pain medication refills during the week. **DO NOT** call over the weekend; they will not refill them.
18. Please be cautious of any belts you may wear on your pants. Depending on where your incision is located, your belt could rub on your incision causing pain and chafing or irritation to the incision.

### **Calling the Office**

We are here to help you. Please call with any questions.

**Call the office at 414-939-5447 if any of the following occur:**

1. Sustained fever (greater than 2 days) greater than 101.5 degrees Fahrenheit that does not respond to a dose of two tablets of Tylenol. (Do not take Tylenol if you have any contraindications or allergies to Tylenol.)
2. Drainage from the incision that is increasing. (Spotty drainage may be normal for the first few days)
3. Incision is very red or warm to the touch and worsening.
4. New Leg or back pain or swelling in excess of your pre-operative pain.

### **Calling 911**

**Please call 911 immediately or go to the ER if any of the following occur:**

- 1. Difficulty breathing, shortness of breath or pain with breathing.**
- 2. Chest pain.**
- 3. Leg pain – specifically calf tightness or swelling.**
- 4. Bowel or Bladder loss.**

## **Common Spinal Questions**

### **Q: I am worried about surgery. Is this normal?**

**A:** It is completely normal to be worried about surgery. Even the most prepared person still has some anxiety. Dr. Prpa and his staff are always available to answer any questions you may have concerning your surgery.

### **Q: How much pain can I expect after surgery?**

**A:** Everyone handles pain differently. We take a lot of effort to minimize post-operative pain. The first night is usually the most difficult and each day after that gets better.

- **Lumbar (Low Back) Surgery:** Usually your back pain is increased for a period of time.

### **Q: How long after surgery will my symptoms be gone?**

**A:** People usually fall into 3 categories:

1. When you wake up all your symptoms are gone and you just have post-operative pain.
2. Your symptoms are lessened and as time goes on they resolve.
3. You have the same symptoms and with time they resolve.

So, don't be alarmed if your symptoms are not resolved right away. Our nerves are one of the slowest healing parts of our bodies. Our bodies can never completely heal a nerve. So therefore you may always have some symptoms. It will take ONE YEAR after surgery to see what symptoms you may be left with.

### **Q: When can I drive after surgery?**

**A:** You **CANNOT** drive until you have the "OK" from Dr. Prpa to do so. As long as you need to continue taking the **Narcotic Pain Medications** prescribed by Dr. Prpa, **YOU CANNOT DRIVE**. Please feel free to discuss driving with Dr. Prpa at your follow-up appointment.

### **Q: How long do I need to wear my TED (compression) stocking after surgery?**

**A:** You should wear your compression stockings **FOR 2 WEEKS** following surgery. Wear them during the day and take them off before going to bed. Put them on again first thing in the morning. If you notice swelling in the calf or ankle, continue wearing them during the day until the swelling returns to normal

## **Preventing Constipation after Back Surgery**

Constipation is a common problem for many people recovering from back surgery, and frequently causes considerable discomfort and / or pain. While it is often not mentioned to patients as part of the recovery process, constipation, and its adverse side effects can be a significant challenge following back surgery.

There are many aspects of having back surgery that can contribute to constipation, including anesthesia, stress, dietary changes, use of pain medications and decreased activity.

Symptoms of constipation may include some combination of the following:

- Abdominal pain and bloating
- Nausea and/or vomiting
- Hard stools or inability to have a bowel movement

Recovering from the actual surgery is enough to focus on without having to deal with the negative side effects of constipation. Here are a number of actions that one can take to prevent the unpleasant and often painful side effects of constipation after back surgery:

## **Action to Prevent or Minimize Constipation**

- Increase activity as soon as possible after surgery. Walking is an excellent way to help bodily functions return to normal, and also help with healing from surgery.
- **Limit use of narcotic medications (e.g. Vicodin, Tylenol #3, Darvocet, Percocet, Oxycontin) to just what is necessary for adequate pain control. Narcotics slow down bowel motility, leading to constipation. Consider switching to a non-narcotic pain reliever (such as regular Tylenol or extra strength Tylenol) for pain control shortly after surgery to reduce the risk of constipation.**
- Begin using a fiber laxative, stool softener, or combination product after surgery to reduce the risk of constipation, particularly if one has experienced constipation in the past.
- Drink plenty of water and other non-caffeinated fluids (at least 40 oz. per day), provided that the physician has not restricted fluid intake for another reason. Prune juice and apple cider (not apple juice) are also excellent natural laxatives.
- **Eat foods that are naturally high in fiber to stimulate the intestines. High-fiber foods include beans, whole grains and bran cereals, fresh fruits (such as watermelon, grapes), and vegetables (such as lettuce, carrots).**
- Limiting foods that contribute to constipation is also a good idea, such as cheese, meat and processed foods.
- Eat small, frequent high fiber meals throughout the day, rather than large meals to aid in the digestive process.

We are here to make your surgical experience as safe, smooth and pleasant as possible!

Office Contact Info (for all clinics): Phone (414)-939-5447 Monday – Friday 8:00am – 5:00pm  
Fax (262)-260-8968

Closed from 12:00p – 1:00p for lunch hour

Racine Clinic  
**7200 Washington Ave. – Suite 101**  
Mt. Pleasant, WI 53406

Aurora St. Luke's Medical Ctr. **2900 W. Oklahoma Ave.** Milwaukee, WI 53215

- **Go to - Main Entrance by Emergency Room/Valet**
- **Pass registration desk to the Right**
- **(Ambulatory Treatment Center.) on the left**

[www.prpaspinesurgery.com](http://www.prpaspinesurgery.com)