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Minimally Invasive Spine Surgery
Board Certified Orthopedic Surgeon

GENERAL POST-OPERATIVE INSTRUCTIONS

These instructions are general post-operative instructions for most spinal procedures, including:

1. Cervical fusion
2. Cervical decompression
3. Cervical disc replacement
4. Lumbar microdiscectomy
5. Lumbar laminectomy/decompression
6. Lumbar fusion
7. Lumbar microdiscectomy
8. Lumbar disc replacement
9. Thoracic procedures

WHILE IN HOSPITAL // Surgery Center

- A **sterile gauze and waterproof dressing** (Tegaderm) will be applied to the lower back. This dressing should cover the wound for about three days.
- **Showering** is permitted. **DO NOT allow the water to spray directly onto your incision.**
 - Shower with the gauze and Tegaderm.

- Remove the dressing after you shower if loose. Even though the dressing may appear to be dry, moisture will still collect on the dry gauze from the shower.
- After day five post-op, if there is no drainage from the wound or any open area of the wound, you may shower without covering the wound, but **DO NOT submerge the wound in water for initial 4 weeks.**
- Pat the incision dry once you are done in the shower.
- **Your incision will heal best when clean and dry.**
 - You may remove the bandage and leave the wound open to air once there is no further drainage from the incision site.
- **DO NOT apply any medications, ointments, lotions, sunblock, etc. until you have seen your doctor at your first post-op appointment and they indicate it is safe to use these items over the incision site.**
- The day after your surgery you may be assisted by a **physical therapist** to regain mobility. After your physical therapy session you should continue to walk several more times during the day as tolerated. If you had your procedure as an outpatient in a surgery center, you will walk before being discharged home.
- Your **bladder** should be functioning prior to you leaving the hospital.
 - Please note that your **bowel function** is typically slower to return to normal. **Walking early after surgery is usually the best way to stimulate quick return of bowel function.**
 - You will not be kept overnight if you have not had a bowel movement, but you will be started on a bowel program immediately after surgery. Therefore, you can expect activity either during your stay or soon after you get home.
- You will be **discharged** from the hospital/surgery center when you achieve a relative level of independence (*moderate level of mobility, eating without nausea, and managing your pain with oral medication only*). Your goal is to transition from injection pain medications to oral narcotic pain medications (or non-narcotics) as soon as possible. This should be by one to two days after surgery.

- A family member or friend will be able to **transport you home** with regular transportation. A comfortable sedan or SUV that allows the passenger seat to recline is usually more comfortable for patients early post-op versus a small car or sports car.
- If a **pain medication prescription** is not given to you during your stay in the hospital, please call our office with your **pharmacy name, phone number, and fax number**. Please call during normal business hours, Mon-Fri 9am – 5pm. We will make sure to call in a prescription for you. Please note any prescription with Hydrocodone (Vicodin, Norco), OxyContin or Oxycodone (including Percocet) must be filled by the patient with the actual prescription in hand and cannot be called into a pharmacy. Anticipate needs for pain medication before the weekend due to the fact that no narcotic pain meds will be called in to your pharmacy.

AT HOME // FIRST SIX TO EIGHT WEEKS

- Somebody responsible should **assist** you for the first several days at home. If you need a home health nurse to assist you, our office will coordinate this for you. Please let us know prior your surgery date if you would like this arrangement to be made.
- **NO bending, lifting, or twisting anything heavier than a 10-15 pounds.**
- **Showering** is permitted. **DO NOT** allow the water to spray directly onto your incision.
 - Shower with the gauze and Tegaderm.
 - Remove and change the dressing after you shower. Even though the dressing may appear to be dry, moisture will still collect on the dry gauze from the shower.
 - After day three post-op, if there is no drainage from the wound or any open area of the wound, you may shower without covering the wound, but **DO NOT submerge the wound in water until cleared by Dr. Khounganian.**
 - Pat the incision dry once you are done in the shower.
 - **Your incision will heal best when clean and dry.**

- You may remove the bandage and leave the wound open to air once there is no further drainage from the incision site.
- **DO NOT soak your incision in a bathtub, pool, etc., for at least four weeks or cleared by Dr. Khounganian.**
- **DO NOT apply any medications, ointments, lotions, sunblock, etc. until you have seen your doctor at your first post-op appointment and they indicate it is safe to use these items over the incision site.**
 - You may start to use an anti-scarring ointment/cream (such as Mederma), after the steri-strips have been removed and the wound has completely closed.
 - Use **sunblock** with high SPF for the first year after surgery if your incision is exposed to sun in order to reduce scar formation. **Sunblock should NOT be applied to the incision until the incision has healed with no drainage**
- Suture removal will not be necessary, as you will have a cosmetic skin closure with absorbable suture material. It takes the subcutaneous (below the skin) **sutures** about three months to completely resorb. If this is not the case, the doctor will remove the sutures about one week after surgery.
 - **DO NOT scratch your incision.** The itching will subside in time. The body resorbs the sutures/stitches by an inflammatory reaction so you will likely experience some swelling around the incision site—this is normal. By three months post-surgery the incision will be flat.
- **PLEASE NOTE, IF YOU HAVE HAD A FUSION SURGERY...Do NOT take any anti-inflammatories as these medications prohibit bone formation and may result in a non-union (non-fusion).** These medications include—Aspirin, Advil, Ibuprofen, Motrin, Naproxen, Mobic, Celebrex, etc. If you have any questions regarding your surgery and these medications, please speak with your doctor.
 - If you were taking **blood-thinning agents/anti-inflammatories** prior surgery for medical reasons, you may continue taking these medications three to five days post-op with consent from your pre-operative internist or surgeon.

- If you are experiencing a **headache** during the first few days of being post-op, this may be an indication of a spinal leak. If laying flat and a headache comes on, try sitting or standing upright and/or vice versa.
- You may take an aspirin if you continue to have headaches but should not take the medication for a prolonged period of time.
- Narcotics are very **constipating** and often cause **nausea and vomiting**.
 - If you are experiencing nausea you may need to lessen the pain medication or change the pain medication all together. If nausea results despite reducing overall narcotic intake, you may call and ask for a prescription of Zofran.
 - If you have not had a bowel movement after you have arrived home, you may try an over-the-counter stool softener or laxative to help facilitate this process (ex. Dulcolax, Miralax, or Magnesium Citrate). You may start these medications as soon as you wish if constipation is causing discomfort. These should only be taken once you have started to experience flatus (gas). Again, the best way to initiate a bowel movement after surgery is by walking.
 - It is OKAY to take over-the-counter cold, cough medication and/or antibiotics at this time.
 - If you are seeking to have any other surgeries or procedures within the first six months of your surgery, please have your physician prescribe a prophylactic antibiotic.
- **Ice** is usually best during the first one to two weeks post-surgery. Ice reduces inflammation and is effective as an analgesic (pain remedy). After inflammation has subsided, **heat** can be used alone or with alternating usage of ice. However, please note that ice tends to cause muscle spasms and may be contributing to your pain if you are experiencing severe muscular spasms.
 - Muscle spasms are typically treated with heat (heating pad or moist heat). By six weeks post-op you may begin to use heat if muscle spasms are the main cause of your pain.
- **Your goal is to walk 1/2 to 1 mile per day.**
 - You should keep active during your recovery process. Walk for five to ten minutes every 30 to 40 minutes.
- **Avoid** activities that cause strain around your incision area.

- Climbing stairs is permitted (and encouraged), but should be done slowly and carefully.
- If you have been given a lumbar brace, wear it at all times when out of bed, but remove for sleeping, feeding, and showering.
- If you are given a cervical collar, please wear it as recommended by your surgeon except when showering and feeding. You are not allowed to drive while wearing a cervical collar.
- You may start driving after your first post-op appointment.
 - Please note, you should NOT drive if you are taking any narcotic medication that impairs or affects your judgment.

SPECIFIC INSTRUCTIONS FOR MICRODISCECTOMY/MICRODECOMPRESSION

PATIENTS

- NO heavy impact exercises for the first six to eight weeks
- NO heavy bending, lifting, or twisting for the first six to eight weeks
- It is normal to experience symptoms similar to your pre-op symptoms off and on after surgery due to the decompression of the nerve. This recurrence of irritation to the nerve will fluctuate but should decrease in intensity and frequency as the weeks pass.

SPECIFIC INSTRUCTIONS FOR... FUSION PATIENTS

- Fusions require three to six months to become stable.
- Do NOT take any blood-thinning agents/anti-inflammatories as these medications prohibit bone formation and may result in a non-union (non-fusion). These medications include—Aspirin, Advil, Ibuprofen, Motrin, Naproxen, Mobic, Celebrex, etc. If you have any questions regarding your surgery and these medications, please speak with your doctor.

- If you were taking **blood-thinning agents/anti-inflammatories** prior surgery for medical reasons, you may continue taking these medications three to five days post-op with consent from your pre-operative internist or surgeon.
- The bone and tissue rebuilding process requires muscle stressors and gravity to help the fusion become stronger. Therefore, please do NOT stay in bed (this type of reduced activity is not indicated).
- **DO NOT smoke.** Smoking will decrease your fusion rate and may potentially lead to revision surgery.

FIRST POST-OP APPOINTMENT // ONE - TWO WEEKS AFTER YOUR DATE OF SURGERY

- Your incision site will be examined and new care instructions will be offered. -You may have returned to a relatively normal activity level except for doing impact exercises (running, weight lifting).
- Any questions regarding exercising, lifting weights, and working out can be addressed at this time. Please ask your doctor.
- **Physical therapy** may be recommended at this time, but typically starts at 4 weeks after surgery. Swimming (aqua therapy), Pilates, core conditioning, and other non-impact exercise are ideal forms of exercise. Aqua therapy can only be started after the surgical wound has healed without signs of infection.
- Inquiries regarding off work status, work restrictions, etc., can also be addressed at this time. Please ask your doctor.
 - Bring all work-related paperwork that needs to be completed to your clinic appointment.
- Restricted level of sex may be resumed unless otherwise instructed by the doctor.

- While a certain amount of pain is common in the recovery process, **your goal is to wean off all pain medications and muscle relaxants**. Ice can still be used, as it is a safe analgesic. A TENS unit and certain positions may also help reduce your pain symptoms.

GENERAL INFORMATION

- Commitment and determination to a full recovery is dependent on the patient's willingness to work hard with the information shared by the medical team.
 - Many patients are deconditioned before surgery. Thus, a strong commitment to rehabilitation is vital for a successful outcome.
 - Physical therapy, lifestyle changes, drinking enough water, sleeping on a firm mattress, smoking cessation, and maintaining the ideal body weight through regular exercise are all important considerations for post-op spinal surgery recovery.
- If you are overweight, your results may be adversely affected and may contribute to further spinal surgery. Identify your ideal body weight and strive to achieve it—you do not want to go through the surgery and recovery process all over again. This is your opportunity to get back in shape.
- You may be required to use a bone growth stimulator during the first eight weeks post-op. If this has not been coordinated for you by your first post-op appointment, ask your surgeon if one is recommended.
- If you have come from out of town for your surgery, or need to travel soon after, we recommend you wait until you have been ambulating for three days prior to travel.

CALL OUR OFFICE IMMEDIATELY IF

You develop a temperature greater than 101 F.-you have increased pain or worsening of symptoms-there is any: redness or swelling of the incision, or draining from the incision site -you are experiencing persistent nausea/vomiting

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