

LUMBAR FUSION

Dr. Chang has suggested surgery. In order to make sure things go as planned, there are a few steps that need to be taken before surgery.

1. Call your primary care physician to let him/her know that you are having surgery and that you will need a history and physical/medical clearance before surgery. If you have a cardiac or pulmonary condition we will need clearance from those doctors as well.
2. You will need to be fit for a LSO brace prior to surgery. I fit patients with the brace in our office. You **MUST MUST** be fit prior to surgery. No appointment is necessary, however we ask that you come in on Monday, Wednesday or Friday since we are not seeing patients those days. Some insurances require prior authorization.
3. If you are having an anterior lumbar fusion, you will need to be seen by a general surgeon. He will be assisting in the case and will need to see you prior to the surgery. I will give you the name and number of the doctor prior to leaving the office.
4. If you brought MRI films/CD to our office, Dr. Chang will need them for the surgical procedure. If you took the films/CD with you, please return them to the office at least one week before your surgery. **IF WE DO NOT HAVE THEM HE CANNOT PERFORM THE SURGERY.**
5. The hospital will call you to schedule an appointment for all pre-op testing approximately one week before surgery. The admissions office will also call you the night before surgery to let you know what time to be at the hospital the day of surgery, and give you your eating and drinking instructions as well as what medications you can take the morning of.
6. I suggest that all patients call their own insurance companies. On the back of your insurance card it will tell you if you need to call prior to admission. I will also call to do any precertification that may need to be done.
7. If you are taking any blood thinning medications or anti-inflammatory meds (i.e. Aspirin, Advil, Ibuprofen, Aleve, Coumadin, Plavix). These medications need to be stopped 7 days prior to surgery. **TYLENOL IS OK TO TAKE UNTIL SURGERY.**
8. A hospital bed will be ordered for you after the surgery. It is ordered by Dr. Chang in the hospital after your surgery. The hospital will make all the arrangements for delivery the day you are discharged home, and they obtain the insurance approval.

If you have any questions regarding your surgery, please do not hesitate to call.

JOANN,RN

219-836-4955 ext 4

F-219-865-2377

Instructions after Anterior Lumbar Fusion

Hospital Stay after Surgery:

The night of surgery will be roughest. I want you to do some walking exercises in afternoon and evening of surgery. You will have a bladder catheter to catch urine. You can roll around in bed but do not use the trapeze handle.

1. The next day after surgery, I want you up and walking more as if you were home. Remember, you can sit up on the side of bed to put on your back brace, then stand. The first few days will be rough, but each day I want you to increase your walking. Walking helps to clear out the anesthesia and increases circulation throughout your body. **KEEP TRYING.**
2. While I encourage you to walk, your sitting is limited to 30 minutes, up to four times a day. So you can sit for meals, toilet, and short rest periods throughout the day. The rest of the time, your body should be straight, such as standing/ walking or lying down. You can rest standing up when walking. You do not need to be totally flat when lying down. You may have up to two pillows behind your head and one under your knees.
3. Go slow with food. The first day you may be nauseated so I may only order ice chips or juice. As your stomach recovers, I will gradually advance your diet.
4. The bladder catheter will come out the night of surgery. I expect you should be able to go the bathroom the next morning. Removing the catheter is **PAINLESS.**
5. For going home, I will arrange for a hospital bed at your home, transportation if necessary, and special devices to use at home. Sometimes, home physical therapy will be ordered.
6. The nurses will do a dressing change with a family member prior to discharge. I will leave schedule for showers and dressing changes at home with discharge instructions.

At Home:

1. For the first two weeks at home, I want you to limit going up and down stairs to once a day. Climbing stairs will not damage the surgery but may aggravate the muscles.
2. Continue to do walking exercises. The more the better. Be sure to walk in safe, clean, and dry area with a flat surface.
3. Before you leave the hospital, I will discuss the schedule for dressing changes and showering. Wash hands before and after the dressing change. Steri-strips will be covering the wound. **DO NOT REMOVE THE STERI-STRIPS.** Put new sterile dressing over the steri-strips then apply new dressing.
4. Shower according to my schedule. When you shower, keep the dressing in place. The clear dressing is water-tight. Take quick shower (5 minutes) without bending back or legs too much. After drying-off, remove old dressing and apply new dressing. Wait two days before the next shower and next dressing change. So you can shower every other day after the first one, change dressing right after the shower. Keep this schedule until you return to see me in the office.

First six weeks:

1. No driving a car unless there is an emergency. You can ride in a car, but recline the seat back halfway to decrease the angle of sitting and the pressure on the lower back.
2. No sexual relations.
3. No hottubs or tub bath.
4. Wear back brace when out of bed. The only exception is when you are up for a short period, such as going to the bathroom or answering the telephone. If you are going to be up for more than ten minutes, use the back brace.
5. No exercises, except walking exercises, unless prescribed by me.
6. Limit sitting to 30 minutes at a time, four times a day.

First three months:

1. No working.

1. No aspirin (unless needed for heart condition) and anti-inflammatory medication, such as Motrin, Advil, or Aleve. Tylenol is OK, but ask me about use of pain medication.
3. Use elevated toilet seat.
4. No bending, twisting, or lifting objects over ten pounds.

Signs and Symptoms to Watch for:

1. Any increase in swelling or redness around the wound.
2. Any cloudy, foul-smelling, or reddish drainage from the wound.
3. Any new numbness, tingling, or weakness in the leg, foot, or toes.
4. Any temperature over 100 degrees F.

If any of these conditions occur or if you have any question, contact my office at: **708-799-2911** or **219-836-4955** and ask for Joann.

Miscellaneous:

1. Some pain in the back and leg is expected. Depending on your condition, some decreasing sensation may last since sensation nerve fibers are the most delicate and vulnerable to damage. Some occasional tinges of pain may occur in the back or leg which does not last long during the first three to six weeks after the surgery.
2. Do not do any exercise program right after surgery unless prescribed by me. Depending on your condition, you may or may not need physical therapy after the surgery.
3. As you heal and recover, your activity restrictions will gradually lessen. Do not try to do too much within the first few weeks of surgery. When appropriate, we will discuss your return to work and if restrictions are needed.
4. As the surgical pain decreases, I recommend you cut down the use of pain pills. These medications have side-effects and are meant only for short-term use. Usually the pain decreases enough by second week so only occasional use is necessary.
5. We will check Xrays on routine visits at two weeks, six weeks, three months, six months, and one year after surgery.
6. If hardware was used, it is designed to stay in for the rest of your life. Sometimes, it can cause superficial irritation and may need to be removed. Since the hardware is titanium, it will not set off metal detectors.

If you have any question or problem, please call my office: **708-799-2911** or **219-836-4955** and speak to Joann.