



# SPORTS MEDICINE ASSOCIATES

*Any Athlete. Any Injury. Anytime.®*

EDWARD R. ANDERSON, MD PA  
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**www.IGotYourBackSA.com**

**COMPREHENSIVE ADULT AND ADOLESCENT SPINE, ADULT TOTAL HIP AND KNEE RECONSTRUCTION,  
AND ORTHOPAEDIC TRAUMATOLOGY/FRACTURE MANAGEMENT**

## Post-Operative Instructions for (Neck) Cervical Spine Surgery

*We want to make this experience as pleasant as possible for you and your family. If you have any questions before or after surgery, please contact our office at (210)642-4952*

**OR**

*Email: AndersonTeam@smasatx.com.*

PLEASE NOTE THAT IN SOME CASES, DUE TO UNFORESEEN EVENTS INCLUDING EMERGENCIES, SCHEDULING CONFLICTS, INSURANCE ISSUES, OR ABNORMAL PRE-OP TESTING, YOUR SURGERY MAY NEED TO BE POSTPONED OR RESCHEDULED.

### 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(s).
2. Some persistent neck or arm pain.
3. Pain between the shoulder blades or across the shoulder area.
4. Mild swelling or redness at the incision(s) that is decreasing.
5. Pain on moving from bed to chair or standing position. It is not unusual to be uncomfortable during the first few days following surgery, and especially at night. This will improve steadily.
6. A sore throat that feels like something is caught when you swallow.
7. Pain will be present but on a scale from 0-10, should be around 3-6 range with medication.

### Pain Medication

With regard to pain medication, your prescriptions will be electronically transmitted to your pharmacy on file with Sports Medicine Associates of San Antonio when you are discharged. You may also get a prescription for a muscle relaxant. Take them as needed and as directed. **No prescription refills will be called in at night or on weekends.**

Do not begin taking Non-Steroidal Anti-Inflammatory Drugs, or NSAIDs, (such as Advil, Motrin, Ibuprofen, Aleve, Naproxen, Celebrex, Meloxicam, etc.) until Dr. Anderson has approved them. This may be 8-12 weeks after surgery.

You may be prescribed a Medrol DosePak (a steroid) to take after you are home from the hospital. Take this prescription as directed. You must take the entire prescription.

Steroids may cause you to feel nervous or jittery. It may also cause difficulty sleeping. These symptoms will improve once you have finished your prescription. If you are diabetic, steroids and the stress associated with surgery can affect your blood glucose levels.



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### **Incision Care**

There are staples, sutures, surgical glue (Dermabond), or paper band aids (steri-strips) holding the incision(s) closed. If banked bone was used for the fusion, you will have only one incision at the neck. If your own bone was used, a second incision at the hip will be present.

1. Change the dressing(s) daily for 10 days 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*) or cover with an oversized band-aid. **Redness that is getting worse, and/or persistent or cloudy drainage, should be reported to our office AS SOON AS POSSIBLE.**
2. You may shower 48 hours after surgery. **AFTER** showering, remove the gauze cover bandage (*leave the steri-strips in place*). Water will not hurt the incision but do not tub bathe or soak the wound. After showering, re-cover the incision with a clean, dry dressing (*but leave the steri-strips in place*).
3. Do not apply ointments or solutions to the incision. Mild soap and water are okay.
4. If you notice a small clear suture at the end of the incision, do not remove. It will either dissolve or be removed in the office.
5. If you develop blisters, redness, or irritation from the tape, discontinue its use.

### **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 10-14 days after surgery. You will see our Physician Assistant on the first visit and the doctor at your second post-op visit, approximately 4-6 weeks after surgery. An X-ray will be ordered on the day of your second post-op visit if you have had a cervical fusion. If you have had a fall or any trauma during the time following post surgery discharge and your clinic appointment, let Dr. Anderson's staff know. Additional x-rays may be necessary.

1. Wear your collar at all times. You may remove it to eat, shower, wash, shave, etc. Move your body as a unit while limiting excessive neck motions. Avoid big 'yes' or 'no' motions with your head. The collar is NOT there to restrict all neck movement. It is there to restrict excessive movement to allow the bone graft to heal (this may be modified by Dr. Anderson).
2. Following your fusion, you will wear a hard cervical collar for approximately 6 weeks after your surgery. You will then be placed in a soft cervical collar for approximately another 4-6 weeks.
3. Following a non-fusion surgery (laminotomy or foraminotomy), you will wear a cervical collar for approximately 3-4 weeks. This may vary on a case by case basis. You must wear your brace at all times, with the exception of showering and shaving, and you may loosen it while eating.
4. Do not use time off after surgery to do projects at home.
5. Do not remain confined to bed during the day. Walk as much as you comfortably can. You may climb stairs. Do not sit or stand for more than 50 minutes at a time. You should move to avoid getting stiff.
6. Avoid lifting more than 5 pounds for approximately 6 weeks.
7. No exercise program is allowed until you are released by your doctor to do so.
8. Sexual activity is permitted whenever comfort permits.



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9. You should not drive with the hard cervical collar; ask your doctor to clarify. You may ride in the car as a passenger. Do not ride/travel for more than 2 hours without getting out and walking for a few minutes.
10. Decisions regarding returning to work and physical therapy needs will be made on an individual basis by our medical staff.
11. 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 okay to use an over the counter suppository (such as Dulcolax) or an oral laxative (such as Dulcolax tabs, Milk of Magnesia, Miralax, etc.), as needed, if you have not had a bowel movement by 3 days after your surgery.
12. Do not schedule dental work for 2 weeks prior to your surgery or for 4-6 weeks following your surgery. If you have had a fusion surgery, you will require antibiotic pre-medication prior to any dental procedure for 1 year post-op. This is typically something your dentist will prescribe.
13. It is okay to sleep on your sides or your back.
14. Hot tubs – patients who have had a fusion should not use a hot tub for at least 3 months post-op. If you have had a laminotomy or foraminotomy, and do not have any surgical implants or bone grafts, you may use a hot tub at 6 weeks post-op.
15. **Implant cards** are available upon request if you have had a cervical fusion. This may be required by your airlines before they allow you to clear security.

### **Return to Work**

If you can work from home, you can begin doing light desk/phone work as tolerated about 2-3 weeks after surgery.

If you have to report to the office to perform your job, you will be able to do this at 4 weeks after surgery. Someone will need to drive you. You will be restricted to light desk/phone type of work.

If your job requires heavy physical activity, you will be unable to perform this type of work for at least 12 weeks after surgery.

### **Calling the Office**

We are here to help you. Please call or email with any questions. Email goes to the entire team and generally will be the quickest method for an answer.

**Call the office at (210) 642-4952, or email AndersonTeam@smasatx.com, if any of the following occur:**

1. Sustained fever greater than 101.5 degrees Fahrenheit that does not respond to Tylenol (do not take Tylenol if you have any contraindications or allergies to Tylenol).
2. Increasing drainage from the incision(s). Spotty drainage may be normal for the first few days.
3. Incision is very red or warm to the touch.
4. Arm or neck pain or swelling in excess of your pre-operative pain.
5. Difficulty swallowing, shortness of breath.



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### **Calling 911**

Please call 911 or go to the emergency room immediately if any of the following occur:

1. Difficulty breathing, shortness of breath or pain with breathing.
2. Chest pain, severe headache.
3. Leg pain – specifically calf tightness or swelling.
4. Bowel or bladder loss of continence.