



# SPORTS MEDICINE ASSOCIATES

*Any Athlete. Any Injury. Anytime.®*

EDWARD R. ANDERSON, MD PA  
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PHONE: (210) 495-9047 FAX: (210) 634-2393  
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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 Lumbar Spine Discectomy and Fusion 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 back, or leg pain.
3. Mild swelling or redness at the incision(s) that is decreasing.
4. 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.
5. A sore throat that feels like something is caught when you swallow, or hoarseness when talking (from the endotracheal tube/breathing tube used during surgery).
6. 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, 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.

### Incision Care



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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 anti-bacterial, non-perfumed soap (such as Dial 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 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. Do not bend or twist your back repeatedly.
2. Do not lift more than 5-10 pounds (about the weight of a gallon of milk).
3. If you go to pick something up and it causes strain to the back muscles, do not lift it.
4. If you do lift or carry anything, remember to keep things close to your body, and bend at your knees, **NOT YOUR BACK.**
5. Do not drive for at least two weeks because of your recent surgery. After the two weeks, do not drive if you are taking prescription pain medications or a muscle relaxer. These medications may cause you to be drowsy. Once you are able to drive, make sure you can safely look over your shoulders without causing any pain. Do not ride in a car or plane for more than two hours without getting out/up and walking around for a few minutes.
6. Do not do any running or jogging, vacuuming, weight lifting, sweeping or mopping, laundry, shoveling or raking, and do not ride a lawn mower, wave runner, or anything that might irritate your sacroiliac joint, until you have completely healed from your surgery.
7. You may resume sexual activity when you are comfortable to do so.
8. Do not use time off after surgery to complete projects at home.



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9. 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.
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 fusion. This may be required by your airlines before they allow you to clear security.

Please remember it takes time for your muscles and nerves to heal. You may have complete relief of your pain immediately following surgery, but this is not typical. Because it takes time for this healing process to occur, we ask that you not do too much to irritate your sacroiliac joint.

- Walk around your house at least every 1.5 – 2 hours while you are awake, to stay as active as possible, to keep your muscles strong, and to help prevent blood clots in your legs.
- Once you are comfortable with walking, you can gradually increase the amount or length of time that you walk.
- Do not push yourself to do too much, too soon. Increasing your pain may actually delay your recovery.
- Change your position often. Avoid lying down, standing, or sitting for long periods of time during the day.
- *If you do any activity that increases your pain, you should stop it immediately.*

**Ice:**

It is important to ice your back in the beginning to help with some of the swelling that occurs from surgery.

- Place a towel over the surgical site to protect your skin, then use a gel pack for 30min, usually about 4 times per day.



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- Do not leave the gel/ice pack on longer than 30 minutes, as it may actually increase your pain.

A gel pack can be made by placing liquid dish soap in a freezer Zip-Loc bag until it is 1/2 to 2/3 full. Place the bag flat on a freezer shelf to allow it to harden. It will form a gel that will conform to your body. It can be refrozen after use.

### **Constipation:**

Decreased activity after surgery, along with your pain medications, may result in constipation. It is important for you to move your bowels regularly. Fruits, bran cereal, extra fluids, or over-the-counter laxatives, such as Miralax or Milk of Magnesia, will help you move your bowels regularly.

### **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. New numbness or tingling in your feet or legs since leaving the hospital.
2. Increasing redness or swelling around your incision with or without any soreness.
3. The edges of your incision start coming apart.
4. Drainage from your incision, especially if yellow/green and/or foul smelling.
5. Fever greater than 101.5°F.
6. Increasing or sudden bruising around the incision that wasn't there before.
7. Increasing pain that you cannot control.
8. Any new numbness or tingling in your hands or fingers, on either side, since leaving the hospital.
9. New weakness of your arms, hands, or legs, since leaving the hospital.

### **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.