



Post-Operative Instructions After 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 your surgery, please contact our office at 303-783-1300.

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. Numbness in the hip area or pulling feeling in buttocks or groin area if a bone graft was taken from the hip
5. Mild swelling or redness at the incision(s)
6. 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
7. A sore throat that feels like something is caught when you swallow

Pain Medication

With regard to pain medicine, you will be given a prescription when you are discharged. You may also get a prescription for a muscle relaxant. Take them as needed and directed. No prescription refills will be called in at night or on weekends.

Do not begin taking Non-Steroidal Anti-Inflammatory Drugs or NSAIDs (Advil, Motrin, Ibuprofen, Nuprin, Alleve, Celebrex, Bextra, etc.) until approximately 6 -8 weeks post op .

You may be prescribed Decadron (a steroid) to take after you are home from the hospital. Take this prescription as directed. You must take the entire prescription. Decadron may cause you to feel nervous or jittery. It may also cause difficulty sleeping. These symptoms will improve once you have finished your prescription.

Incision Care

There are either **staples** OR sutures & **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 3 days with 4x4 gauze and tape, or when the dressing is soiled. After that, if there is no drainage, you may cover with an oversized Band-Aid or gauze sponges and tape as needed. Redness and/or persistent or purulent drainage should be reported to our office.
2. You may shower 48 hours after surgery. Water will not hurt the incision but do not tub bathe or soak the wound. Keep the outer dressing on in the shower. There is no need to cover it. After the shower, change the outer dressing with a new one. If the dressing gets wet, change it.
3. Do not apply ointments or solutions to the incision. Mild soap and water is OK.
4. 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.
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. The Assistants will change the bandage, remove the suture and evaluate the incision. An x-ray will be ordered on the day of your first and second post-op visits if you have had a cervical fusion.

1. Wear your collar at all times. You may remove it to 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 a smooth recovery.
2. Following a fusion, you will wear a hard cervical collar for approximately 4-6 weeks after your surgery. You will then be placed in a soft cervical collar for approximately another 4-8 weeks. Following a laminotomy, foraminotomy or laminectomy you will wear a cervical collar for approximately 3-4 weeks. This may vary on a case to case basis. You must wear your brace at all times, with the exception of showering.
3. **Do not** use time at home as an excuse to do physically demanding work.
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 20-30 minutes, you should get up and walk as much as you wish.
5. Avoid exaggerated bending or twisting or lifting more than 10 lbs for a week or two.
6. No exercise program until you are released by your doctor to do so.
7. Sexual activity is permitted whenever comfort permits.

8. You should not drive until the hard cervical collar is removed by your surgeon or until your surgeon instructs you otherwise. You may ride in a car as a passenger. Minimize long trips for a week or two.
9. Decisions regarding returning to work and physical therapy needs will be made on an individual basis by our medical staff.
10. The pain medication and anesthesia can cause problems with constipation. Start a stool softener daily, increase 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 or Milk of Magnesia), as needed, if you have had no bowel movement by 3 days after your surgery.
11. Do not schedule dental work for two weeks prior to your surgery or for two weeks following your surgery.
12. It is ok to sleep on your side, back, or in a reclining position. Keep the head in a neutral position
13. Hot tubs – Patients who have had a fusion should not use a hot tub for at least 2 months post op. If you have had a laminectomy, laminotomy or foraminotomy and do not have any surgical implants or bone graft you may use a hot tub at 6 weeks post op.
14. 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.

Calling the Office

We are here to help you. Please call with any questions. Our Medical assistant or Physician's assistant will call you during the first week after discharge from the hospital to check on your progress. Notify the office if your phone number differs from the one you gave us at your initial visit. . **Call the office at 303-783-1300 if any of the following occur:**

1. Sustained fever greater than 101.5 degrees Fahrenheit by mouth 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(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, that is getting worse on a daily basis

Calling 911

Please call 911 immediately 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