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What to Expect After Spine Surgery

Activity

Regardless of whether you have had neck or back surgery, your activity will be initially limited following surgery. That's not to say we want you becoming a couch potato! Daily walking will be your initial physical therapy. Walking increases blood flow to the surgical site and promotes healing. You should be walking several times a day. Ideally we want you to be walking at least 1 mile a day total, not necessarily all at one time. You should try to extend your walks when possible, but listen to your body. Increased pain is a sign that you've overdone it. It is OK to climb stairs if necessary, but try to use handrails when available. Try to limit your bending, lifting and twisting maneuvers and lift no more than 5-10 pounds, or a gallon of milk. Over time your activity will increase. Sexual relations may begin once you're comfortable, however use common sense and avoid positions/actions which cause pain. You should not drive during the first 2 weeks after surgery. We recommend avoiding car rides all together if possible for up to 6 weeks as the motion tends to increase pain. After that two-week period, your ability to drive will vary based on the type of surgery you've had and the amount of medications you may be on. Wearing a neck collar and driving is prohibited. Returning to work will depend upon the type of work done and how fast you are recovering (anywhere from 2 weeks to 3 months). Be sure to ask the practitioner at your pre-op or post-op appointment in order to get an estimated time for your return to work.

Bracing

Chances are you have been issued either a back or neck brace for after your surgery. Unless told otherwise, our expectation is that you will wear the brace at all times except while showering for at least the first 2 weeks after surgery. Yes, we expect you to sleep in your brace. We recommend that our cervical (neck) patients sleep at a 45% angle in a recliner while wearing their brace. This will typically be more comfortable than sleeping flat. It also helps reduce swelling in the neck. If the lumbar (back) brace is keeping you from getting sleep, then it is OK to remove at night in order to ensure that you are getting adequate rest. Ideally however, we would like you to wear it at night if possible. After your two week post-op visit, the practitioner will determine when and how much longer we would like you to wear the brace (cervical or lumbar). This will usually vary upon how many levels of the spine your surgery entailed, your bone quality and pain level.

Wound Care

Dressings should be changed daily. We would prefer if you used an “island dressing” which can be found at MANOR DRUG in Fresno at Bullard and First. You may apply ointments such as Neosporin or Bacitracin before applying new dressings. The incision area must be kept dry for at least the first 2 weeks following surgery. This doesn’t mean you can’t shower, however you must take great care to keep the incision from getting wet. Often patients will use Saran wrap (clear wrap) or waterproof dressings while in the shower. Taking sponge baths would be another option.

Nutrition

Healthy nutrition is vital in your recovery. Small, well balanced meals will typically give you the most nutrition and you will likely not feel up to eating larger meals. A multivitamin will also help. Many post-op cervical patients will have swelling that may make swallowing painful and difficult. This will be especially true when trying to eat solid foods at first. These patients will often be forced to eat softer foods at first, such as purees, mashed potatoes, apple sauce, etc. For these patients, we recommend some sort of supplemental drink, such as Ensure or Boost drinks. Often after surgery, anesthesia and the use of narcotics may lead to constipation. Using stool softeners will help with this, as will only using the pain medications when needed. We recommend starting the stool softeners 2 days prior to surgery and then taking them daily as long as you are on pain medications.

Pain

Obviously following surgery there will be incision pain. You will be sent home from the hospital on oral pain medications to try to make you more comfortable. Even with pain medications, there will likely be some underlying discomfort, but it should not be severe. Following neck surgery, it is very common to have increased pain in the shoulders and upper back region. Muscle relaxers and ice can often help with this discomfort. Also, swallowing may be painful at first. Using throat lozenges, drinking cold liquids or eating popsicles may help as well. Please do not be afraid to use the pain medicine given to you upon your discharge from the hospital, but take them only as they are prescribed, and take the minimum needed. **DO NOT TAKE ANTI-INFLAMMATORIES.** These would include medicines like Aspirin, Advil, Aleve, Motrin, Celebrex, Ibuprofen, Naprosyn, and Voltaren. They will increase the chances that your fusion does not heal properly when taken within the first 3 months following surgery. Many patients take Aspirin for heart conditions. Ideally we would like you to stop that or switch to Plavix for 3 months as well, unless your Cardiologist would rather you to continue. Your heart takes precedent over your spine surgery. It is also not unusual after spine surgery to have mild pain or numbness in the extremities, as there is inflammation from surgery, which may affect the nerves. This typically improves over a few weeks. Through our experience, there are certain actions that may worsen or improve pain. Walking after surgery will help reduce inflammation and help with the overall psyche of pain. Applying ice to the back or neck will often help as well, but be sure not to apply ice directly to the incision and make sure you keep the incision dry. We recommend avoiding unnecessary car rides, as the motion will typically make most post-op patients very uncomfortable. Remember, if doing a certain activity is increasing pain, that’s Mother Nature’s way of saying “hey, stop doing that”. Certainly if you feel your pain is more than you might expect, or is not tolerable, do not hesitate to call our office.

Numbness and Weakness

Once your surgery is complete the pressure on your nerves has been removed. However nerves may often heal very slowly. Typically after surgery, nerve pain is improved, however numbness and particularly weakness, may take quite some time to resolve. Occasionally, numbness may be a sign of permanent nerve damage, especially if nerve compression was present for several months/years prior to surgery. The surgery itself may also cause some numbness, particularly around the incision sight, but sometimes in the arms or legs. This typically resolves with time. At your post-op appointment please tell your provider what you are experiencing and they will determine the next appropriate course of action.

Nicotine Use

Use of nicotine is absolutely prohibited for at least the first 3 months following surgery (and ideally forever). Nicotine reduces blood flow to the fusion, putting you at high risk for failure of the fusion to take. Ideally you should quit using nicotine at least 6 weeks prior to surgery. Notice the use of the word “nicotine” and not “smoking”. That’s right, chewing tobacco, cigars and even smoking cessation tools such as gum, patches or lozenges all contain nicotine and put you at the same risk for failure of the fusion to take. Also, nicotine users typically do not respond as well to any treatment (operative or non-operative) and they tend to have abnormal pain responses.

Emotions

It is common following surgery to feel fatigued or run down. This is due to your body’s response to the stress of surgery including large releases of hormones. Do not be discouraged and try to keep a positive attitude. Having a positive outlook is a major key in a successful recovery.

If you have any questions, feel free to call our office at 559-256-1030.