



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-MY-SPINE (697-7463).

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

You will be given prescriptions for pain medication and a muscle relaxant upon discharge from the hospital. Take them as needed and directed. No prescription refills will be called in at night or on weekends.

You will need to take a stool softener (not laxative) such as Senokot, Colace or Dulcolax as long as you are on a prescription pain medication. These pain medications may cause constipation. If you still have difficulty with constipation you may add a laxative such as Senokot, Pericolace or Dulcolax as needed.

Do not begin taking Non-Steroidal Anti-Inflammatory Drugs or NSAIDs (Advil, Motrin, Ibuprofen, Nuprin, Aleve, Celebrex, Aspirin, etc.) until approximately 12 weeks after your surgery if you had a cervical fusion. All other patients having cervical surgery may resume these medications after discharge from the hospital.

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 staples, sutures 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 bandage daily until your first post-op visit. You may need to change it more often if the bandage becomes wet. Please leave steri-strips in place. 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 dressing clean and dry. 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. You will see your surgeon at your second post-op visit, approximately 4-6 weeks after surgery. An x-ray will be taken at all first post-op appointments and all subsequent visits after a fusion or if any prosthetic device was implanted.

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 the bone graft to heal.
2. Following some fusions, 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 6 weeks. Following a laminotomy, foraminotomy or laminectomy you will wear a cervical collar for approximately 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 housework.
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 to avoid getting stiff.
5. Avoid exaggerated bending or twisting or lifting more than 5-10 lbs.
6. No exercise program is allowed 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. Do not ride for more than an hour without getting out and walking for a few minutes
9. Decisions regarding returning to work and physical therapy needs will be made on an individual basis by our medical staff.
10. Do not schedule dental work for two weeks prior to your surgery or for two weeks following your surgery.
11. It is ok to sleep on your side, back, or in a reclining position.
12. Hot tubs – you may hot tub once cleared by your physician.

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 303-697-7463 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

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