

## **Cervical Spine Surgery**

### **Post Operative Hospital Stay Expectations**

#### **Will I be given adequate pain medication after surgery?**

- It is expected to have some pain after surgery. The pain medication prescribed is to keep pain at a tolerable level, although it is usually not possible to completely take the pain away.
- For more extensive spine surgeries, Dr. Kelly and Dr. Ruban may choose a Patient Controlled Analgesia (PCA) infusion device for pain medication. In the first 24 hours after surgery, we will use a PCA device to deliver opioid pain medication through your vein (IV), such as Morphine Sulfate or Dilaudid (Hydromorphone). The PCA requires you to push a button to release a controlled, predetermined dose of opioid through the IV. It is controlled with a maximum “lock-out” mechanism to prevent you from getting an excessive, and possibly harmful, amount of opioid. Once you begin eating, we transition you to oral pain medication to allow the medications to last longer.
- Since you cannot be discharged from the hospital on IV pain medication, you need to be tolerant of oral pain medication before discharge. The transition to oral pain medication is usually begun within 24 hours of the surgery. Two common oral opioid pain medications used are Norco (Hydrocodone and Acetaminophen) and Ultram (Tramadol).

#### **Will I be able to eat after surgery?**

- Your postoperative diet is advanced according to your tolerance. A diminished appetite is a common problem that occurs after surgery. Many patients have a poor appetite for a few days to a few weeks after surgery, and this is normal. The reasons may include medication use, pain, inactivity, nausea, contraction of the stomach, or a lack of taste.

#### **What if I am nauseous after surgery?**

- You may feel nausea and/or vomiting after surgery. This may be caused from the side effects from pain medications or anesthetics or from an empty stomach. You may be able to ease this feeling by lying down, not talking, and reducing stimulation from phones, TV, or talking visitors. Anti nausea medication, such as Zofran (Ondansetron) and Reglan (Metoclopramide), will be provided as needed.

### **Will I be constipated after surgery?**

- Constipation usually occurs after surgery and usually results as a side effect of opioid medication, which decreases the normal pushing action of the bowels. After opioid use is discontinued the bowels usually return to their normal function. We will wean off your opioid pain medication as you can tolerate. To help prevent constipation after surgery drink lots of fluids and mobilize yourself by walking. We will treat your constipation with stool softeners, such as Colace (Docusate) or Dulcolax (Bisacodyl) suppositories, and laxatives, such as Milk of Magnesia or Senokot (Senna).

### **What is a “DVT”? How can a DVT be avoided?**

- A “DVT” or deep venous thrombosis is a blood clot that has formed in a vein, usually in your leg or pelvis. The risk for a DVT is increased by surgery or inactivity.
- Before your surgery, the Day Surgery Nurse will apply knee high elastic compression stockings or TED hose. The stockings keep blood from pooling in the legs. This will decrease the chance of blood clots forming in the veins. The stockings may remain on for the duration of your hospital stay.
- During and after surgery, we will apply sequential compression devices or SCD’s that wrap around each of your legs. The SCD’s alternately inflate and deflate, forcing blood from the veins of your legs toward your heart. This will diminish the pooling of blood in your legs and decrease the risk of blood clots forming. The SCD’s must remain on your legs at all times after surgery, except when walking.
- Starting 24 hours after surgery, you may receive an injection of Heparin twice a day. Heparin injections are used to thin the blood to prevent formation of blood clots.

### **Will I receive antibiotics before and/or after surgery?**

- It is standard practice for you to receive intravenous (IV) antibiotics prior to surgery. We will usually use Ancef (Cefazolin) as our antibiotic of choice. If you have an allergy to penicillin’s we will use Vancocin (Vancomycin). The use of antibiotics will decrease your risk for a surgical site infection.

### **What is an Incentive Spirometer?**

- Part of your post operative recovery will include using an incentive spirometer. An incentive spirometer is a plastic device that can help you open up pockets of your lungs that are closed. This will improve the oxygenation of your blood and decrease your chance of getting pneumonia.
- Using an incentive spirometer also prevents atelectasis, the closure of small pockets or spaces of air in your lungs. Atelectasis causes your body temperature to rise resulting in a low grade fever.

### **Will I have a drain after surgery?**

- You may or may not have a drain placed around your surgical incision after surgery. The drain is placed to prevent unwanted blood and fluid from accumulating in the wound. The drain is usually left in for 24 to 48 hours. As the drainage from the wound decreases, the drain will be removed.
- A urinary catheter, or Foley catheter, may be placed in your bladder in the operating room. The catheter will stay in place for 24 hours to help drain urine.

### **Will I need additional imaging after surgery?**

- The day after surgery, Dr. Kelly and Dr. Ruban may have you obtain an AP/Lateral X-ray of your cervical spine. We take X-rays to check the placement, position, alignment, and location of the instrumentation of your spine.

### **What are my activity restrictions after surgery?**

- The day of surgery your “feet will touch” the floor. You will be encouraged to get out of bed.
- A neck brace may be required but is individualized for each patient.
- The day after surgery, you will be required to sit in a chair and walk three times a day. Physical Therapy and Occupational Therapy will be assigned to assess your abilities and work with you to increase your strength and mobility following surgery. The physical therapist will teach you how to get into and out of bed, how to properly position your body for various tasks, show you how to walk properly, and show you how to use a walker or cane. The occupational therapist will teach you how to perform routine activities of daily living.
- Your post operative restrictions will include:
  - Limited bending of your neck
  - No lifting, pulling, or pushing more than 10 pounds
  - No lifting arms above your head
  - No strenuous activities

### **What if I have concerns or needs regarding discharge planning?**

- You will be discharged from the hospital when it is medically safe to do so and you are able to do things such as walk to the bathroom, urinate, and eat. Your pain must be controlled with oral pain medication prior to discharge.
- We will consult Rush Copley Medical Center discharge planning for home needs such as a raised toilet seat, walker, or home health care. Based on your mobility and functional needs after surgery, you may need to be discharged to an Acute Rehab program.