

# POST-OPERATIVE INSTRUCTIONS

Spinal Surgery · Please read carefully before your procedure

## ⚠ Call 911 or go to the nearest Emergency Room immediately if you experience:

- Numbness, weakness in both legs, or loss of bowel or bladder control
- Chest pain, shortness of breath, or calf / leg swelling (possible blood clot)
- After neck surgery: voice change, neck swelling, or difficulty breathing

## ACTIVITY & MOVEMENT

1. **No bending, lifting, or twisting** of your body or torso for 4–6 weeks after surgery.
2. **Do not lift anything heavier than 10 pounds** (about the weight of a gallon of milk) for 4–6 weeks.
3. **Driving** may be resumed when pain and stiffness are minimal — typically 2–4 weeks. You must be able to sit comfortably for 30 minutes and turn your head and torso freely. Test yourself in a quiet neighborhood at low speeds before driving on highways.
4. **Wear your lumbar corset** (if provided) for comfort during the first 6 weeks. You may remove it at will.

## WOUND CARE

1. **Keep the wound dry for 2 full weeks.** No baths or soaking. You may shower — cover the wound with plastic wrap and tape (Glad® Press'n Seal works well). Remove the plastic after showering.
2. **The wound is closed with surgical glue**, which acts as a bandage. Remove the outer dressing 48 hours after surgery. You do not need to keep it covered unless you prefer to for comfort.
3. **Do not apply anything to the wound** — no creams, ointments, or medications — for 6 weeks. After 6 weeks, Vitamin E cream is a good option for scar healing.

## PAIN MANAGEMENT

1. **Stay ahead of your pain.** Take pain medication as it begins to become noticeable — especially important the first several nights. After the first week, take pain medication only when needed.
2. **Muscle spasms and cramping** are best treated with muscle relaxers such as Flexeril® (cyclobenzaprine) or Valium® (diazepam) as prescribed.
3. **Request refills early.** Call the office when your bottle is three-quarters empty so you are not left without medication.
4. **If pain feels extreme, uncontrollable, or worsening**, call the office or come in for an examination — this may be a sign of a problem.

## ⊕ Important: NSAIDs and Spinal Fusion

If you had a spinal fusion, avoid NSAIDs (ibuprofen, aspirin, naproxen) for at least 6 months. NSAIDs can inhibit bone fusion. This includes Advil®, Motrin®, Aleve®, and aspirin.

## WARNING SIGNS — CALL THE OFFICE

- 1. Wound infection:** Call immediately if you notice increasing redness, warmth, drainage, pus, or fever around the wound.
- 2. Blood clot (DVT / PE):** Leg swelling, calf pain or tightness, or shortness of breath may indicate a blood clot. Call 911 or go to the nearest ER without delay. Blood clots can be life-threatening.
- 3. Neurological emergency:** Loss of bowel or bladder control, or numbness in the groin or inner thigh area, requires immediate evaluation. Call 911 or go to the nearest ER.

## CONSTIPATION

Constipation is common after spine surgery due to narcotic pain medications and reduced activity. Begin treatment early — work through the options below in order:

- a. Colace® (docusate sodium) 100 mg by mouth twice daily — begin the day after surgery
- b. Dulcolax® suppository per rectum as needed
- c. Milk of Magnesia 30 mL (1 oz) as needed — may cause loose stools
- d. Fleet® Enema per rectum — last resort

## COMFORT & RECOVERY TIPS

- 1. Ice pack for lower back surgery:** Significantly reduces pain and swelling for the first 2 weeks. Apply for 20 minutes at a time. A gel wrap ice pack (e.g., NEWGO® Back Ice Pack, ~\$20 on Amazon) works well.
- 2. Metal detectors:** Spinal implants may trigger airport security screening. There is no implant ID card that bypasses this process — TSA officers will conduct a secondary screening, which is routine.

## FOLLOW-UP APPOINTMENT

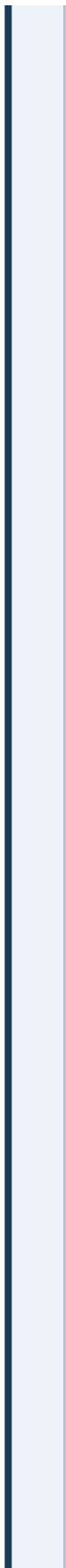
Please call the office to schedule your post-operative visit **2–3 weeks after surgery**.

Fusion patients with hardware (screws or plates) **require X-rays at follow-up**. If you do not have an X-ray prescription, call the office and we will send one by mail.

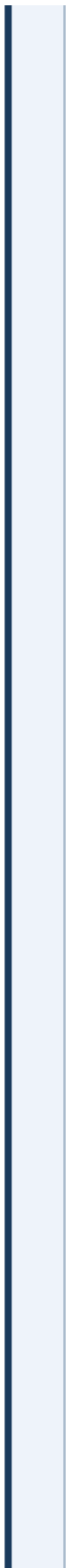
## CERVICAL (NECK) SURGERY — ADDITIONAL INSTRUCTIONS

T  
h  
e  
f  
o  
l  
l  
o  
w  
i  
n  
g  
i  
n  
s  
t  
r  
u  
c  
t  
i  
o

*n  
s  
a  
p  
p  
l  
y  
o  
n  
l  
y  
t  
o  
p  
a  
t  
i  
e  
n  
t  
s  
w  
h  
o  
h  
a  
d  
a  
n  
t  
e  
r  
i  
o  
r  
c  
e  
r  
v  
i  
c  
a  
l  
(  
n  
e  
c  
k  
)  
s  
u  
r  
g  
e  
r  
y  
·  
1*

















---

**Questions? Call our office anytime.**

Spiro Antoniadis, M.D. · 3449 Wilkens Ave, Suite 305, Baltimore MD 21229

Tel: **410-877-7776** · Fax: 410-368-9997