

# Standardized Hospital Discharge Instructions for Post-Operative Spine Surgery

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## Activity

Avoid strenuous activity.

Follow the “No BLT with 2 pickles” rule for approximately 6–12 weeks:

- No Bending at the surgical area.
- No Lifting over 5–10 pounds.
- No Twisting at the surgical area.
- No Pushing or Pulling over 5–10 pounds.

Avoid reaching overhead or stretching the surgical area.

Use the log-roll technique to get out of bed safely.

Change positions every 30–60 minutes while sitting, standing, or lying down.

Walking is the best exercise during recovery. Take short, frequent walks each day and gradually increase your distance as tolerated. Begin with 10 minutes per day and increase weekly until you reach about one hour daily. Walk on flat surfaces.

Climb stairs as tolerated. Limit stair use to twice daily initially and increase as you feel comfortable.

Keep your neck straight when sleeping. Use a flat pillow and sleep on your back or side (not your stomach). When on your side, place a pillow between your legs to maintain a neutral spine.

Do not drive for at least 2 weeks and while taking narcotic pain medications or medications that can cause drowsiness (muscle relaxants). If a neck brace was prescribed, do not drive until the brace is discontinued.

You may ride in a car but avoid long trips. For trips over 30–60 minutes, stop and stretch your legs frequently.

Do not return to work until cleared by your surgeon—usually 6–12 weeks post-surgery.

Do NOT use tobacco or nicotine products (cigarettes, vapes, cigars, chewing tobacco, patches, gum, etc.) for at least 3 months. Nicotine interferes with healing and increases the risk of infection.

Use your incentive spirometer (breathing tool) about 10 times each hour while awake for the first two weeks after surgery.

Your surgeon will advise when you may resume normal activities during your follow-up visit.

## **Pain Management**

Some pain and stiffness are normal after surgery. Shoulder or neck aching is also common.

Balance rest and light movement to aid recovery.

Take short, frequent walks and change positions often to reduce discomfort.

Other helpful methods: apply ice to the affected area, listen to music, watch TV, read, or spend time with visitors.

You may be prescribed a narcotic pain medication and a muscle relaxant. Alternate between the two but do NOT take them together/at the same time..

Narcotic medications are for short-term use only. Your surgical team will manage your acute post-operative pain, not long-term pain.

Only one provider should manage your pain medications.

Take medications exactly as prescribed. Do not take extra doses. Contact your surgeon if pain is not controlled.

Notify your provider at least 48 hours before running out of pain medication.

By law, narcotic prescriptions are limited to 7 days at a time for post-surgical pain.

No early or replacement refills are given for lost medications.

Keep a written schedule of when you take pain medications and begin spacing doses further apart as you recover.

Avoid alcohol while taking pain medications.

Store medications securely and keep them away from children.

Never share or sell your medications. Dispose of unused medication properly at a local pharmacy.

Do not resume biologic medications (ex. Humira) until your wound is completely healed, generally 2-3 weeks post-op and when sutures or staples have been removed.

Tylenol (acetaminophen) may be used for pain, but do not exceed 3,000 mg per day from all sources. Typical dosing is 1000 mg every 8 hours, as long as you do not have pre-existing liver disease. Do not drink alcohol while using Tylenol.

## **Incision Care and Infection Prevention**

Always wash your hands before touching your incision.

Aquacel bandages and incisional wound vacs can stay on for 7 days post-op. After this time, remove and discard. The incision can stay open to air or you may cover with gauze/ABD and paper tape or other bandage until your first follow-up.

Shower daily:

You may shower 48 hours following surgery.

Use a clean washcloth and towel for each shower. Do not share towels.

Use mild liquid soap and gently clean around (not directly on) the incision.

Rinse thoroughly and pat the incision dry with a clean towel before drying the rest of your body.

Wear clean clothes daily after showering.

Check your incision daily for redness, swelling, drainage, or odor. Call your surgeon if you notice these signs.

Do NOT soak in a bathtub, hot tub, or pool until the incision is fully healed (6 weeks post-op).

Keep pets off your bed or lap while your incision heals.

Do NOT apply lotions, creams, alcohol, peroxide, or oils to the incision for at least 6 weeks or until healed.

Change bed sheets weekly or more often if soiled.

If you have glue, it will naturally flake off. If you have Steri-Strips, remove them gently after 14 days if they haven't fallen off.

If you have staples or sutures, they will be removed about 2 weeks after surgery during your follow-up appointment or by your local provider.

Brush your teeth or dentures daily to maintain good oral hygiene.

## **Brace Instructions (if applicable)**

If prescribed a neck brace, wear it at all times, including during sleep, unless told otherwise.

The brace may be removed for showering and eating. .

The neck brace is typically worn for 6–12 weeks or as directed by your surgeon.

Wash brace pads with mild soap and warm water, then air dry completely before reuse.

If prescribed a back brace, wear it when out of bed. You do not need it while lying down, showering, or using the bathroom.

Loosen the back brace when sitting if it restricts breathing.

Wear a clean cotton shirt under the brace to prevent skin irritation.

Follow your hospital instructions for applying and removing your brace.

## **Diet and Constipation Prevention**

Eat nutritious foods such as fruits, vegetables, whole grains, lean meats, and dairy to promote healing.

Include protein-rich foods (meat, eggs, beans, dairy) to support recovery.

Nutrition supplements (e.g., Ensure®, Boost®) may help if you have a poor appetite.

Avoid sugary drinks, sweets, and fried foods.

Narcotics, anesthesia, and reduced activity may cause constipation. To help prevent it:

- Walk regularly as tolerated.
- Drink 8–10 cups of water daily unless told otherwise.
- Eat high-fiber foods (at least 3g fiber per serving).

Take stool softeners or mild laxatives as needed while on narcotics. These are available over the counter.

## **Steps to Prevent or Treat Constipation**

Step 1: Take one of these twice daily to prevent constipation: Docusate-Senna (Senna-S®, Peri-colace®), Docusate sodium (Colace®), or Senna (Sennosides).

Step 2: If no bowel movement after 2–3 days, add Miralax® (17g in fluid once or twice daily) or Milk of Magnesia (30ml daily as needed).

Step 3: If still constipated after 3–5 days, try Bisacodyl (Dulcolax®) suppository or Fleet® enema following package directions.

## **When to Call Your Surgeon or Seek Medical Attention**

Increased difficulty swallowing or walking.

New or worsening weakness in your arms or legs.

Severe pain not controlled with medication.

Signs of infection: redness, swelling, drainage, odor, or incision opening.

Fever over 101°F (38.3°C).

Calf pain or swelling.

No bowel movement after 4–5 days.

Severe abdominal pain or bloating.

Vomiting or inability to urinate.

Call 911 for sudden chest pain, shortness of breath, or inability to move your arms or legs.

## **Follow-Up**

Schedule a follow-up with your primary care provider about one week after discharge.

Follow up with your surgeon as instructed on your discharge paperwork, generally 2-3 weeks post-op. .