

## *Care at Home After Surgery*

### **Discharge Process**

This will begin once you have met criteria and your surgeon agrees that you can be discharged. Your nurses will explain your instructions and answer any questions. You will also be given supplies for dressing changes and any prescriptions you will need for home. Follow up appointments with your surgeon's office will be made by the staff. If the discharge occurs after regular office hours, you may need to make the appointments yourself.

### **Pain Control**

You will have pain as your body heals from surgery. Unfortunately pain medication will not take away all of the pain but it should make it manageable. Don't wait for pain to get bad before taking medication, it is best to stay ahead of the pain, especially for the first few days. Once your pain is well controlled and stabilized, you should start to wean off the pain medication. Most patients do not need to use narcotic pain medication more than 2 or 3 weeks. You may need to use Tylenol and muscle relaxers for a longer period. Be careful not to exceed 4000mg of Tylenol (acetaminophen) per day and be aware the many narcotics contain some Tylenol. After 10 days, you may also start to use anti-inflammatories such as Ibuprofen or Aleve.

You may feel relief of your symptoms right away or it may take a few weeks. As the nerves heal, you may also have twinges of the same pain, or new sensations such as numbness or tingling in the same location as your pain used to be. Be patient with your body and don't get discouraged, as this should resolve in a few weeks.

It may help to use an ice pack over your incision for the first few days: on 20 min and off 2 hours. Never place ice directly on your skin.

Pain medication may cause drowsiness. Do not use alcohol or do any activities that require alertness (driving, using power tools, etc.) while taking pain medication.

No narcotics will be filled after regular office hours – please plan ahead.

### **Constipation**

Through the surgical process you will be exposed to several things that may lead to constipation. It is an expected side effect of pain medications, dehydration and inactivity. Take a stool softener such as Senokot or Miralax daily, increase fluids, fruit, and fiber in your diet. If you find this is not enough, we suggest Milk of Magnesia twice a day, then a Dulcolax suppository and/or Fleets enema, and finally, Magnesium Citrate. All can be purchased at a drugstore or pharmacy without a prescription. Most importantly, stop using narcotic pain medication as soon as you are able.

## **Activity**

You should be getting up and moving around at least every couple of hours after surgery. Start with short walks or 5-10 minutes the first week, and then add a few minutes each day. Avoid any sports until cleared by your provider or therapist.

For the first week after anesthesia, you are at an increased risk for developing pneumonia and should continue to take long, deep breaths, in every 15 minutes (when awake) to re-expand your lungs.

Avoid lifting more than 5-10 lbs, or anything you can't lift easily with one arm. Also avoid twisting and bending at the waist from a standing position. Instead, keep your back straight and bend at the knees and turn with your feet, not your body. You are at an increased risk of reinjuring your back during the first 4 weeks and should be very careful during this time.

Use good posture and choose straight-back chairs when possible. To sleep, you may lie on your sides or back but we prefer you not spend all of your time on your back to keep pressure off of the incision. When lying on your back, place a pillow under your knees. Lying on your stomach may place extra strain on your back and should be avoided.

To get out of bed safely, first roll onto your side. Then use your arms to raise your body. Gently swing both legs to the floor. Put one foot slightly behind the other. Then stand using your leg muscles.

You may return to sexual relations after two weeks but compromise may be needed in positioning to avoid discomfort, bending and twisting.

Depending on your situation, your surgeon may recommend a brace after surgery. Unless instructed differently, this should be worn whenever you are sitting or standing. You may get up for short periods without the brace such as making a quick trip to the restroom or showering. Don't wear it when lying down as this will cause skin irritation. You may get in and out of your brace while sitting.

## **Expect Emotional Changes After Surgery**

Some emotional changes or letdown can be expected. Do not let it get in the way of your recovery. It is very important that you acknowledge the smallest positive steps as progress. Allow yourself to have days when you feel like you are having a setback; this too, can be part of your recovery. It is normal to feel tired and "wiped out" for the first week after surgery. Even getting in and out of bed may seem like a chore but be patient while your body heals.

Your family and friends may offer support. Accept this help when needed but try to become independent and return to your previous level of activity as you are able.

## *Care of the incision*

Follow these instructions unless specifically told otherwise by Dr. Ganz/PA/NP

- **For the first 5 days, change the dressing daily** with gauze and a small amount of tape. This should be provided to you at the time of discharge.
- **After 5 days, the incision does not need to be covered (even for showers)**, unless it is still draining or you are instructed otherwise. Prolonged tape use can irritate the skin.
- During the first 5 days, you will need to use a **plastic covering over the dressing to shower**. You will be given some sticky plastic, called Opsites or Tagaderm, when you are discharged from the hospital. Place this directly over the dressing. When you are done, take off the sticky plastic and old dressing. Let the incision air dry, then place a new, clean gauze and tape over it.
- You may have small pieces of tape placed horizontally directly over the incision. These are called steri-strips and should remain in place until your follow up appointment. They may fall off on their own, which is fine, but do not pull on them at home.
- Most of the incision are closed with absorbable sutures and will not need to be removed. A few patients will have visible sutures that will be removed in the surgeon's office 10-14 days after surgery.

In general, keep your incision clean and dry for 4 weeks. You should shower but do not immerse the incision in a bath or swimming pool until cleared by your surgeon. Observe the incision daily and report any signs of infection such as drainage, swelling, or increased redness. A small amount of bloody or pink/clear drainage is normal for the first few days after surgery. If this does not stop or is enough to soak through a bandage, call your surgeon. Do NOT use any lotions or creams on the incision as this can increase the chance of infection. After the incision has completely sealed (approximately 4 weeks) you may use Vitamin E. Wear loose pants and shirts to avoid irritation.

## **Emergencies**

Contact your surgeon immediately if you have any of the following. There should be an answering service available 24 hours a day.

- Temperature over 101 degrees
- Increased pain, redness, or drainage at the incision
- Significant loss of feeling or function in a leg
- New calf pain, tenderness, swelling or warmth
- Inability to urinate after 8 hours or loss of bladder or bowel control
- A severe headache
- Significant re-injury to your back

\*If you are unable to reach someone, go to the nearest emergency room in the event of the above, or call Kootenai Health Emergency Department (208) 625-5700