

Post-Operative Instructions for Posterior Cervical Foraminotomy

General Instructions:

- 1) You may resume your regular diet as soon as you are able.
- 2) Walking as much as tolerated is encouraged. It is ok to climb stairs.
- 3) No driving for the first two weeks after surgery.
- 4) Call the office for an appointment approximately 14 days from your discharge date from the hospital.
- 5) Take the anti-inflammatory, pain medications, and or muscle relaxants prescribed to you as directed.

Things to avoid after surgery:

In the post-operative period for at least **six** weeks you should avoid the following:

- 1) Lifting or carrying anything more than 5 pounds. Avoid reaching for things overhead.

Note: Lifting and carrying put extra stress on your healing disc(s) and neck muscles and should therefore be avoided.

Driving: For at least two weeks after surgery, you are not to drive. This is because you may have decreased driving reflexes with sudden movements of your legs or back. Your neck may also be stiff making driving less safe. In addition, many of you will be on pain medications and these can also significantly dull your driving reflexes.

Dressing and Wound Care: It is important to keep the dressing on your neck dry. Most of the time we use dissolving stitches so there are no stitches to remove. From time to time the ends of the stitches are outside of the skin and covered with steri-strips. At your two-week follow up visit we will check your wound, change the steri-strips and dressing if necessary, and clip the ends of the “tails” of the suture if necessary.

It is important to keep the wound covered until your follow up visit. There is no reason to change your dressing. In the event that the dressing becomes wet it is important to have the supplies available to replace the dressing as soon as possible. Please replace it with a sterile 2X2 or 4x4 type of dressing gauze, which can be purchased at your local drug store. You should also use medical tape, which can also be purchased at your local drug store.

In the event that your wound begins to bother you or if you note any type of fresh fluid on the dressing it is worth looking at the wound. To do this best, you should be lying on your stomach or side, and have a friend or family member gently remove the dressing. If possible, do not disturb the steri-strips underneath. After the dressing has been removed the wound can be inspected. If there is any concern regarding the wound (IE: significant redness or any discharge from the wound) this should be reported to the office A.S.A.P.

Showering: The first three days after discharge from the hospital we prefer that you do a sponge or washcloth type bath. After the third day you can take a shower if you securely tape plastic over the dressing so that it does not get wet. In the event that the dressing does get wet, be prepared to change it immediately after getting out of the shower. It is important when you take a shower to have somebody around to assist you. If you drop the soap or shampoo bottle have somebody pick it up for you rather than bending over on your own to pick it up. Please do not take a bath before your follow-up visit.

Walking: It is important to stand and walk in increasing amounts every day, however we do want you to minimize your lifting and carrying. Please make a determined effort to walk three times a day increasing in intensity so that you are walking up to one mile per day three weeks after surgery.

Prescriptions: You will be provided a prescription for a narcotic medication (“pain pill”) to take after surgery. Over the counter Tylenol Extra Strength, or an alternative prescription medication from our office, can be used as an alternative to narcotics as your pain gets better. A muscle relaxant may be used in some cases. Non-steroidal anti-inflammatory medications (Aspirin, Ibuprofen, Advil, Nuprin, Aleve, etc.) should be avoided for the first two weeks after surgery.

Follow up appointments/ Return to work: After surgery you should schedule an appointment for approximately two weeks after the day you are discharged from the hospital. Often this visit will be with my Physician Assistant (PA) at which time the wound will be checked and we will evaluate your progress with respect to your back and legs. You will usually be allowed to resume activities such as driving at this visit. Returning to work will be discussed at your follow up visit on an individual basis.

Sexual Activity: The first two weeks after your surgery sexual activity is not recommended. Starting the third week you may resume sexual activity if relatively pain free. Do not support your body weight with your arms for the first few weeks.