

POSTOPERATIVE ACTIVITIES AND PRECAUTIONS

TURNING IN BED:

- Tighten your stomach muscles. Bend your knees slightly toward your chest.
- Roll to one side, keeping your ears, shoulders and hips in line. Be careful not to bend or twist at the waist.

GETTING OUT OF BED:

- Tighten your stomach muscles. Turn onto your side.
- Push your body up with one elbow and the other hand. At the same time, gently lower both legs to the floor. Keep your stomach muscles tight.

Sitting puts more pressure on your spine than lying down or standing. For the first several weeks, avoid sitting for long periods as much as possible. When you do sit, use a firm, upright chair and change your position frequently. Stand up whenever your back feels tired or begins to hurt.

To Stand Up

Scoot to the front of the chair. Brace your abdominal muscles and place one foot slightly in front of the other. Grasp the sides of the chair or the armrests for support. Push up with your arms and use your leg muscles to bring your body up. Keep your ears, shoulders, and hips in line.

To Sit Down

Back up to the chair until you feel the chair on the back of your legs. Brace your abdominal muscles, bend at the hips **keeping your back straight** and use your leg muscles to lower yourself onto the front of the chair. Then scoot back.

Standing and Turning

To help keep your spine balanced when you stand, imagine a cord running from your head to your hips. Keeping your ears, shoulders and hips in line keeps this “cord” taut and the three curves of your spine balanced. If you stand for a long time, change your position frequently by shifting your weight from one foot to the other. **DON'T TWIST.** Turn your whole body as a unit.

Bending and Lifting

During the first four months, avoid bending or lifting anything weighing more than 10 pounds. When you lift something, keep it close to your body so that your leg and arm muscles do the work. Remember to brace your abdominal muscles, stoop at the hips and knees keeping your back straight and the three curves of your spine balanced. This will help prevent pain and further injury to your spine.

Other Tips to Protect Your Spine

- Bend your knees and stoop if you need to pick something up below hip level (preferably not for the first 6-8 weeks). Keep your back straight. Use your reacher if possible.
- You may find it easier to dress and undress sitting in a supportive chair with armrests. Follow instructions given by the Occupational Therapist using long-handled tools.
- Avoid pushing, pulling or twisting. Avoid lifting anything over 10 lbs.
- Walk to stay in shape and keep your spine healthy.

Walking is **EXCELLENT** exercise. Walking helps your cardiovascular and digestive systems. It also increases muscle strength and endurance. Your **physical therapist** will instruct you specifically on distance and frequency of walking. **Be aware that hip pain from the bone graft donor site (usually the back of the right iliac/hip area) is expected and may sometimes cause more discomfort than that of the surgical site itself.** This will fade as time goes on. A wheeled walker will be used initially in the hospital to improve your balance. By the time you go home you will be walking independently with or without the aid of an assistive device. Once you are home it is important to continue walking activities. Clear a “path” in your home for an imaginary track. Walk this “track” 6-8 times/day.

Your physical therapist will practice stairs with you before you go home. You should use a handrail when possible. Never use a walker on the stairs. Your therapist may have special instructions for you depending on your home environment and physical abilities.



Getting in and out of the car: The car should be mid-size or larger. **DO NOT attempt to get into the back seat of a compact car (2 doors).** The patient should sit in the front passenger seat slightly reclined and as far back as possible. *(We will give you information on a special car restraint that can be used instead of the seat belt in the back seat if you are unable to sit after surgery.)*

To enter the car: Walk up to the passenger door, turn and back up until you feel the car behind your legs. Reach back and place your left hand on the dashboard or car door and place your right hand on the back of the front seat. Bend your legs and gently sit down. Scoot hips back and slowly turn your body as you put your legs inside the car.

To exit the car: Gently turn your body while placing your legs outside the car. Scoot forward until your feet are on the ground. Push up to a standing position by placing your arms on the dashboard or car door and back of the seat. **You should not drive while taking strong pain medication.**

Driving is generally permitted approximately 4 weeks after surgery, depending on the magnitude of your surgery.

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Postoperative precautions and wearing a brace can make some self-care activities and activities of daily living difficult, if not impossible. For this reason, your doctor may prescribe occupational therapy to assist you in learning alternate methods to perform these tasks. The **occupational therapist** will work with you and address any concerns of how to perform bathing, dressing, toileting, cooking, or light chores safely and independently at home. Training in compensatory techniques and assistive equipment may be included in your treatment. Adaptive equipment needed will depend on your ability to transfer out of bed, your mobility, your home environment and your ability to use the equipment safely and correctly at home as well as the hospital.

Dressing: Due to decreased flexibility and postoperative restrictions of back movement, it may be necessary to use some of the following aids for putting on underwear, pants, shoes and socks. It is easier to dress sitting in a supportive chair using adaptive equipment to reach your legs. Wear loose-fitting clothes and slip-on shoes for the first several weeks.

- long handled reacher
- long handled sponge
- long handled shoe horn
- elastic shoe laces
- sock donner



Adult patients may also notice a protrusion of their abdomen around the anterior incision. This laxity of the muscles and tissues after repair, especially anteriorly, is very common. Muscle tissue simply does not close as tightly as other tissues. To some extent we find that the older an individual is and the more lax their abdominal wall is to begin with, the more likely this is to be noticeable postoperatively. This should not represent great concern and does not necessarily mean you have a hernia. Some adults may feel that their abdomen sticks out more than it did preoperatively since they are standing up straighter.

After an anterior lumbar fusion, some patients may notice temperature changes in their legs. Performing an anterior approach to the spine increases the blood flow to the leg on the side of the incision. The cold leg is actually the normal temperature and the warm leg is on the side of the anterior surgery. This is expected and should not concern you.

Occasionally, patients may have intermittent, non-neurologic pain or burning in the leg on the side of the incision. These are again due to the anterior approach and muscle retraction during surgery. This is not due to a pinched nerve or sciatica and will go away over time.

Bathing: Most patients will be able to shower **2 weeks** after surgery. Whether staples or steri-strips are used on the outside of the incision, the stitches underneath the skin dissolve on their own and if they get wet, they dissolve too quickly and wound problems may develop. The area **around** (not over) the incision may be gently washed but no showers for the first 2 weeks after surgery. Once the incision can get wet, you may stand in the shower or use a shower bench. **Tub baths are not allowed.** The bathtub and/or shower stall are potential sites for accidents because of wet surfaces. Transferring safely to these areas while adhering to postoperative precautions may require safety equipment including bath rails or bath chairs depending on your bath area at home. To make washing easier, long handled bath sponges and hand held shower hoses are available. Your therapist will instruct you in proper transfer techniques and equipment to increase independence in bathing.

For some patients it may be difficult to determine the safest equipment due to architectural barriers or environmental structures at home. Discuss these issues with your occupational therapist while you are still in the hospital.

SUMMARY OF ACTIVITIES

Your First Few Weeks

Expect to feel weak and tired when you first get home. You should feel a little stronger each day. Keep moving as much as you can without increased pain. Walking is the best and only exercise you will perform. Usually you are able to return to desk-type work at 4 to 6 weeks postoperatively. School-age patients are usually ready to return to school approximately 3-4 weeks after surgery. Some patients have reported that keeping a diary was helpful to them to record their progress, pain medication, activities, etc.

Preventing Setbacks

Increased pain for more than two hours after an activity usually means you've done too much too soon. Don't just reach for the pain pills. Take pain as a warning sign to slow down and pay attention to your posture and movements. Make sure you're bracing your abdominal muscles and keeping your ears, shoulders and hips in line.

Your Walking Program

Walking is the best exercise after back surgery. It strengthens your back and leg muscles and increases your endurance. It also relieves stress, which can cause the muscles in your back to tighten. Begin walking around the house. Build up to taking several (4-6) walks a day. Brace your abdominal muscles and take medium strides.

Six Weeks and After

By about the sixth week, your back is well on the way to healing. If you're using correct posture and movements and exercising regularly, you should feel better and be able to do more each week. Continue to let pain be a warning to slow down.

Sexual Relations

You should generally wait until about six weeks after your surgery. Lying on your back so you have the support of the mattress is preferable. Side-lying positions may be more comfortable since you won't bear any weight. Avoid arching your back. Avoid a lot of back motion or stress on your spine.

POST-OP ACTIVITY SCHEDULE ADULT LONG FUSION TO THE SACRUM

PLEASE NOTE: This is a **general** time schedule for when a patient can return to normal activities. Each patient is different so there may be some exceptions to the schedule below. The type of surgery you have will influence your return to activities. Check with your doctor when you come for your post-op visits to see what you can do.

	2 wks	1 mo	4 mos	6-7 mos	1 yr
Shower	Yes				
Walking	Yes				
Lifting 5-10 lbs	Yes				
<u>Driving</u>	<u>No</u>	<u>Yes</u>			
School / work	No	Yes			
Light upper extremity exercise	No	Yes			
Stationary bicycling	No	No	No	Yes	
Swimming – no diving	No	No	No	Yes	
Non-contact sports – no competitive play	No	No	No	No	No
Shooting free throws	No	No	No	Yes	
Gentle tennis	No	No	No	No	Yes
Volleyball	No	No	No	No	No
Light jogging on even surface	No	No	No	No	Yes/No
Competitive sports / contact sports	No	No	No	No	No
Skating (ice and roller)	No	No	No	Yes	
Skiing (snow)	No	No	No	No	Yes/No
Skiing (water)	No	No	No	No	No
Bowling	No	No	No	No	Yes/No
Horseback riding (no jumping)	No	No	No	No	Yes/No
Golf	No	No	No	No	Yes/No
Household duties (dusting, vacuuming, laundry, cooking meals, stairs)	No	No	Yes		

- At 6-12 months post-op you will be started on an exercise program. It will involve aerobic conditioning and a certain component of weight lifting. Any weight lifting that either axially loads or flexes your spine is probably not a good idea.
- Walking long distances is the best exercise and best aerobic activity. At one month post-op you should be walking at least one mile per day. At two months post-op you should be walking at least two miles per day. At three months post-op you should be walking at least three miles per day and should continue this indefinitely up to at least the one year point if not beyond.
- It is **absolutely imperative that you keep your back straight , erect and vertical** the first year after surgery. Very, very important to avoid any bending over at all. At one year post-op we may let you do a little bit of very limited bending over, but probably for a good two years after surgery we will stress staying very erect and vertical and trying to avoid things that involve bending at the waist or hips at all.