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Patient guidelines for Spinal Surgery

General Guidelines Prior to Surgery

- Either the practice or the hospital will obtain authorization for procedure on behalf of the patient.
- You will be admitted on the day of scheduled surgery.
- All patients need to check in at Pre Admissions at hospital' front desk at 6am on day of scheduled surgery.
- You should not eat or drink 8 Hours prior to surgery, but certain medications e.g. High blood pressure medication should be taken. Should you need more info, please contact our rooms prior to your surgery.
- All medication containing Aspirin should be stopped 7days prior to surgery. Please notify the practice if you do take any Aspirin.
- Should you be a smoker its recommended to stop smoking a week prior to your surgery. Smoking weakens the blood vessels, delays healing, decreases the fusion rate and increases the chances of complications.
- Blood tests and other investigations may be required on day of surgery.
- An Anaesthetist will do a pre assessment on the day of your scheduled surgery either in the ward or in theatre waiting room.
- Generally, a blood transfusion is not necessary (unless you are anaemic)
- Should you have any questions regarding your surgery please contact our rooms for assistance.

Guidelines Post Surgery (in Hospital)

- You will be taken to ICU after surgery for 24hour observation. This is routine.
- You will experience discomfort and pain. The Anaesthetist will ensure pain relief. Please ask the nursing staff on duty for assistance should your pain persist.

- Your throat may be sore because of the oral anaesthetic tube. Ice or lozenges can be arranged. Please ask the nursing staff on duty.
- You will have a bladder catheter which will be removed as soon as you are mobile.
- You will have an intravenous line and drains. These are necessary but will be removed after a day or two.
- Constipation might be experienced for up to 4 days after surgery. This is expected. To minimize constipation, only have liquids on day one post-surgery. Soft diet (porridge, custard and soup) will be continued on day 2. Drink lots of water (6 glasses a day). Later, try to eat a high fiber diet (brans, cereals, fruits). Medication also causes constipation, so do not take pain medication unless you really need it.
- On day 1 post-surgery, the nursing staff on duty will assist you to turn in bed. Once your pain settles, you can turn yourself. Pump your ankles up and down to aid in the circulation. Decompression stockings will be provided to you on day of surgery to help with circulation.
- You can lie in any position that you are comfortable.
- The physiotherapist will see you from day one until you are ambulant. Follow the guidelines and exercises given to you by the physiotherapist.
- Once you are moved to the normal ward you can sit for short periods e.g. to eat, toilet, but sitting upright should be avoided for about a month post-surgery, it is preferable to sit on a high stool (perching with knees below hips.)
- You will be discharged between 5-10 days' post-surgery (depending on the operation and your progress).

Recovery at Home:

- Do the exercises prescribed to you by your physiotherapist., generally walking and swimming are good exercises.
- You can wet the wound, but should dry it immediately following your shower.
- The wound can ooze a little but contact our rooms if you are worried.
- You can have sex as soon as you feel ready, but avoid a positions that causes you discomfort or pain.
- The first post-op visit occurs in our rooms 4 weeks after surgery. Please phone and make an appointment with our rooms on day of discharge. Your stiches will be removed on this appointment. You will also be required to go for a follow up X-ray to asses that all instrumentation e.g. screws, rod and plates are still intact.
- Your second follow up visit will take place 12 weeks post-op.
- You will be able to drive after \pm 6 weeks post-op
- Return to work date will be discussed on first follow up appointment and medical certificate will be provided to you on day of appointment.
- Avoid all contact sport and heavy gym routines for at least 6 months.

Possible Complications following Surgery

Related to Surgery:

- Bleeding (rarely requiring blood transfusion).
- Nerve damage (rare). N.B. Numbness (including pins and needles) is usual post-surgery and usually recovers.
- Motor weakness is rare and should be reported to the rooms as soon as possible.
- Infections (very rare). Antibiotics are given peri-operatively to prevent this.
- Wound problems (please report to our rooms if worried).
- Leakage of spinal fluid (requires more prolonged bed rest than usual. Spinal fluid leakage is a nuisance, but seldom dangerous. More common with repeat surgery).

Related to Immobility in Bed:

- Deep vein clotting (This is unusual). Commence your bed exercises as soon as possible. If you are at high risk, leg stockings or injections may be prescribed for you. If you experience any difficulty breathing or severe chest pain, inform the nurses immediately.
- Constipation (discussed above).
- Urinary infections etc. Minimized by drinking lots of water and early mobilization.

Late Problems:

- Persistent back pain, late infections, fusion failure, instrument failures can occur. It does take 6 months for a bony fusion to occur.

Handy Tips:

- Take a shower instead of a bath.
- Working surfaces such as table top, ironing board, sink should be of a height which requires neither bending nor stretching up.
- Gardening is best done on all fours. If you are tall, extend the handles on garden tools and the starter cord on the lawnmower. Keep your back straight.
- When tying your shoes, stand with one foot on a stool.
- Use the lift rather than the stairs.
- Keep your back warm, especially when it is aching.
- Avoid shoes with too high heels.

House work:

- The handles on all appliances should be long enough or extended so that you need not bend
- Vacuuming for short distances and don't try to do whole house in one go.
- Don't stretch to reach on high shelves. Rearrange your shelves.
- Washing – carry small loads in a small basket pressed close to your one side. Never hold a heavy wet load in front of you. Rather make a few trips that vary one heavy load. Don't stretch to hang up clothes, get something to stand on. If the line runs on a pulley, make sure that it functions smoothly.
- Making beds – if your backache is severe and there is nobody around to help, go down on your knees to tuck in sheets. Never try to turn the mattress on you own.

Don'ts

- Don't stay sitting in one position for too long.
- Don't pick up or carry heavy objects – the weight puts stress on your back.
- Don't become over-tired or over-worked. This is often the last straw to break the camel's back.
- Don't smoke as this weakens the spine, increases fusion failure rates and increases the chances of strokes (besides lung and stomach complications).
- Don't become overweight. Weight loss will prevent further spinal problems.

Sleeping or Lying:

- Sturdy mattress for e.g. board under mattress. You can use any kind of wood, the best probably being $\frac{3}{4}$ inch plywood.
- Avoid too many or thick pillows. One good soft pillow ought to suffice.
- The best position for relaxing is on your side with hip and knee of top leg bent. You could place a pillow under the top leg.
- If you have an aching leg caused by backache, the sore side should be on top e.g. if your right leg is aching lie on the left side.

Turning Over:

- Always turn the whole body e.g. to turn right:
 - A) Bend (L) knee with foot on bed.
 - B) Place (L) arm across chest.
 - C) Put weight on (L) foot and turn in one movement.

- Getting Up:
 - A) Turn as described above in 1.
 - B) Bend both Knees
 - C) Place weight on (R) elbow to get up and swing feet from bed in ONE MOVEMENT.

Chairs and Sitting:

- Choose a comfortable sturdy chair with arms-rest and lumbar support.
- Never sit with legs straight and elevated as in a TV chair.
- Use arm-rest for support and to get up.

Standing:

- Your back should always be straight. Get into this habit by clasping hands behind back when walking
- Never stand in a bent position when working
- If you work while standing up, try a foot-rest for your one foot.

Bending:

- If your back is aching it is best to avoid bending, rather bend by keeping straight and bending knees.
- Never bend and turn to either side at the same time.

Driving:

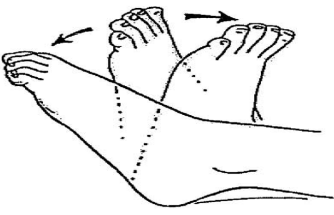


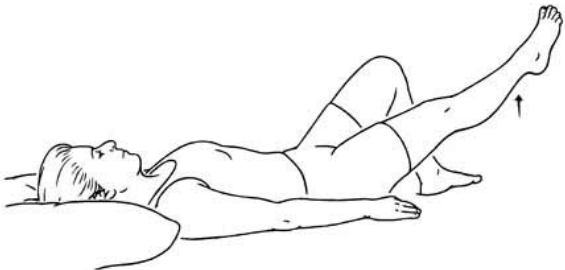

- Sit as close as possible to the steering wheel so that your knees are bent.
- The seat should not be too low.
- Support lower back with a soft pillow, or rolled-up towel. Your back should be properly supported from shoulder to knees.
- If your back is painful and you have to drive for some distance, stop every hour and walk around.

Picking up heavy objects:

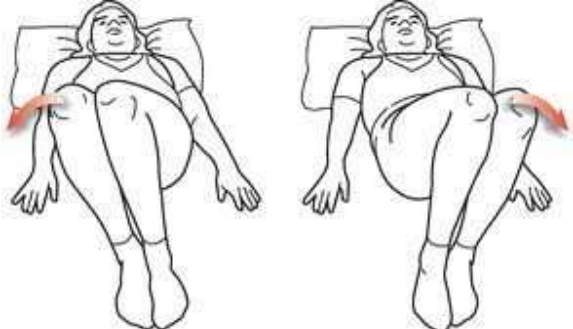
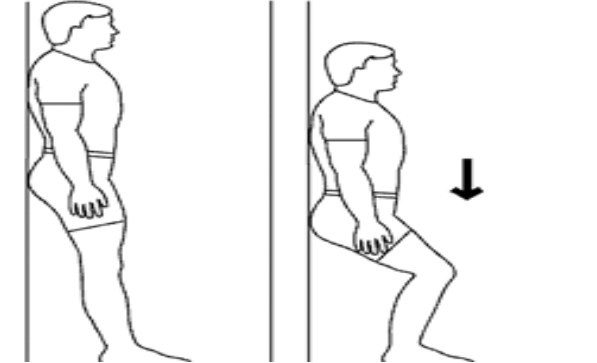
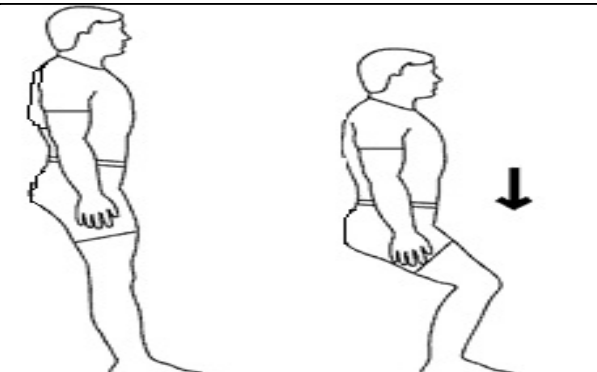
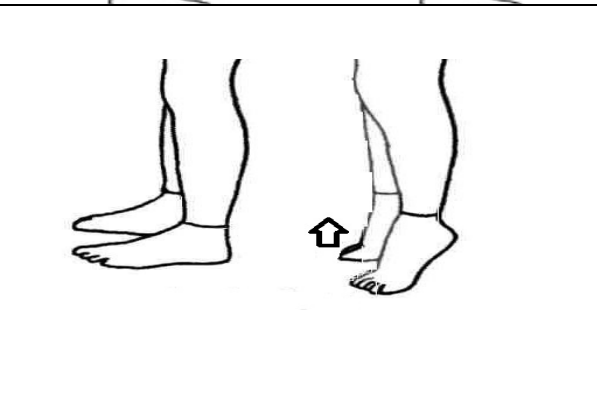
- Avoid picking up weight over 5kg while back is aching.
- Ideally you should not pick up anything over 20kg for 6months post-surgery.
- Stand close to object to be picked up, one leg slightly in front of the other. Always bend knees and hips, keep back straight and hold object as close as possible to body. Straighten legs-back remains straight.
- Never bend forward to pick up something with straight knees.
- Never pick up anything over 10kg above shoulder height.
- Never lift a weight over your head.
- Avoid sudden movement.
- Never hold a weight over 5kg further than 2 feet from your body.
- Never turn sideways with a weight in your arms.

Back Exercises:

- As soon as the back-ache subsides, you can start exercising. Walking and swimming (not driving) are good exercises. Discuss other types of support you to play with me your physiotherapist.
- N.B. Always start slowly and carefully. Don't panic if you experience initial discomfort. However, if this is more than mild or even painful, discontinue exercise and discuss with physiotherapist.
- Do your exercises on hard surface such as floor with a carpet, or heavy blanket and soft pillow under your head.
- Do your exercises as regularly as possible, mornings and evenings, but at least once a day. Start off 5 of each and increase by one every day. You can eventually do 20 of each.
- Speak to your physiotherapist if you have any questions about exercise.

	<p>Foot Pump</p> <p>Bend Foot Towards you and away</p>	<p>Begin day of Surgery</p>
	<p>Press back of Knee in to bed by tightening front of thigh. Hold for count of five</p>	<p>Begin day of Surgery</p>
	<p>Bend and straighten knee, sliding foot up and down the sheet</p>	<p>Day one post-surgery</p>
	<p>Keep one leg as straight as possible and lift it up to level of bent knee</p>	<p>Day one post-surgery</p>
	<p>Lie with both knees bent. Squeeze buttocks. Lift hips off bed and hold for count of five.</p>	<p>Day two post-surgery</p>

Before each exercise, you are to contract your deep stability muscles and control your breathing as taught to you by your physiotherapist.

	<p>Lie with both knees bent. Slowly lower one knee outwards towards the bed and back to the middle</p>	<p>Day two post-surgery</p>
	<p>Stand with your buttocks and shoulders against the wall. Slide your body up and down the wall by bending your knees and straightening your knees. Do not lose contact with the wall.</p>	<p>Once Mobile</p>
	<p>Take a step away from the wall, repeat the above exercise trying to maintain contact with an imaginary wall behind you</p>	<p>Once mobile</p>
	<p>Push up onto your toes, try to hold steady for 5 seconds.</p>	<p>Once mobile</p>

If you have any concern whatsoever, please contact your physiotherapist or our rooms.

You can contact us at the Sunward Park Hospital, second floor or on our contact telephone number (011) 897-1785

Thank you

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