



# Surgery Information

## DIRECT LATERAL LUMBAR FUSION

Please read the following information before SURGERY, so that you will be prepared and understand your surgery and the post-operative process.

Bring your MRI,  
X-RAY and CT SCAN  
to the

HOSPITAL **ON** the  
**DAY OF SURGERY**

or

Dr. Weber **WILL NOT**  
be able to perform your  
**SURGERY!!!!!!!!!!**

# MINIMALLY INVASIVE LUMBAR FUSION

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## *Direct Lateral Decompression, Instrumentation & Fusion (DLIF)*

### **Common questions you may have concerning your surgical procedure:**

**1. How long will I stay in the hospital?**

To be discharged home, a patient must be able to 1. eat & drink; 2. urinate; & 3. only require pain medications by mouth. Most patients should plan on staying in the hospital for 2 - 3 days after surgery.

**2. Will I need a brace?**

No; however, some patients may be prescribed a lumbar brace for comfort.

**3. What is the approximate time it will take me to recover?**

While everyone's pain tolerance, healing times and medical conditions differ; most patients will recover from a lumbar fusion within a few weeks. However, it takes 3 months for the average person to fuse.

**4. How long should I take off from work?**

It depends on the type of work you perform and the duties involved with your position. Activity restrictions and duty limitations will be discussed with you during your first post-operative visit. In general, most patients can return to a sit-down type job with light duty restrictions within 1 - 2 weeks of surgery. Those patients who have heavy duty and labor intensive jobs can expect to be out until your fusion is solid. Limitations include no lifting, pushing or pulling >10 lbs; no repetitive bending and no vigorous pounding activities.

**5. When can I drive?**

We recommend no driving for 1 - 2 weeks after a lumbar fusion unless absolutely necessary; however, some patients are able drive 2 - 3 days after discharge from the hospital; as long as they do not have any physical limitations. Furthermore, we recommend patients DO NOT drive while under the influence of any pain medications or muscle relaxers.

**6. How do I take care of my surgical incision?**

Most of the time, your incision will be closed with internal dissolvable sutures. The skin will be sealed with Dermabond (*surgical superglue*). You may get your incision wet in the shower the first day after surgery; however, do not scrub or soak the incision and pat dry. No baths or pools for 2 weeks. (*It is ok to cover the incision for additional 2 - 3 days if a small amount of bleeding persists*). Please do not put tape on the Dermabond.

\*Sometimes, the incision will be closed with staples or sutures that will need to be removed between 10 -14 days. These should be left alone and will be removed during your post operative visit. A dry dressing will be placed over the incision for 24 hours after surgery; then left open to air without a dressing (*it is ok to cover the incision for an additional 2 - 3 days if a small amount of bleeding persists*). You may get your incision wet in the shower the first day after surgery; however, do not scrub or soak the incision and pat dry. No baths or pools for 2 - 3 weeks.

**7. Will I have a surgical drain?**

During surgery, two drains are placed through the side of the abdomen to help prevent a hematoma (*collection of blood within the soft tissue*) from developing under the incision. The drain is normally discontinued 1 - 2 days after surgery and prior to discharge home.

**8. How long before I can take a bath at home?**

Approximately 2 weeks. No submersion or soaking in water such as a bath, hot tub or swimming pool until your incision has completely healed.

**9. How long before I can shower?**

You may shower 1 -2 days after surgery; however, do not scrub your incision and pat dry.

**10. When can I walk after surgery?**

Every patient ambulates with assistance the day after surgery. Physical therapy will be consulted during your hospital admission to start the rehabilitation process.

**11. Will I require the use of a walker or cane?**

Some patients may require an assistive device such as a cane or walker after surgery. This is determined on an individual basis after surgery.

**12. Will I need physical therapy?**

Yes. Physical therapy is consulted on every patient. After discharge home, your therapy is to walk several times a day. In some cases, we may arrange for a home health physical therapist to visit your home and help with the rehabilitation process.

**13. When do I return to Dr. Weber's office for post operative follow up?**

Your first appointment after surgery will be in 7 - 10 days. YOU MUST CALL the office to schedule the appointment. If you have sutures or staples to the incisions; you will need to call the office for an appointment to be scheduled between 10 - 14 days for suture/staple removal.

**14. How much weight can I lift?**

No more than TEN pounds. A gallon of milk is a good reference for ten pounds.

**15. Will I be able to have sexual relations after surgery?**

Yes, you may resume sexual activities as soon as you feel up to it. This may vary from a few days to a few weeks after your back surgery. Remember, no lifting >10 lbs, no repetitive bending and no vigorous pounding movements. Avoid positions which will cause an increase in back discomfort.

**16. How long before I can fly in a plane?**

Most patients are free to travel after their initial post-operative appointment (7 - 10 days after surgery). Keep in mind; you will not be able to carry any luggage greater than 10 pounds after your surgery. We recommend you get up and walk around every 30 minutes to an hour to help prevent a blood clot and low back stiffness.

**17. Do I need to be on a stool softener?**

Narcotic medications can increase the risk of constipation. If you have a history of constipation, we recommend you take a stool softener while taking narcotics and pain medications. If you become constipated, you may try other over-the-counter medications (*Colace, Milk of Magnesia, Bisacodyl, Fleets Enema and/or Magnesium Citrate*); however, if you have abdominal pain, nausea or vomiting, fevers/chills or blood in your stool: call your doctor or go to the ER immediately.

**18. Will I be able to walk up stairs?**

Most patients are allowed to walk up or down stairs after surgery if they were able to walk stairs before surgery.

We recommend you limit the amount of times you go up & down the stairs and use the hand rail the first few days after surgery.

**19. Can I swim in a pool?**

Yes, approximately 2 weeks after surgery you swim in a pool. No diving.

**20. When will my pain improve?**

Every patient's pain tolerance, swelling and medical conditions vary. In general, most patients experience immediate relief of nerve pain the day of surgery. It is not uncommon to have low back soreness, muscle spasms & incisional tenderness for several weeks after surgery. Some patients may develop a hematoma (*collection of blood within the soft tissue*) under the incision after surgery. If a hematoma develops, we recommend using a heating pad for 15 - 20 minutes 3 - 4 times a day as needed (*do not use heating pad to the incisional area until 1 week after surgery*). Some patient's pain declines slowly over weeks to months.

**21. Why does everything hurt a few days after surgery when I felt so good immediately afterwards? There are several reasons:**

**A)** During surgery, you were given medications along with anesthesia to help relax your muscles and decrease your pain. The combination of medications may stay in your system for a couple days after surgery.

**B)** Swelling can occur in the psoas muscle and around the nerves as the IV steroids wear off approximately 2 – 3 days after surgery. This may result in lateral or anterior thigh pain, numbness and tingling.

**C)** As you start feeling better, you will become more active and this increase in physical activity can lead to an increase in swelling and muscle spasming which results in more pain. Swelling can occur up to several weeks after surgery.

**22. Why is my throat sore?**

A sore throat and/or difficulty swallowing can result from general anesthesia and intubation. Endotracheal intubation involves inserting a "tube" in your airway during surgery to help you breath. This may result in swelling of your throat. Mild soreness and difficulty swallowing is normal and usually resolves within a days.

**23. How long does a “fusion” take?**

\*In general, a healthy patient can expect to see evidence of a fusion on x-rays 2 - 3 months after surgery.

\*Patients who are diabetic, elderly, have a history of osteoporosis or other medical conditions that affect healing may fuse slower and take 4 - 6 months.

\*Smokers can take twice as long to fuse and have a higher risk of not fusing; which may require a second surgical procedure.

**24. Call Dr. Weber’s office for any of the following:**

- fever >101.5 degrees
- bleeding from incision
- acute onset of swelling around the incision
- difficulty swallowing liquids
- redness or heat around surgical incision
- increasing pain
- difficulty walking or balance problems
- severe headaches
- severe thigh or leg pain

**25. Go to the ER for the following:**

- nausea and vomiting
- respiratory distress
- chest pain
- leg swelling