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Lifespan Physician Group, Inc.
Neurosurgery
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Discharge Instructions After Posterior Cervical Surgery

Success of the Surgery

A successful result after the surgery depends on a positive attitude and efforts by the patient to aid recovery. Your pre-operative symptoms may take weeks or longer to improve fully. Generally, symptoms such as pain shooting into the arm improves first, followed by motor weakness, if any. Numbness is often the last symptom to improve. Pain in the neck may be due to many factors and may improve slowly or persist to some degree. If an MRI of the spinal cord showed damage before the surgery, it may take months or even a year to see improvement. In some cases, the best that surgery can do is stabilize the symptoms.

What is Done During the Surgery?

This procedure to relieve pressure on the spinal cord and nerves is performed through an incision, or cut, in the back of the neck. Bone is removed to take pressure off the nerves and spinal cord. If a fusion is performed, bone that needs to be removed to take pressure off the nerves will be placed between the facet joints of the neck. Screws and rods may be placed into the bone to act as an internal brace while the bone slowly fuses (which takes months).

What is Put into the Spine?

The screws and rods used are made out of titanium. You can have an MRI with the screws and rods in place. The bone used may be your own bone or donor (cadaver) bone.

What Symptoms is the Surgery Designed to Help?

Posterior neck surgery is done for spinal cord compression and/or pinched nerves causing pain, numbness and tingling in the arms or

hands, fine motor problems, neck pain, and gait instability. Usually, the symptoms will take time to improve as the spinal cord and nerves heal slowly. With any spine surgery, there is a chance that the operation will not produce relief of pain even if everything heals well.

What are the Risks of the Surgery?

The risks of the procedure include anesthetic complications, such as lung or heart problems, bleeding, the need for blood transfusions, and infection. Neurologic complications include spinal cord or nerve injury, or spinal fluid leak. There can be problems with the placement of the screws and rods leading to a need for another surgery to repair them, and failure of the bone to heal. The risk of a nonunion, or failure of the bone to heal, is much higher in smokers than nonsmokers. Problems after the surgery can include problems with constipation or urination, blood clots or pneumonia. Early walking after the surgery lowers this risk.

Care of your Incision

Your incision will be closed with sutures that will usually be taken out around two weeks after surgery. You should take sponge baths until the sutures are removed, then you may shower. You should not soak in a tub for at least two weeks. Slight drainage the first day or so, limited swelling or mild bruising is common and usually not of concern. If there is significant leaking or any marked redness or a large amount of swelling you should call the office.

Pain Management

Most patients after posterior cervical surgery complain of pain in the incision site in the back of the neck. Many patients also have some muscle spasm. You will be given a prescription for a narcotic medication after the surgery if you need it. If your pain medication does not already contain Tylenol (acetaminophen) you can use Tylenol in addition to the pain medicine. It is ok to occasionally use an NSAID such as ibuprofen along with the narcotic, but long-term daily use may decrease bone healing. As your pain improves, you should gradually decrease the narcotic medication. Please read the opioid medication and agreement information you were given in the

Revised 2/21/2019

Activity

Unless you have been instructed otherwise, you should focus on gently walking the first two weeks after surgery. You should start with brief walks in the house, then gradually increase the time and speed of your walks. It is best to limit stair walking to one to two times a day in the first week. You should avoid driving or being in the car for the first two weeks. After that, start with short drives with another person in the car. You should also avoid lifting anything heavier than a half-gallon of milk for the first two weeks. You may then start to lift heavier objects if you are comfortable.

Please remember, if it hurts, do not do it! Sexual activity can be resumed when you feel comfortable. You can discuss returning to an exercise regimen with your physical therapist.

Therapy

For most patients, working with a physical therapist after the surgery can help with the recovery process. In some cases, occupational therapy may be helpful especially with specific problems related to fine motor movements of the hands and fingers.

Work

Most patients with lighter duty jobs can return to work 6-12 weeks after the surgery. Patients whose jobs require heavy lifting may take longer. Your return to work will be discussed with your provider at your office follow-up appointment.

Diet and Medication

You can resume your regular diet and most regular medications immediately after the surgery. The plan for restarting blood thinners such as aspirin, warfarin, or other prescription blood thinners will be discussed during your discharge. Constipation is a common problem after spine surgery. Over the counter stimulants and stool softeners can be beneficial, along with plenty of fresh water.

Follow-Up Appointments

Your follow-up appointment should have been set up at the time of your pre-operative visit. It is usually about two weeks after the surgery. You will need to have neck x-rays done on the day of the appointment. If you're not sure when this appointment is, call the office at (401) 606-6360.

What to Watch For

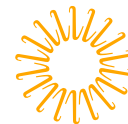
These symptoms should cause you to call immediately or dial 911 to go to the Emergency Department.

- Paralysis or inability to fully move arms or legs with you.
- Severe chest pain, difficulty breathing
- Loss of control of your bowels or bladder

The following symptoms may indicate a problem. You should call the office number listed below.

- Fever higher than 101°F
- Increasing back and/or leg pain
- Difficulty passing urine
- New numbness or change in symptoms from before surgery
- Redness or drainage from the incision
- Unusual headache, especially if it is much worse when you stand up

For questions after the surgery, please call 401-606-6360. If you feel you have an urgent problem outside of office hours, go to the nearest Emergency Department.



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