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## What is Spinal Fusion?

Spinal fusion is a surgical procedure performed to stop the motion of two or more back bones (vertebrae). Sometimes abnormal or excessive motion of back bones compresses spinal nerves and causes pain. Spinal fusion locks two or more back bones together using a bone graft that comes from your own body (pelvic bone) or from a bone bank. Over a period of time, the bone graft and your back bones grow together and limit the motion at that segment. Pain is lessened and there may be some restriction when you bend your back forward or backward.

Indications for spinal fusion include the abnormal curvature of spine (for example, scoliosis or kyphosis), back pain, traumatic injury to the spine, and instability of the spine caused by infections, tumors, or surgical decompression of the nerve.

### Spinal fusion can be done to any level of the spine:

- **Neck (cervical):** Usually done through an incision in the front or on the side of your neck. Sometimes, it may be done through the back of the neck or through both the front and back.
- **Mid Back (thoracic):** Can be done through an incision in the chest and abdomen, or through the back or both.
- **Low Back (lumbar):** Usually done through an incision in the back. Sometimes, it may also be done through the abdomen.

## Pre-Register for Surgery Online or by Phone

Pre-registration is a **two-step** process that is necessary for you to complete before having surgery at California Pacific Medical Center. Step one (1) involves registration of your insurance and personal information. Step two (2) involves speaking with a registered nurse (RN), who informs you of any necessary testing you may need before your surgery.

1. **Pre-register online at [www.cpmc.org/services/pre-reg.html](http://www.cpmc.org/services/pre-reg.html).** Click “Register online” for the campus where your surgery is scheduled. Follow the online instructions to complete the Surgery Pre-Admission form. This will take about 10 to 15 minutes. Be sure to have your insurance information when you complete the online form. You may also call (415) 600-2500 to speak with a registrar.
2. **Speak with a nurse by calling (415) 600-2500** no earlier than 2 weeks before your surgery. You may speak with a nurse at that time or schedule a phone appointment for a later time. Please have a current list of medications and supplements you are taking. The nurse informs you of any further testing you may need.

## How Do I Prepare for Surgery?

- **You may not eat or drink anything after midnight, the night before surgery, unless otherwise directed by your doctor.** However, you **may** continue to take your routine medications (for example: heart and blood pressure medications), on the morning of surgery with a sip of water.
- **Consult with your surgeon if you are taking blood-thinning medications, NSAIDs, or Insulin.** Examples include Coumadin (Warfarin), Plavix (Clopidogrel) and Aspirin; Nonsteroidal Anti-inflammatory Drugs (NSAIDs) such as Motrin (Ibuprofen), Aleve (Naproxen), Feldene (Piroxicam); or Insulin.

## What Can I Expect During My Hospital Stay?

- Patients usually stay about 1 – 3 days in the hospital. However, be aware that the length of a hospital stay may vary from patient to patient.
- You will receive pain medication through the vein immediately following your surgery. Within a day or two, as the pain decreases, you will receive oral pain medication.
- Ask the nurse for pain medication 1 hour before beginning physical activities so that you will be able to get in and out of bed and walk with minimal discomfort.
- You will be encouraged to breathe deeply and turn in bed to prevent a lung infection after surgery.
- You will learn how to turn in bed using a logrolling technique (move your whole body as a unit from side to side without twisting the spine).
- Nurses and therapists will assist you with getting out of bed and walking. You will be encouraged to walk in your room or for a short distance the evening of your surgery. Gradually, your activity will be increased to include walking in the hallway.
- Physical and occupational therapists will assist you with proper bed mobility, transfers, walking, body mechanics, bathing and dressing techniques, and safety training.
- Speak with your surgeon's office about the timing of your first post-operative office visit.

## What Can I Expect During My Hospital Stay? *(continued)*

**If You Have a Brace:** Braces may be used to limit motion in the surgical area which helps with the bone fusion growth. New bone formation usually takes from 3 –12 months.

- **If your procedure included mid or low back surgery with fusion:** You may have to wear a back brace at all times after surgery except when you are in bed.
- **If your procedure included neck surgery with fusion:** You may have to wear a cervical collar at all times for 6 or more weeks after surgery.
  - The collar should be snug, not tight, around your neck.
  - The collar can be removed for cleaning.
  - Avoid wearing the collar in the shower.
  - You may purchase a soft collar with the approval of your surgeon, if needed for comfort. You may also pad the inside of the collar with a soft wash cloth.

## Preparing to Go Home

### How to Care for Your Incision and Dressing

- Keep your dressing dry and clean for 7 days after surgery to prevent infection.
- You may take a sponge bath until your sutures are removed.
- You may also shower if you cover the incision with plastic wrap to keep it dry.
- Steri-Strips® (incision tapes) may be removed 7 – 10 days after surgery. Staples or sutures may be removed 7 – 14 days after surgery during your first doctor visit.
- **Incision and dressing care may vary from patient to patient, please make sure you understand your surgeon’s instructions before you leave the hospital.**

### Know Your Proper Body Mechanics and Activity Restrictions

- **No bending or twisting of your back.** Keep your back straight and bend your knees using your thigh muscles.
- **No sitting in soft chairs or sofas that allow your back to curve.** Limit your time sitting in a chair as sitting may cause discomfort. Be sure to sit and stand straight.

## Preparing to Go Home *(continued)*

- **No jogging.** Frequent short walks are better than long walks.
- **No lifting, no housework, no yard-work during the 1<sup>st</sup> month or until allowed by your doctor.**
- Sleep on a firm bed.

## Follow the Guidelines for Physical Activity After Surgery

- Gradually increase your physical activity by alternating activity with rest.
- Plan for short walks with rest periods.
- Progressively increase your walking distance on a daily basis.
- Start your exercises **only** when you have been instructed by your surgeon.
- Begin your physical therapy program as ordered by your surgeon.
- In general, sexual activity may be resumed in a few weeks after surgery within the bounds of your comfort. Consult with your surgeon.
- Discuss returning to work during your doctor's appointment.

## Manage Your Pain

- Your pain level may change from day to day and throughout the day. Pace your activities according to your level of discomfort. Plan for adequate rest periods.
- If you are feeling a moderate amount of pain, do less and allow for more rest periods. **Complete healing may require many months. Do not jeopardize your recovery by being over-active too soon.**
- Adequate pain control is important to healing. Your surgeon will prescribe pain medication such as Norco or Vicodin (Hydrocodone and Acetaminophen), or Nonsteroidal Anti-inflammatory Drugs (NSAIDs) such as Motrin (Ibuprofen).  
**Note:** Do not drive a car if you are taking narcotics or muscle relaxants. These drugs affect your judgment and reaction time.
- Some patients experience mild episodes of muscle spasms in the back and legs (after low back surgery) or in the neck and arms (after neck surgery). Heat/ice packs or muscle relaxants can be used to lessen the discomfort.

## When to Call Your Doctor

### Call Your Doctor if You Experience Any of the Following Symptoms

- If you feel warm or chilled, take your temperature. Call your doctor with a temperature of 101 °F or 38.3 °C or above.
- Increasing redness and swelling at the incision site.
- Changes in the amount, appearance, or odor of drainage from your incision.
- New or increased changes in sensation/presence of numbness in extremities.
- Severe pain that is not relieved by medication and rest.
- Questions or problems not covered by these instructions.

## More Ways to Learn

- Go to [www.cpmc.org/learning](http://www.cpmc.org/learning).
- Visit the North American Spine Society Web site at [www.spine.org](http://www.spine.org) and click on "Spine Conditions & Treatments."
- Go to the MedlinePlus Web site at [www.medlineplus.gov](http://www.medlineplus.gov), click on "Health Topics," then the letter "B" and then "Back Injuries."

## Frequently Asked Questions

**Question: What is spinal fusion?**

Answer: Spinal fusion is a surgical procedure performed to stop the motion of two or more back bones (vertebrae).

**Question: How do I care for my incision after surgery?**

Answer: For detailed instructions on caring for your incision, please refer to page 4 of this handout.

**Question: What are the guidelines for physical activity following surgery?**

Answer: Do not jeopardize your recovery by being over-active too soon. Please refer to page 5 for detailed guidelines on your physical activity following surgery.

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Note: This information is not meant to replace any information or personal medical advice which you get directly from your doctor(s). If you have any questions about this information, such as the risks or benefits of the treatment listed, please ask your doctor(s).