

## Postoperative Instructions and Recovery

### Anterior Lumbar Interbody Fusion (ALIF)

### Lateral Lumbar Interbody Fusion (LLIF)

### Oblique Lumbar Interbody Fusion (OLIF)

This guide offers general milestones; however, your surgeon may adjust instructions based on your specific condition. Always follow the instructions given by your healthcare team.

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#### Immediate Post-Op (0–2 Weeks)

##### 1. Incision and Wound Care

- Keep your incision and dressings clean and dry.
- **Do not remove your dressing.** It will be removed at your 2 week visit by your healthcare provider.
- Your dressing is **water resistant (not water proof!)** It is ok to shower or sponge bath while letting water gently run across dressings or incision; but **no bathing, soaking, or swimming.**
- If your dressing is to fall off, replace it with band-aids and change daily while gently cleaning incision. Pat to dry, do not rub.
- If you have surgical glue, do not peel/pick from skin. It will dissolve with time.
- Check daily for redness, swelling, or drainage.
- Sutures will likely be removed at your 2 week office visit.

##### 2. Bathing

- Typically, you may shower **24–72 hours** after surgery
- Gently let water run over the dressing/incision—no scrubbing.
- **No baths, hot tubs, or swimming** during this period to avoid soaking the wound.

##### 3. Pain Management

- Take prescribed pain medications **only as needed** per instructions.
- Use ice packs to reduce pain and swelling.
- **Refrain from using Non Steroid Anti-Inflammatory Drugs (NSAIDS) for 3 months.** Examples include:
  - i. Ibuprofen (Advil, Motrin IB)
  - ii. Naproxen (Aleve, Anaprox DS)
  - iii. Meloxicam (Mobic)
  - iv. Diclofenac
  - v. Indomethacin
  - vi. Etc.
- It is OK to use Tylenol (acetaminophen) per bottle instructions.
- Narcotic medications you may be taking for pain control can cause constipation. You may take a stool softener to avoid this. Keep bowels

regular by drinking fluids, adding fiber to diet, and being active (getting out of bed, sitting up in a chair, and going for a walk).

- Restart home medications as directed by primary care.

#### 4. **Activity**

- **Back brace (if prescribed):** Wear at all times except showering, eating, and sleeping.
- **Lifting Limit:** No lifting heavier than **10 pounds** (about a gallon of milk).
- **Avoid lifting, bending, twisting, or sudden jerky movements.**
- Get up and walk short distances multiple times a day to prevent blood clots and promote circulation.
- If you were provided a brace, wear it at all times except showering and sleeping.

#### 5. **Work**

- Do not return to work during this period.

#### 6. **Driving**

- Refrain from driving or operating heavy machinery at this time.

#### 7. **Concerning Symptoms**

##### **Call the office if:**

- Fever over 101.5°F or Chills
- Worsening pain, numbness, or weakness in your back, legs, or feet.
- Signs of infection (redness, swelling, foul odor, purulence).

##### **Present to the Emergency Department if:**

- Difficulty breathing / Shortness of breath
- Chest pain
- Loss of bladder or bowel control.

**We will see you back in the office 2 weeks after surgery for a wound check.  
Please call the office to make or confirm this appointment.**

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### **Early Recovery (2–6 Weeks)**

#### 1. **Incision and Wound Care**

- Continue to observe the incision for any signs of infection.
- You may choose to keep incisions uncovered or continue to use bandages, replacing them daily.

- Keep incision clean and dry. It is ok to shower or sponge bath while letting water gently run across incision; but **no scrubbing, bathing, soaking, or swimming**.
  - **Do not use any over the counter ointment or creams** on incision
2. **Bathing**
    - Continue to **avoid baths, hot tubs, and swimming** until 6 weeks
  3. **Pain Management**
    - You may start tapering off stronger pain medications if pain levels allow.
    - Continue to avoid **NSAIDs** for 3 months.
    - It is OK to continue Tylenol as needed (follow bottle instructions).
  4. **Activity**
    - **Walking:** Gradually increase your walking distance. Aim for multiple short walks daily, increasing length each week.
    - **Lifting:** You may start to **slowly** progressing your lifting weight from 10 pounds, working up to **20 pounds** by the **6th week**
    - **Avoid bending, twisting, or sudden jerky movements.**
  5. **Physical Therapy:** if prescribed, will start around week 4 to improve strength, posture, and range of motion
  6. **Work**
    - If your occupation requires **minimal** physical exertion, you may now return if you feel comfortable.
  7. **Driving**
    - You may return to driving if you are no longer taking narcotic pain medications

**We will see you back in the office 6 weeks after surgery for evaluation.  
Please call the office to make or confirm this appointment.**

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## **Mid-Recovery (6–12 Weeks)**

1. **Incision and Wound Care**
  - Your incisions should be well on their way to fully healed at this point.
  - You may keep incisions uncovered.

- You may start using over-the-counter ointment or creams at **8 weeks**.

## 2. Bathing

- You may begin to use baths, hot tubs, and return to swimming

## 3. Pain Management

- You should be relying less on prescription pain medications.
- Over-the-counter medications (e.g., Tylenol) should be sufficient.
- **Continue to avoid Non Steroid Anti-Inflammatory Drugs (NSAIDS)**

## 4. Activity

- **Lifting:** You may **slowly** increase your lifting limit from 20 pounds, working up to **50 pounds by week 12**.
- Gradually resume light household activities and chores
- Incorporate gentle home exercises focused on core strength, flexibility, and posture.
- Avoid high impact activities like running. Instead utilize a stationary bike or an elliptical machine

## 5. Work

- If your occupation requires **light physical exertion**, you may now return if you feel comfortable.
- Jobs requiring physical labor may require more time off or modified duties.

**We will see you back in the office 3 months after surgery for evalutaion.  
Please call the office to make or confirm this appointment.**

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## Advanced Recovery (3-6 months)

### 1. Activity

- You should be able to handle most daily activities with caution.
- You may begin progressing **slowly to heavier lifting** in stages. However, **always use proper body mechanics** (bending at the knees, keeping the back straight).
- Physical therapy or a structured exercise program may now focus on core stabilization and rebuilding muscle strength.
- You may slowly begin to return to higher-impact exercises like running
- Continual improvement in flexibility, strength, and endurance is expected.

### 2. Work

- Those with labor intensive occupations can now return to near-normal work activities by 3–4 months post-op, depending on the demands of the job and how well the fusion is progressing.

### **3. Lifestyle Modifications**

- Maintain a healthy weight and stay active to protect your spine.
- Practice good posture and consider using ergonomic furniture at work and home.

**We will see you back in the office 6 months after surgery**  
**Please call the office to make or confirm this appointment.**

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## **Long-Term Maintenance (6 Months and Beyond)**

### **1. Complete Spinal Fusion**

- Spinal fusion typically solidifies between **6–12 months** after surgery, but every patient heals differently.

### **2. Ongoing Exercise**

- A regular exercise program that includes **core strengthening, flexibility, and aerobic exercises** will help maintain back health.
- Continue to use safe body mechanics (lifting correctly, minimizing high-impact stress on the spine).

### **3. Annual Check-Ups**

- You will be scheduled for yearly follow-ups to ensure the fusion remains stable.

### **4. Lifestyle Modifications**

- Continue to focus on a healthy diet and nutrition

**We will see you back in the office 12 months after surgery**  
**Please call the office to make or confirm this appointment.**

## Key Reminders Throughout Recovery

- **No Smoking:** Smoking hinders wound and bone healing while also delaying fusion.
- **Limit Alcohol Consumption:** Alcohol has demonstrated risks of increased post-op complications, including infection.
- **Proper Nutrition:** High-quality protein, calcium, vitamin D, and other nutrients are essential for bone healing.
- **Hydration & Rest:** Staying hydrated and getting adequate sleep support your body's healing process.
- **Follow Instructions:** Always adhere to your surgeon's specific guidelines and attend all follow-up appointments.
- **Concerning Signs:** Do not hesitate to contact us concerning signs or symptoms.

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## Contact Information

Dr. Andrew Meyers  
Phone: 318-323-8451

### Call the office if:

- Fever over 101.5°F or Chills
- Worsening pain, numbness, or weakness in your back, legs, or feet.
- Signs of infection (redness, swelling, foul odor, purulence)

### Present to Emergency Department if:

- Difficulty breathing / Shortness of breath
- Chest pain
- Loss of bladder or bowel control.

**Disclaimer:** This timeline is a general guide. Individual recovery can vary based on factors like age, overall health, and the extent of surgery. Always follow the personalized instructions provided by your surgeon and healthcare team.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Surgeon Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_