



The following are recommended guidelines to ensure a good recovery after your spine surgery. Your surgeon may provide you additional instructions when you are discharged. If you have any questions or problems please contact our office at: \_\_\_\_\_

- Your doctor may recommend wearing a back brace for 6 weeks to remind you not to bend or twist.
- Sponge bath or brief shower (no immersion) for up to 2 weeks after surgery.
- Keep surgical dressing(s) in place for 72 hours after surgery. If it needs to be replaced, you can replace it.
- Avoid running, jumping, twisting, bending, and lifting over ten (10) pounds, for up to 12 weeks after surgery.
- It is normal if you have a decreased appetite after surgery. Eat a healthy, well-balanced diet and avoid extra calories.
- Take medications as prescribed by your physician/provider.
- Do NOT smoke after surgery. Skin incision healing and bone healing is slowed by smoking. Smoking also makes your pain medication less effective. The hospital campuses are smoke-free and you will not be allowed to go outside to smoke. Contact your primary care physician for smoking cessation options prior to surgery if needed.

Office Follow-up

You will need a post-operative appointment for a follow-up and an incision check at 5-10 days after surgery. You will also need a 3 months appointment for follow-up and incision check.

Please call our office to schedule an appointment.

An appointment has been scheduled for you. See below for the date and time.

NOTE: If your surgery date changes, you will need to call the office to change your follow-up appointment.

Post-Operative Appointment:

Main Office

Satellite Office

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_  
Time \_\_\_\_\_

Disability or Activity/Work Restriction Paperwork

Please notify someone at your follow-up visit check-in if activity/work restriction paperwork needs to be addressed. Otherwise, please call the office at \_\_\_\_\_ and allow at least a week for paperwork to be completed. If short-term disability/FMLA paperwork needs to be addressed, please fax your form with your name, date of birth, and contact information to: \_\_\_\_\_ Please allow 5-10 business days.

\*\*\* Save these instructions for reference after your surgery \*\*\*  
If you have any questions about your surgical procedure or post-operative management, call: \_\_\_\_\_