



VANCOUVER ISLAND
NEUROSURGICAL FOUNDATION

Thoracolumbar Fusion Surgery

This information is to help you and your family prior to and following surgery.

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Pre-operative information for Thoraco-Lumbar Spinal Fusion procedures:

Thoracolumbar Spinal Fusion for degenerative disorders and deformities of the Thoracolumbar Spine is an elective operation. This surgical intervention may vary in nature from a 2-hour operation via a relatively small incision in the Lumbar region in most cases to a prolonged 12-hour operation through a large opening extending from the upper thoracic region to the pelvis. Additionally, there are many minimally invasive techniques that allow placement of spinal instrumentation through multiple smaller wounds if this is appropriate for your specific case. The details will be reviewed with you in office or via Telehealth consultation. In these procedures there is typically a combination of surgical decompression and spinal stabilization with instrumentation which can be quite variable in nature. The goal is to protect/free neurologic structures, stabilize the spine and correct spinal alignment.

Alternatives to such an intervention include a variety of non-operative strategies. Patient directed strategies include a healthy lifestyle including weight loss, regular stretching, appropriate rest and often simply just time to allow the pathology to resolve independent of intervention. Additionally, there are medical options including an assortment of medications for inflammation, nociceptive (traumatic) pain, neuropathic pain and muscle relaxation. These can be managed by primary care physicians or a pain specialist. In some cases, there may be benefit from collaboration with physical/occupational/registered massage therapy. Chiropractic manipulation should be used judiciously. Interventional pain specialists can also be used with great utility in select cases and this will likely be recommended as an option if more appropriate in a specific case.

The risks associated with Thoracolumbar Spinal Fusion include but are not exclusive to those which are common and those that would be catastrophic. They include durotomy/CSF leak, spinal infections, blood loss requiring transfusion, hardware failure, unsuccessful surgery and neurologic injuries including spinal cord injury. There are anesthetic and medical risks which are present when any surgical procedure is performed particularly with a general anesthetic in the prone position. These risks increase with the extent and duration of such procedures. These risks include cardiopulmonary pathology, systemic infections, gastrointestinal dysfunction and post-operative delirium among other less common comorbid issues. These risks are obviously greater in patients with pre-existing medical conditions and those of advanced age. In all situations there is a possibility of death although it remains highly unlikely. The more extensive operations mandate early recovery in an intensive care unit environment.

If there are any questions, please do feel free to ask in advance of your procedure.

Discharge Instructions – Thoracolumbar Decompression and Fusion Patients

What can I eat and drink after my operation?

- After your surgery you might not be hungry which is normal and in fact appetite and gastrointestinal function may take several days to recover to normal.
- The health care workers in the hospital will guide you through this process.

What activities can I do?

- Avoid lifting more than about 4.5 kg (10 lb) for a minimum of 3 months.
- You can start being active by walking around your house. You may experience some pain and this is normal and will gradually improve. If the pain is worsening following discharge please contact your surgeon's office directly.
- During the day, avoid lying in bed or sitting for long periods of time by getting up every 30-60 minutes to walk.
- Stop playing sports, including walking on a treadmill or using a stationary bicycle until you have seen your surgeon at your follow up appointment in 3 months.
- At your follow up appointment, your surgeon will let you know when you can return to physical activity and work.

When can I drive?

- There are no restrictions and you may resume driving when it is safe, and you are no longer taking prescribed narcotic medications.
- You will not be able to drive right after your surgery. Check with your nurse before you go home from the hospital for more advice. You should not drive if you are tired, on narcotics, or if you have problems with your vision.

How do I take care of my dressing (bandage) & wound?

- Keep the dressing and incision clean and dry for 1-2 days. Beyond 2 post-operative days if your wound appears clean it is safe to shower. Do not soak for prolonged periods in a bath or hot tub for 4-6 weeks.
- Do not be alarmed by the bruising or swelling around wound.
- Do not use lotions, powders or oils on the incision.

- The nurse should provide you with a staple remover before you leave the hospital. Call and make an appointment with your family doctor who should remove the staple 8-10 days after your operation.

How do I cope with my pain?

- If you are given a prescription, take it to a pharmacy to get it filled and follow the directions for taking the medication.
- Take a stool softener every day while you are taking narcotics. If you have not had a bowel movement after 2 days, take a laxative which you can get from a pharmacy without a prescription.
- It is normal to have pain after your surgical procedure but the pain should get better with time.
- You can ask your family doctor to prescribe a milder pain medication and to assist you in weaning off your pain medication. It is better to slowly reduce the medication over time rather than stopping it suddenly.
- You may feel some muscle spasms across your back and down your legs. If the nerves in your legs are inflamed or irritated, you may have some leg pain until the inflammation resolves after a week or two.

What about other medications?

- If you were on blood thinners and stopped taking them for your surgery, you may resume them 5-7 days following surgery.
- Continue with any other medications you were on before surgery.

When can I start physiotherapy?

- For the first 3 months after surgery, unnecessary bending or lifting for prolonged periods should be avoided.
- After 3 months have passed, gradual back range of motion exercises can be started and this can be directed by a physiotherapist.

When can I return to work?

- This is variable depending on the nature of your work. In most cases a RTW will occur within 6-12 weeks of such a procedure.
- At your 3 months follow up appointment, your surgeon may confirm that you can return to work if this has not already occurred.

When should I call my family doctor?

- Prior to your operation call your family doctor to make an appointment for your stitch or staple removal 8-10 days following surgery.
- Call your family doctor to renew or change your pain medication prescription or to talk about any other health issues.

What should I do if I develop a problem?

- Go to Victoria General Hospital's Emergency Department (preferred) or the nearest hospital emergency department, if you have:
 - Severe pain not helped by any medications
 - Weakness in your legs.
 - Fever (>38°C) or you notice any signs of infection in the incision.
 - Increased redness, swelling, leaking of pus or pain from the incision.
 - If you notice increased swelling with pain in your legs, or difficulty breathing.
 - Any trouble controlling your bowels or bladder.

When is my follow-up appointment?

- Call your surgeon's office (Phone: 778 265-6677) below to make an appointment for 12 weeks after your surgery.

Location: Unit 100 – 1830 Oak Bay Ave, Victoria BC V8R 6R2

Phone: 778-265-6677

Fax: 778-440-6677

Date: _____

Time: _____

Surgeon:

- Dr. Evan Frangou
- Dr. Daniel Warren

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