

Posterior Lumbar Decompression and Fusion (PLDF) Recovery

What to expect

You've had surgery, the first step toward the **goals of decreasing back and leg pain, and stopping symptoms of nerve compression or an unstable spine from getting worse**. Now it's time to focus on healing. By following these tips, you will set yourself up for a successful outcome after surgery.

Top 4 things to know

1. **A moderate or increased amount of back pain is expected after PLDF surgery.** This will get better over the next four to six weeks.
2. **Leg pain usually gets better after surgery, but may not be completely gone.** Numbness, tingling and weakness take longer to get better after surgery. This is normal.
3. **Do not use nicotine for at least three months.** Nicotine will slow down your healing.
4. **Avoid taking anti-inflammatory medications (NSAIDs) for six to 12 weeks** or until your surgeon tells you it's safe to use them. NSAIDs include ibuprofen (Motrin, Advil), naproxen (Aleve, Naprosyn), meloxicam (Mobic), Celebrex and diclofenac.

Pain and weakness

- Surgical back pain and muscle spasms are normal after spine surgery. This should get better over the next few weeks.
- Numbness, tingling and weakness that you had before surgery may take time to improve.

Taking care of your incision

- Your incision may bleed and your dressing may get saturated with blood. This is normal. Change your dressing as often as needed to keep the incision clean and dry.
- If your incision has no drainage, you can take your dressing off three days after surgery, but always keep the incision area clean and dry.
- If you have skin glue or tape on your incision, try to leave it in place for the first two weeks.

Showering

- You can take a shower **three days** after surgery, once the incision is closed and doesn't have drainage. Let gentle soap and water run over the incision. Do not scrub it. Pat dry with a clean towel.
- Avoid taking tub baths, swimming and going in hot tubs until the incision is completely healed (four to six weeks).

Taking medication

- Do not take anti-inflammatory medications (NSAIDs) for six to 12 weeks after surgery. These drugs can interfere with how you heal. NSAIDs include ibuprofen, Advil, Aleve, naproxen, Naprosyn, Mobic, meloxicam, Celebrex and diclofenac.
- If you need refills on your prescriptions, you may make a request through your Patient Portal Account or contact our office at least two days before you are out of pills so we have sufficient time to process your request. Refill requests on Friday afternoons and holidays likely will be addressed on the next business day.
- Start weaning yourself from pain medications as soon as you are able. Remember, pain is a natural part of the healing process. The goal is not to eliminate all pain but to keep you comfortable as you heal. Pain medications should be used only for a short period of time.

Continued on back



- Before taking Tylenol (acetaminophen), be aware that your pain medication probably has acetaminophen in it. Taking additional Tylenol or acetaminophen can put you over the daily recommended 3,000 milligrams, which can harm your liver.
- If you are taking a muscle relaxer, one of the side effects is drowsiness. If you feel too drowsy to safely get up and move around, take the muscle relaxer less often.

Do not use tobacco products

- If you had been a smoker or used tobacco, you were required to stop before surgery. You've come this far, so why not quit for good. If you cannot do so, you must not use tobacco products for **at least three months**. Nicotine will keep you from properly healing.

Be active, but no lifting

- We want you to be active as soon as you get home from the hospital. Get up and walk often.
- If you go up and down stairs, make sure you hold onto the railing and have someone with you.
- Avoid excessive bending and twisting your back as much as you can, and do not lift anything over 10 pounds until your surgeon says it's OK.

And no driving

- You cannot drive until you are no longer taking narcotic pain medications or muscle relaxers **and** you can move well enough to be safe behind the wheel.
- Most patients can begin driving after the first postoperative appointment. Your surgeon will let you know when you can start driving.

Constipation and bloating

- Constipation is a common side effect of taking narcotic pain medication and a good reason to begin tapering yourself off of pain medication as soon as you can.
- Drink lots of fluids, be active and eat foods high in fiber to help relieve constipation.
- If constipation is bothering you, a stool softener or laxative may help. Try one of the following, and always follow the instructions: Milk of Magnesia, MiraLAX, Dulcolax suppository, Fleet enema, magnesium citrate.

Follow up with your primary care provider

- If you have any health concerns, see your primary care provider within one week after surgery, especially if you have any of the following:
 - o Heart disease or have had a stroke
 - o Lung disease
 - o Diabetes
 - o Are over age 65
 - o Take a blood thinner
 - o Take more than 10 prescription medications

When is it an emergency?

- If you have any of the following symptoms, call **911** or go to an emergency room right away:
 - o Trouble breathing
 - o Chest pain
 - o Significant **new** weakness since your surgery
- If you have any other concerns, call our office at **(903) 939-7500** before going to an emergency room. In most cases we can help you or get you an appointment quickly.

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