



Richard L. Weiner, M.D.

Lumbar/ Cervical Disc Surgery: Post-Operative Instructions

Incision Care

- Usually, your stitches are beneath the surface of your skin. They will be absorbed into your body as you heal. Medical glue will be used to close the outside layer of skin.
- You may shower, but no tub baths. Pat incision dry.

Call Our Office

If you ...

- Feel severe pain, weakness or numbness in your leg(s)/ arm(s).
- Notice excessive drainage, swelling or increased redness around your incision.
- Have a fever of 101°F or greater.
- Have a new problem controlling your bladder or bowel.
- Have difficulty breathing or trouble swallowing.

Pain

You may still have some pain, numbness or tingling in your back/neck or legs(s)/arm(s). This should decrease gradually as the nerves heal. An ice pack may be used on the incision to reduce swelling and pain.

Medication

- If you were given a Medrol Dosepak (steroid/ anti-inflammatory medication) you may notice a slight increase in the above symptoms, as the Medrol Dosepak decreases. This is due to swelling and irritation around the nerve and will improve as you heal. Complete the full course of Medrol according to the instructions in the package. Common side effects of steroids may include, but are not limited to, GI upset, insomnia and anxiety.
- You will be given a prescription for pain medicine when you are discharged from the hospital. Take as directed on the prescription. **Do not drive, operate machinery or drink alcoholic beverages while taking this medication**
- You may have been given a prescription for muscle relaxants (to reduce spasms or tightness in your back). This medication may make you drowsy. **Do not drive, operate machinery or drink alcoholic beverages while taking this medication.**
- Medications will be refilled during normal business hours (8:30 am – 5:00 pm, Monday – Thursday and 8:30 am – 12:30 pm Friday) as the physician on call cannot renew prescriptions.

Activity

First Week:

- You may ride as a passenger in a car but avoid driving.
- Avoid excessive bending, lifting, twisting or pulling of the arms, legs and head.
- Walk around the house. You should be up and about for half of the day.
- Limit stair climbing to a couple of times per day, using the hand rail.
- Limit sitting to ½ hour at a time. Use straight back chair.
- Avoid house and yard work. You may cook but do not lift anything heavy.



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- No sexual activity
- You may shower but no tub baths. Pat incision dry, do not rub.
- Take a nap or at least rest in the morning and again in the afternoon.
- Try to sleep on a firm mattress.
- You may lie in any comfortable position. A small pillow, towel or lumbar roll might be helpful to keep your back straight.
- You will be given an exercise program at your first post-operative visit.

Second Week:

- Start short walks outside, 1 to 2 blocks, twice a day. You may increase this as tolerated. Do not overdo it!
- You may climb stairs as tolerated. Be very careful coming down.
- Continue to avoid excessive house work and yard work.
- Continue to refrain from sexual activity.
- Continue to shower, and stay out of the tub.
- You can drive short trips of 20 to 30 minutes duration, if it has not hurt you to ride as passenger. Move the seat close enough to the steering wheel so you can easily reach the pedals. A small pillow or towel behind your back may be helpful.

Third Week:

- Increase walking distance as tolerated.
- You may be up and about as tolerated.
- You may resume sexual activity.
- Begin light housework. Do not sweep or vacuum. Stop for frequent breaks. Use good body mechanics.
- You may bathe in tub, if desired.

Fourth Week:

- Gradually increase all activity as tolerated.
- Increase your walking distance to one mile a day, as tolerated.
- You may use hot tub or spa.

Follow-up Appointment

Your first post-op appointment should be 2 weeks following your discharge from the hospital. Please call early to get a convenient time.

Return to Work

Return to work varies with the type of occupation and will be discussed at your follow-up appointment.