

## What to expect after spinal surgery

- ◆ This will be different for each individual and each procedure
- ◆ Before surgery ask your surgeon and care team any questions that you have
- ◆ Keep mobile and do your exercises

Your recovery from surgery will depend on the procedure you have had. There is a huge range of operations that can be done on the spine ranging from a minimally invasive microdiscectomy through to a large spinal deformity correction. The former may involve discharge from hospital after only a few hours whereas the latter may involve a short stay in a high dependency unit, days of close monitoring and a long stay in hospital.

There are however a few general tenets that apply and most surgeons or members of the surgical team should provide you with adequate information before your operation – never be afraid to ask no matter how silly you think the question may be!

### Mobilisation

You can expect to be mobilised early after surgery. There is no reason for keeping a patient on bed rest unless there has been a leak of spinal fluid during the operation or another very rare problem. Your surgeon should tell you about any reasons for staying in bed longer than a day. Even after major surgery you can expect to be helped to move as soon as comfortable, and if possible on the first post-operative day.

### Wound Care

However the wound is closed, regardless of where or how long it is, it must be kept clean and dry until it has healed. Excessive bending or twisting may put undue stress on the wound and should be avoided until it has healed. The skin should heal within 10 days but the tissues inside can often take longer. It is a very personal thing and generally you will know your limitations!

### Physiotherapy

The evidence for immediate post-operative physiotherapy is not strong and probably should be arranged on an individual basis rather than for all patients. Good practice would be for the surgeon to discuss with the inpatient ward physiotherapist whether you would benefit from any advice on discharge and then to re-assess at the first follow up in the clinic. At this stage most patients are fully mobile and progressing well with exercises, but some may need formal physiotherapy input.

### Pain relief

Post operative pain relief is provided by administering local anaesthetic during surgery and as little oral medication as may be required afterwards. In more complex cases, a morphine pump may be used on patient demand or even an epidural for the first 48 hours. Once home, as a rule, painkillers can be tailed off as you wish at your own pace. Sometimes, if a nerve is inflamed it may be necessary to take an anti-inflammatory or an anti-nerve pain drug eg Gabapentin for a longer period and your surgeon will explain this to you.

## Bowels

These can go to sleep after spinal surgery due to the anaesthetic, lying on your front, the painkillers and lack of mobility. It may be necessary to build up from fluids through to soft diet and then solids in the unlikely event that a problem occurs. After major surgery you may be kept nil by mouth for a while.

## Driving

You can drive only when you feel safe. Could you stop your car in an emergency and have control? Pain, tiredness, weakness or fatigue may all impair driving skills after surgery.

## Work

This of course depends on occupation and surgery. Most patients will return to a sedentary occupation four to six weeks after decompressive surgery or discectomy, although it may be up to three months for heavier jobs. It is worth talking to your employer about phasing your return and about any specific areas of work you would need to avoid for a period, following advice from your health professionals.

## Relevant Information

BackCare factsheets: DWP and Access to Work, Beds, Exercises for a Better Back, BackCare for Drivers  
BackCare booklets: Should I have spinal surgery?, Basic BackCare, Back to Posture.