KELLY BRIDGES, MD
NEUROSURGERY

6140 W Curtisian Ave, Ste 400
Boise, Idaho 83704
Phone: (208) 327-5600
Fax: (208) 327-5602

# GENERAL DISCHARGE INSTRUCTIONS

**INCISION CARE**

- Wash your hands before, after, and any time you touch the dressing or area around your incision.
- Keep the large dressing on for 2 days after surgery. If the dressing become soiled/dirty, then replace it as needed to protect the incision. If there is no drainage after 2 days, you do not need to replace the dressing.
    - If your incision is rubbed by a brace or clothing, you may keep your incision covered with a dressing or gauze to provide some padding.
    - Ensure that your incision has an opportunity to get air by giving it time without a dressing.
- Keep the steri-strips in place. They will fall off over time. If the edges begin to lift up and become bothersome, you can trim the edges with clean scissors.
- If the incision becomes soiled/dirty, clean the incision with half strength hydrogen peroxide (Mix equal parts of water with hydrogen peroxide and dab onto the incision lightly to keep it clean). Do not scrub the incision nor pick at debris along the incision.
- It is okay to shower 3 days after surgery, allowing water to trickle over incision. Blot dry, but do not rub, the incision. Use mild soap and shampoo (ex: Johnson & Johnson Baby Shampoo).
    - If there is drainage from the incision, keep it covered with a clear dressing (ex: Press “n” Seal) when showering. Remove after showering, and redress with the dressings provided at discharge. Make sure your incision is dry before placing a new dressing.
- <u>Do NOT soak/submerge your incision</u> (no baths, saunas, hot tubs, or swimming pools) for 6 weeks.
- Your sutures are absorbable and may all be buried below the skin. They will dissolve over time. You will not need them removed.
- Keep your bed sheets clean. Please do not let pets sleep in the bed with you for the first 4-6 weeks, while your incision is healing.
- Wash your bed sheets at least weekly, and launder your clothes daily.
- Do not touch your incision nor scratch the area around the incision. Skin breakdown can increase the risk of developing an infection.
- You can apply ice packs to the incision site 20 minutes on, then 20 minutes off, as needed for comfort. Do not apply ice directly to any exposed skin.

**NUTRITION**

- Eat plenty of fruits and vegetables (increase fiber) to prevent constipation.
- Keep hydrated.

- Do not drink alcohol for 3 days after anesthesia nor any time you are taking narcotic pain medicine.
- You may experience some difficulty swallowing after surgery. Eat soft foods, and be cautious when drinking.

**MEDICATIONS**

- You should continue holding any medications that thin your blood (examples include warfarin, aspirin, naproxen/ibuprofen, fish oil, etc) for 2 weeks after surgery, unless your surgeon tells you otherwise.
- If you underwent a spine fusion (ex: hardware placed), you CANNOT take any Nonsteroidal Anti-inflammatory Drugs (NSAIDs) for at least 3 months after surgery. These inhibit bone healing and result in failed fusion. Examples of NSAIDs include naproxen, Aleve, Motrin, Ibuprofen, meloxicam, and indomethacin.
- You will be given a prescription for narcotic pain medication. Do not exceed the dose prescribed, as this can be fatal.
- Narcotic pain medicine can cause constipation. Please take stool softeners any time you are taking narcotic pain medicine. Do not wait until you become constipated. All medications are over-the-counter and can include:
    - Senna-Docusate twice daily (laxative/stool softener)
    - Miralax 17g once or twice daily
    - Milk of Magnesia and/or Magnesium Citrate as needed
- You may need to use a suppository (ex: Dulcolax or glycerin) or an enema if you have not had a bowel movement within 3 days.
- Pain medicine can cause nausea and vomiting. Take with food and use sparingly to avoid this.
- Add Tylenol for mild pain and discomfort. Follow the dosing instructions on the bottle, and do not exceed this amount, which can cause liver failure and be fatal.
- Gradually decrease your pain medications as your pain improves.
- Your neurosurgeon can prescribe refills to pain medicine, if appropriate, during the first 2 weeks after surgery. Following this, you will need all medication prescribed by your PCP or pain management physician with whom you have a pain contract.
- Lost or stolen medications CANNOT be refilled. Also, it is office policy that narcotics are NOT refilled during nights and weekends. Please contact your surgeon during regular business hours at least 2 days before running out of medication if you feel you will need a refill.

**ACTIVITY**

- Mobilize frequently!! This helps reduce blood clots in your legs and helps your bowel/bladder function return to normal after surgery. This also improves circulation to your wound and prevents muscle wasting from inactivity.
    - Start with light activity around the house for the first 3 days after returning home, taking short walks several times per day.
    - Allow your body time to heal by resting for short periods during the day
    - Increase your activity daily, and increase the time you are up each day.
    - Avoid contact sports, skating, bike riding or other similar activities for 12 weeks
    - Avoid lifting, pushing or pulling heavy objects (do not lift more than 10 lbs) for 12 weeks
    - Avoid bending over or twisting
    - Avoid sitting in soft chairs or slumping while you are sitting
    - Be sure to get up and move around. Stretch every 30 minutes while sitting.

- Your surgeon will likely order physical therapy following your 2-week post-operative visit.

**BRACING**

- You will be provided a brace/collar. Please wear this as instructed by your surgeon, as the instructions will be specific to you based on your surgical procedure.

**DRIVING**

- You should not drive for at least 3 days after having anesthesia.
- It is illegal to drive if you have any narcotics in your system. Please wait at least 24 hours after taking any narcotics before attempting driving.

**RETURN TO WORK**

- Your return to work will depend on your recovery and the type of work you do. You must discuss this with your surgeon before returning to work.

**FOLLOW UP**

- You will need to follow up with your neurosurgeon approximately 2 weeks after surgery. This appointment may already have been scheduled. If not, please call the office to schedule.
- Follow up with your primary care physician for all medical issues.
- You are advised, for your own safety, to have somebody with you for at least the first 24 hours after surgery.

**CALL**

- **For a medical emergency, please call 911.** This includes things such as chest pain, difficulty breathing, confusion, sudden onset weakness, difficulty speaking, etc.
- **Call your doctor or go to the emergency room if you experience any of the following:**

- Excessive bleeding (slow general oozing that completely saturates the dressing or bright red bleeding)
- Incision comes apart
- Redness, swelling, odor or drainage at your incision site
- Fever above 101 ° F that lasts longer than 6-8 hours
- Constipation – no bowel movements for more than 3 days
- Persistent nausea and/or vomiting
- New weakness in your arms or legs
- Difficulty feeling your legs
- Difficulty walking
- Pain that is not well controlled with your pain medications
- Loss of bowel or bladder control (including difficulty or inability to urinate)
- Headaches in an upright position which resolve with lying down

KELLY BRIDGES, MD
NEUROSURGERY

6140 W Curtisian Ave, Ste 400
Boise, Idaho 83704
Phone: (208) 327-5600
Fax: (208) 327-5602

# DISCHARGE INSTRUCTIONS - CERVICAL SPINE FUSION

**KELLY BRIDGES, MD**
**NEUROLOGICAL SURGERY**

## INCISION CARE

- Wash your hands before, after, and any time you touch the dressing or area around your incision.
- Keep the large dressing on for 2 days after surgery. If the dressing become soiled/dirty, then replace it as needed to protect the incision. If there is no drainage after 2 days, you do not need to replace the dressing.
    - If your incision is rubbed by a brace or clothing, you may keep your incision covered with a dressing or gauze to provide some padding.
    - Ensure that your incision has an opportunity to get air by giving it time without a dressing.
- Keep the steri-strips in place. They will fall off over time. If the edges begin to lift up and become bothersome, you can trim the edges with clean scissors.
- If the incision becomes soiled/dirty, clean the incision with half strength hydrogen peroxide (Mix equal parts of water with hydrogen peroxide and dab onto the incision lightly to keep it clean). Do not scrub the incision nor pick at debris along the incision.
- It is okay to shower 3 days after surgery, allowing water to trickle over incision. Blot dry, but do not rub, the incision. Use mild soap and shampoo (ex: Johnson & Johnson Baby Shampoo).
    - If there is drainage from the incision, keep it covered with a clear dressing (ex: Press “n” Seal) when showering. Remove after showering, and redress with the dressings provided at discharge. Make sure your incision is dry before placing a new dressing.
- <u>Do NOT soak/submerge your incision</u> (no baths, saunas, hot tubs, or swimming pools) for 6 weeks.
- Your sutures are absorbable and may all be buried below the skin. They will dissolve over time. You will not need them removed.
- If staples were placed, these will be removed at your two-week post-operative visit.
- Keep your bed sheets clean. Please do not let pets sleep in the bed with you for the first 4-6 weeks, while your incision is healing.
- Wash your bed sheets at least weekly, and launder your clothes daily.
- Do not touch your incision nor scratch the area around the incision. Skin breakdown can increase the risk of developing an infection.
- You can apply ice packs to the incision site 20 minutes on, then 20 minutes off, as needed for comfort. Do not apply ice directly to any exposed skin.

## NUTRITION

- Eat plenty of fruits and vegetables (increase fiber) to prevent constipation.
- Keep hydrated.
- Do not drink alcohol for 3 days after anesthesia nor any time you are taking narcotic pain medicine.

- You may experience some difficulty swallowing after surgery. Eat soft foods, such as shakes, soup, pasta, soft vegetables, meats, and breads. Be cautious when drinking - warm liquids are usually easiest to swallow after surgery.
- A sore throat and softer voice is common for a month after surgery, but you should be able to swallow food without difficulty and not choke or cough while eating or drinking.

**MEDICATIONS**

- You should continue holding any medications that thin your blood (examples include warfarin, aspirin, naproxen/ibuprofen, fish oil, etc) for 2 weeks after surgery, unless your surgeon tells you otherwise.
- You CANNOT take any Nonsteroidal Anti-inflammatory Drugs (NSAIDs) for at least 3 months after surgery. These inhibit bone healing and result in failed fusion. Examples of NSAIDs include naproxen, Aleve, Motrin, Ibuprofen, meloxicam, and indomethacin.
- You will be given a prescription for narcotic pain medication. Do not exceed the dose prescribed, as this can be fatal.
- Narcotic pain medicine can cause constipation. Please take stool softeners any time you are taking narcotic pain medicine. Do not wait until you become constipated. All medications are over-the-counter and can include:
    - Senna-Docusate twice daily (laxative/stool softener)
    - Miralax 17g once or twice daily
    - Milk of Magnesia and/or Magnesium Citrate as needed
    - You may need to use a suppository (ex: Dulcolax or glycerin) or an enema if you have not had a bowel movement within 3 days.
- Pain medicine can cause nausea and vomiting. Take with food and use sparingly to avoid this.
- Add Tylenol for mild pain and discomfort. Follow the dosing instructions on the bottle, and do not exceed this amount, which can cause liver failure and be fatal.
- Gradually decrease your pain medications as your pain improves.
- Your neurosurgeon can prescribe refills to pain medicine, if appropriate, during the first 2 weeks after surgery. Following this, you will need all medication prescribed by your PCP or pain management physician with whom you have a pain contract.
- Lost or stolen medications CANNOT be refilled. Also, it is office policy that narcotics are NOT refilled during nights and weekends. Please contact your surgeon during regular business hours at least 2 days before running out of medication if you feel you will need a refill.

**ACTIVITY**

- <u>Mobilize frequently</u>!! This helps reduce blood clots in your legs and helps your bowel/bladder function return to normal after surgery. This also improves circulation to your wound and prevents muscle wasting from inactivity.

- Start with light activity around the house for the first 3 days after returning home, taking short walks several times per day.
- Allow your body time to heal by resting for short periods during the day
- Increase your activity daily, and increase the time you are up each day.
- Avoid contact sports, skating, bike riding or other similar activities for 12 weeks
- Avoid lifting, pushing or pulling heavy objects (do not lift more than 10 lbs over your head) for 12 weeks
- Avoid bending over or twisting
- Avoid sitting in soft chairs or slumping while you are sitting
- Be sure to get up and move around. Stretch every 30 minutes while sitting.

- Your surgeon will likely order physical therapy following your 2-week post-operative visit.

**BRACING**

- Your surgeon may provide you a brace, including both a hard collar and soft collar. Please wear this as instructed by your surgeon, as the instructions will be specific to you based on your surgical procedure.
  - In most instances, for the first 2 weeks after surgery, you will wear your hard collar for the majority of the day and when sleeping. You may remove the brace for short periods of time when resting and when showering.
  - There are some instances when the brace must be worn at all times, even when showering, and your surgeon will advise you of this.
  - You cannot drive while wearing the hard or soft collars.

**DRIVING**

- You should not drive for at least 3 days after having anesthesia.
- It is illegal to drive if you have any narcotics in your system. Please wait at least 24 hours after taking any narcotics before attempting driving.

**RETURN TO WORK**

- Your return to work will depend on your recovery and the type of work you do. You must discuss this with your surgeon before returning to work.

**FOLLOW UP**

- You will need to follow up with your neurosurgeon approximately 2 weeks after surgery. This appointment may already have been scheduled. If not, please call the office to schedule.
- Follow up with your primary care physician for all medical issues.
- You are advised, for your own safety, to have somebody with you for at least the first 24 hours after surgery.

**CALL**

- **For a medical emergency, please call 911.** This includes things such as chest pain, difficulty breathing, confusion, sudden onset weakness, difficulty speaking, etc.
- **Call your doctor or go to the emergency room if you experience any of the following:**
    - Excessive bleeding (slow general oozing that completely saturates the dressing or bright red bleeding)
    - Incision comes apart
    - Redness, swelling, odor or drainage at your incision site
    - Fever above 101 ° F that lasts longer than 6-8 hours
    - Constipation – no bowel movements for more than 3 days
    - Persistent nausea and/or vomiting
    - New weakness in your arms or legs
    - Difficulty feeling your legs
    - Difficulty walking
    - Pain that is not well controlled with your pain medications
    - Loss of bowel or bladder control (including difficulty or inability to urinate)
    - Headaches in an upright position which resolve with lying down

KELLY BRIDGES, MD
NEUROSURGERY

6140 W Curtisian Ave, Ste 400
Boise, Idaho 83704
Phone: (208) 327-5600
Fax: (208) 327-5602

# DISCHARGE INSTRUCTIONS - CERVICAL LAMINECTOMY

**KELLY BRIDGES, MD**
**NEUROLOGICAL SURGERY**

## INCISION CARE

- Wash your hands before, after, and any time you touch the dressing or area around your incision.
- Keep the large dressing on for 2 days after surgery. If the dressing become soiled/dirty, then replace it as needed to protect the incision. If there is no drainage after 2 days, you do not need to replace the dressing.
    - If your incision is rubbed by a brace or clothing, you may keep your incision covered with a dressing or gauze to provide some padding.
    - Ensure that your incision has an opportunity to get air by giving it time without a dressing.
- Keep the steri-strips in place. They will fall off over time. If the edges begin to lift up and become bothersome, you can trim the edges with clean scissors.
- If the incision becomes soiled/dirty, clean the incision with half strength hydrogen peroxide (Mix equal parts of water with hydrogen peroxide and dab onto the incision lightly to keep it clean). Do not scrub the incision nor pick at debris along the incision.
- It is okay to shower 3 days after surgery, allowing water to trickle over incision. Blot dry, but do not rub, the incision. Use mild soap and shampoo (ex: Johnson & Johnson Baby Shampoo).
    - If there is drainage from the incision, keep it covered with a clear dressing (ex: Press “n” Seal) when showering. Remove after showering, and redress with the dressings provided at discharge. Make sure your incision is dry before placing a new dressing.
- <u>Do NOT soak/submerge your incision</u> (no baths, saunas, hot tubs, or swimming pools) for 6 weeks.
- Your sutures are absorbable and may all be buried below the skin. They will dissolve over time. You will not need them removed.
- If staples were placed, these will be removed at your two-week post-operative visit.
- Keep your bed sheets clean. Please do not let pets sleep in the bed with you for the first 4-6 weeks, while your incision is healing.
- Wash your bed sheets at least weekly, and launder your clothes daily.
- Do not touch your incision nor scratch the area around the incision. Skin breakdown can increase the risk of developing an infection.
- You can apply ice packs to the incision site 20 minutes on, then 20 minutes off, as needed for comfort. Do not apply ice directly to any exposed skin.

## NUTRITION

- Eat plenty of fruits and vegetables (increase fiber) to prevent constipation.
- Keep hydrated.
- Do not drink alcohol for 3 days after anesthesia nor any time you are taking narcotic pain medicine.
- You may experience some difficulty swallowing after surgery. Eat soft foods, and be cautious when drinking.

**MEDICATIONS**

- You should continue holding any medications that thin your blood (examples include warfarin, aspirin, naproxen/ibuprofen, fish oil, etc) for 2 weeks after surgery, unless your surgeon tells you otherwise.
- If you underwent a spine fusion (ex: hardware placed), you CANNOT take any Nonsteroidal Anti-inflammatory Drugs (NSAIDs) for at least 3 months after surgery. These inhibit bone healing and result in failed fusion. Examples of NSAIDs include naproxen, Aleve, Motrin, Ibuprofen, meloxicam, and indomethacin.
- You will be given a prescription for narcotic pain medication. Do not exceed the dose prescribed, as this can be fatal.
- Narcotic pain medicine can cause constipation. Please take stool softeners any time you are taking narcotic pain medicine. Do not wait until you become constipated. All medications are over-the-counter and can include:
    - Senna-Docusate twice daily (laxative/stool softener)
    - Miralax 17g once or twice daily
    - Milk of Magnesia and/or Magnesium Citrate as needed
    - You may need to use a suppository (ex: Dulcolax or glycerin) or an enema if you have not had a bowel movement within 3 days.
- Pain medicine can cause nausea and vomiting. Take with food and use sparingly to avoid this.
- Add Tylenol for mild pain and discomfort. Follow the dosing instructions on the bottle, and do not exceed this amount, which can cause liver failure and be fatal.
- Gradually decrease your pain medications as your pain improves.
- Your neurosurgeon can prescribe refills to pain medicine, if appropriate, during the first 2 weeks after surgery. Following this, you will need all medication prescribed by your PCP or pain management physician with whom you have a pain contract.
- Lost or stolen medications CANNOT be refilled. Also, it is office policy that narcotics are NOT refilled during nights and weekends. Please contact your surgeon during regular business hours at least 2 days before running out of medication if you feel you will need a refill.

**ACTIVITY**

- <u>Mobilize frequently</u>!! This helps reduce blood clots in your legs and helps your bowel/bladder function return to normal after surgery. This also improves circulation to your wound and prevents muscle wasting from inactivity.
    - Start with light activity around the house for the first 3 days after returning home, taking short walks several times per day.
    - Allow your body time to heal by resting for short periods during the day
    - Increase your activity daily, and increase the time you are up each day.
    - Avoid contact sports, skating, bike riding or other similar activities for 12 weeks

- Avoid lifting, pushing or pulling heavy objects (do not lift more than 10 lbs over your head) for 12 weeks
- Avoid bending over or twisting
- Avoid sitting in soft chairs or slumping while you are sitting
- Be sure to get up and move around. Stretch every 30 minutes while sitting.

- Your surgeon will likely order physical therapy following your 2-week post-operative visit.

**BRACING**

- Your surgeon may provide you a brace, including both a hard collar and soft collar. Please wear this as instructed by your surgeon, as the instructions will be specific to you based on your surgical procedure.
    - In most instances, for the first 2 weeks after surgery, you will wear your hard collar for the majority of the day and when sleeping. You may remove the brace for short periods of time when resting and when showering.
    - There are some instances when the brace must be worn at all times, even when showering, and your surgeon will advise you of this.
    - You cannot drive while wearing the hard or soft collars.

**DRIVING**

- You should not drive for at least 3 days after having anesthesia.
- It is illegal to drive if you have any narcotics in your system. Please wait at least 24 hours after taking any narcotics before attempting driving.

**RETURN TO WORK**

- Your return to work will depend on your recovery and the type of work you do. You must discuss this with your surgeon before returning to work.

**FOLLOW UP**

- You will need to follow up with your neurosurgeon approximately 2 weeks after surgery. This appointment may already have been scheduled. If not, please call the office to schedule.
- Follow up with your primary care physician for all medical issues.
- You are advised, for your own safety, to have somebody with you for at least the first 24 hours after surgery.

**CALL**

- **For a medical emergency, please call 911.** This includes things such as chest pain, difficulty breathing, confusion, sudden onset weakness, difficulty speaking, etc.
- **Call your doctor or go to the emergency room if you experience any of the following:**
    - Excessive bleeding (slow general oozing that completely saturates the dressing or bright red bleeding)

- Incision comes apart
- Redness, swelling, odor or drainage at your incision site
- Fever above 101 ° F that lasts longer than 6-8 hours
- Constipation – no bowel movements for more than 3 days
- Persistent nausea and/or vomiting
- New weakness in your arms or legs
- Difficulty feeling your legs
- Difficulty walking
- Pain that is not well controlled with your pain medications
- Loss of bowel or bladder control (including difficulty or inability to urinate)
- Headaches in an upright position which resolve with lying down

KELLY BRIDGES, MD
NEUROSURGERY

6140 W Curtisian Ave, Ste 400
Boise, Idaho 83704
Phone: (208) 327-5600
Fax: (208) 327-5602

# DISCHARGE INSTRUCTIONS – LUMBAR LAMINECTOMY

**KELLY BRIDGES, MD**
**NEUROLOGICAL SURGERY**

## INCISION CARE

- Wash your hands before, after, and any time you touch the dressing or area around your incision.
- Keep the large dressing on for 2 days after surgery. If the dressing become soiled/dirty, then replace it as needed to protect the incision. If there is no drainage after 2 days, you do not need to replace the dressing.
    - If your incision is rubbed by a brace or clothing, you may keep your incision covered with a dressing or gauze to provide some padding.
    - Ensure that your incision has an opportunity to get air by giving it time without a dressing.
- Keep the steri-strips in place. They will fall off over time. If the edges begin to lift up and become bothersome, you can trim the edges with clean scissors.
- If the incision becomes soiled/dirty, clean the incision with half strength hydrogen peroxide (Mix equal parts of water with hydrogen peroxide and dab onto the incision lightly to keep it clean). Do not scrub the incision nor pick at debris along the incision.
- It is okay to shower 3 days after surgery, allowing water to trickle over incision. Blot dry, but do not rub, the incision. Use mild soap and shampoo (ex: Johnson & Johnson Baby Shampoo).
    - If there is drainage from the incision, keep it covered with a clear dressing (ex: Press "n" Seal) when showering. Remove after showering, and redress with the dressings provided at discharge. Make sure your incision is dry before placing a new dressing.
- <u>Do NOT soak/submerge your incision</u> (no baths, saunas, hot tubs, or swimming pools) for 6 weeks.
- Your sutures are absorbable and may all be buried below the skin. They will dissolve over time. You will not need them removed.
- Keep your bed sheets clean. Please do not let pets sleep in the bed with you for the first 6 weeks, while your incision is healing.
- Wash your bed sheets at least weekly, and launder your clothes daily.
- Do not touch your incision nor scratch the area around the incision. Skin breakdown can increase the risk of developing an infection.
- You can apply ice packs to the incision site 20 minutes on, then 20 minutes off, as needed for comfort. Do not apply ice directly to any exposed skin.

## NUTRITION

- Eat plenty of fruits and vegetables (increase fiber) to prevent constipation.
- Keep hydrated.
- Do not drink alcohol for 3 days after anesthesia nor any time you are taking narcotic pain medicine.
- You may experience some difficulty swallowing after surgery. Eat soft foods, and be cautious when drinking.

**MEDICATIONS**

- You should continue holding any medications that thin your blood (examples include warfarin, aspirin, naproxen/ibuprofen, fish oil, etc) for 2 weeks after surgery, unless your surgeon tells you otherwise.
- If you underwent a spine fusion (ex: hardware placed), you CANNOT take any Nonsteroidal Anti-inflammatory Drugs (NSAIDs) for at least 3 months after surgery. These inhibit bone healing and result in failed fusion. Examples of NSAIDs include naproxen, Aleve, Motrin, Ibuprofen, meloxicam, and indomethacin.
- You will be given a prescription for narcotic pain medication. Do not exceed the dose prescribed, as this can be fatal.
- Narcotic pain medicine can cause constipation. Please take stool softeners any time you are taking narcotic pain medicine. Do not wait until you become constipated. All medications are over-the-counter and can include:
    - Senna-Docusate twice daily (laxative/stool softener)
    - Miralax 17g once or twice daily
    - Milk of Magnesia and/or Magnesium Citrate as needed
    - You may need to use a suppository (ex: Dulcolax or glycerin) or an enema if you have not had a bowel movement within 3 days.
- Pain medicine can cause nausea and vomiting. Take with food and use sparingly to avoid this.
- Add Tylenol for mild pain and discomfort. Follow the dosing instructions on the bottle, and do not exceed this amount, which can cause liver failure and be fatal.
- Gradually decrease your pain medications as your pain improves.
- Your neurosurgeon can prescribe refills to pain medicine, if appropriate, during the first 2 weeks after surgery. Following this, you will need all medication prescribed by your PCP or pain management physician with whom you have a pain contract.
- Lost or stolen medications CANNOT be refilled. Also, it is office policy that narcotics are NOT refilled during nights and weekends. Please contact your surgeon during regular business hours at least 2 days before running out of medication if you feel you will need a refill.

**ACTIVITY**

- <u>Mobilize frequently</u>!! This helps reduce blood clots in your legs and helps your bowel/bladder function return to normal after surgery. This also improves circulation to your wound and prevents muscle wasting from inactivity.
    - Start with light activity around the house for the first 3 days after returning home, taking short walks several times per day.
    - Allow your body time to heal by resting for short periods during the day
    - Increase your activity daily, and increase the time you are up each day.

- Avoid contact sports, skating, bike riding or other similar activities for 12 weeks
- Avoid lifting, pushing or pulling heavy objects (do not lift more than 10 lbs) for 12 weeks
- Avoid bending over or twisting. If absolutely necessary, reach down for objects by bending at the knees.
- Avoid sitting in soft chairs or slumping while you are sitting
- Be sure to get up and move around. Sit no longer than 15-20 minutes at a time. Sitting puts pressure on your back. Stretch every 30 minutes while sitting.

- Your surgeon will likely order physical therapy following your 2-week post-operative visit.

**SLEEPING**

- Do not sleep on our stomach. Use pillows to support under your knees if lying on your back or between your knees when lying on your side.
- Do not rise from the bed by bending your waist upwards. Log roll to your side, lower legs off the bed, and push up on your elbows/arms in a smooth motion.

**BRACING**

- Your surgeon may provide you a brace. Please wear this as instructed by your surgeon, as the instructions will be specific to you based on your surgical procedure.
  - In most instances, you will wear your brace whenever you are out of bed. You can don and doff the brace at the edge of your bed then go about your day.

**DRIVING**

- You should not drive for at least 3 days after having anesthesia.
- It is illegal to drive if you have any narcotics in your system. Please wait at least 24 hours after taking any narcotics before attempting driving.

**RETURN TO WORK**

- Your return to work will depend on your recovery and the type of work you do. You must discuss this with your surgeon before returning to work.

**FOLLOW UP**

- You will need to follow up with your neurosurgeon approximately 2 weeks after surgery. This appointment may already have been scheduled. If not, please call the office to schedule.
- Follow up with your primary care physician for all medical issues.
- You are advised, for your own safety, to have somebody with you for at least the first 24 hours after surgery.

**CALL**

- **For a medical emergency, please call 911.** This includes things such as chest pain, difficulty breathing, confusion, sudden onset weakness, difficulty speaking, etc.
- **Call your doctor or go to the emergency room if you experience any of the following:**
  - Excessive bleeding (slow general oozing that completely saturates the dressing or bright red bleeding)

- Incision comes apart
- Redness, swelling, odor or drainage at your incision site
- Fever above 101 ° F that lasts longer than 6-8 hours
- Constipation – no bowel movements for more than 3 days
- Persistent nausea and/or vomiting
- New weakness in your arms or legs
- Difficulty feeling your legs
- Difficulty walking
- Pain that is not well controlled with your pain medications
- Loss of bowel or bladder control (including difficulty or inability to urinate)
- Headaches in an upright position which resolve with lying down

KELLY BRIDGES, MD
NEUROSURGERY

6140 W Curtisian Ave, Ste 400
Boise, Idaho 83704
Phone: (208) 327-5600
Fax: (208) 327-5602

# DISCHARGE INSTRUCTIONS – LUMBAR FUSION

**KELLY BRIDGES, MD**
**NEUROLOGICAL SURGERY**

## INCISION CARE

- Wash your hands before, after, and any time you touch the dressing or area around your incision.
- Keep the large dressing on for 2 days after surgery. If the dressing become soiled/dirty, then replace it as needed to protect the incision. If there is no drainage after 2 days, you do not need to replace the dressing.
    - If your incision is rubbed by a brace or clothing, you may keep your incision covered with a dressing or gauze to provide some padding.
    - Ensure that your incision has an opportunity to get air by giving it time without a dressing.
- Keep the steri-strips in place. They will fall off over time. If the edges begin to lift up and become bothersome, you can trim the edges with clean scissors.
- If the incision becomes soiled/dirty, clean the incision with half strength hydrogen peroxide (Mix equal parts of water with hydrogen peroxide and dab onto the incision lightly to keep it clean). Do not scrub the incision nor pick at debris along the incision.
- It is okay to shower 3 days after surgery, allowing water to trickle over incision. Blot dry, but do not rub, the incision. Use mild soap and shampoo (ex: Johnson & Johnson Baby Shampoo).
    - If there is drainage from the incision, keep it covered with a clear dressing (ex: Press "n" Seal) when showering. Remove after showering, and redress with the dressings provided at discharge. Make sure your incision is dry before placing a new dressing.
- <u>Do NOT soak/submerge your incision</u> (no baths, saunas, hot tubs, or swimming pools) for 6 weeks.
- Your sutures are absorbable and may all be buried below the skin. They will dissolve over time. You will not need them removed.
- Keep your bed sheets clean. Please do not let pets sleep in the bed with you for the first 4-6 weeks, while your incision is healing.
- Wash your bed sheets at least weekly, and launder your clothes daily.
- Do not touch your incision nor scratch the area around the incision. Skin breakdown can increase the risk of developing an infection.
- You can apply ice packs to the incision site 20 minutes on, then 20 minutes off, as needed for comfort. Do not apply ice directly to any exposed skin.

## NUTRITION

- Eat plenty of fruits and vegetables (increase fiber) to prevent constipation.
- Keep hydrated.
- Do not drink alcohol for 3 days after anesthesia nor any time you are taking narcotic pain medicine.
- You may experience some difficulty swallowing after surgery. Eat soft foods, and be cautious when drinking.

**MEDICATIONS**

- You should continue holding any medications that thin your blood (examples include warfarin, aspirin, naproxen/ibuprofen, fish oil, etc) for 2 weeks after surgery, unless your surgeon tells you otherwise.
- You CANNOT take any Nonsteroidal Anti-inflammatory Drugs (NSAIDs) for at least 3 months after surgery. These inhibit bone healing and result in failed fusion. Examples of NSAIDs include naproxen, Aleve, Motrin, Ibuprofen, meloxicam, and indomethacin.
- You will be given a prescription for narcotic pain medication. Do not exceed the dose prescribed, as this can be fatal.
- Narcotic pain medicine can cause constipation. Please take stool softeners any time you are taking narcotic pain medicine. Do not wait until you become constipated. All medications are over-the-counter and can include:
    - Senna-Docusate twice daily (laxative/stool softener)
    - Miralax 17g once or twice daily
    - Milk of Magnesia and/or Magnesium Citrate as needed
    - You may need to use a suppository (ex: Dulcolax or glycerin) or an enema if you have not had a bowel movement within 3 days.
- Pain medicine can cause nausea and vomiting. Take with food and use sparingly to avoid this.
- Add Tylenol for mild pain and discomfort. Follow the dosing instructions on the bottle, and do not exceed this amount, which can cause liver failure and be fatal.
- Gradually decrease your pain medications as your pain improves.
- Your neurosurgeon can prescribe refills to pain medicine, if appropriate, during the first 2 weeks after surgery. Following this, you will need all medication prescribed by your PCP or pain management physician with whom you have a pain contract.
- Lost or stolen medications CANNOT be refilled. Also, it is office policy that narcotics are NOT refilled during nights and weekends. Please contact your surgeon during regular business hours at least 2 days before running out of medication if you feel you will need a refill.

**ACTIVITY**

- <u>Mobilize frequently</u>!! This helps reduce blood clots in your legs and helps your bowel/bladder function return to normal after surgery. This also improves circulation to your wound and prevents muscle wasting from inactivity.
    - Start with light activity around the house for the first 3 days after returning home, taking short walks several times per day.
    - Allow your body time to heal by resting for short periods during the day
    - Increase your activity daily, and increase the time you are up each day.

- Avoid contact sports, skating, bike riding or other similar activities for 12 weeks
- Avoid lifting, pushing or pulling heavy objects (do not lift more than 10 lbs) for 12 weeks
- Avoid bending over or twisting. If absolutely necessary, reach down for objects by bending at the knees.
- Avoid sitting in soft chairs or slumping while you are sitting
- Be sure to get up and move around. Sit no longer than 15-20 minutes at a time. Sitting puts pressure on your back. Stretch every 30 minutes while sitting.

- Your surgeon will likely order physical therapy following your 2-week post-operative visit.

**SLEEPING**

- Do not sleep on our stomach. Use pillows to support under your knees if lying on your back or between your knees when lying on your side.
- Do not rise from the bed by bending your waist upwards. Log roll to your side, lower legs off the bed, and push up on your elbows/arms in a smooth motion.

**BRACING**

- Your surgeon may provide you a brace. Please wear this as instructed by your surgeon, as the instructions will be specific to you based on your surgical procedure.
    - In most instances, you will wear your brace whenever you are out of bed. You can don and doff the brace at the edge of your bed then go about your day.

**DRIVING**

- You should not drive for at least 3 days after having anesthesia.
- It is illegal to drive if you have any narcotics in your system. Please wait at least 24 hours after taking any narcotics before attempting driving.

**RETURN TO WORK**

- Your return to work will depend on your recovery and the type of work you do. You must discuss this with your surgeon before returning to work.

**FOLLOW UP**

- You will need to follow up with your neurosurgeon approximately 2 weeks after surgery. This appointment may already have been scheduled. If not, please call the office to schedule.
- Follow up with your primary care physician for all medical issues.
- You are advised, for your own safety, to have somebody with you for at least the first 24 hours after surgery.

**CALL**

- **For a medical emergency, please call 911.** This includes things such as chest pain, difficulty breathing, confusion, sudden onset weakness, difficulty speaking, etc.
- **Call your doctor or go to the emergency room if you experience any of the following:**

- Excessive bleeding (slow general oozing that completely saturates the dressing or bright red bleeding)
- Incision comes apart
- Redness, swelling, odor or drainage at your incision site
- Fever above 101 ° F that lasts longer than 6-8 hours
- Constipation – no bowel movements for more than 3 days
- Persistent nausea and/or vomiting
- New weakness in your arms or legs
- Difficulty feeling your legs
- Difficulty walking
- Pain that is not well controlled with your pain medications
- Loss of bowel or bladder control (including difficulty or inability to urinate)
- Headaches in an upright position which resolve with lying down

KELLY BRIDGES, MD
NEUROSURGERY

6140 W Curtisian Ave, Ste 400
Boise, Idaho 83704
Phone: (208) 327-5600
Fax: (208) 327-5602

# DISCHARGE INSTRUCTIONS – LUMBAR DISCECTOMY

**KELLY BRIDGES, MD**
**NEUROLOGICAL SURGERY**

## INCISION CARE

- Wash your hands before, after, and any time you touch the dressing or area around your incision.
- Keep the large dressing on for 2 days after surgery. If the dressing become soiled/dirty, then replace it as needed to protect the incision. If there is no drainage after 2 days, you do not need to replace the dressing.
    - If your incision is rubbed by a brace or clothing, you may keep your incision covered with a dressing or gauze to provide some padding.
    - Ensure that your incision has an opportunity to get air by giving it time without a dressing.
- Keep the steri-strips in place. They will fall off over time. If the edges begin to lift up and become bothersome, you can trim the edges with clean scissors.
- If the incision becomes soiled/dirty, clean the incision with half strength hydrogen peroxide (Mix equal parts of water with hydrogen peroxide and dab onto the incision lightly to keep it clean). Do not scrub the incision nor pick at debris along the incision.
- It is okay to shower 3 days after surgery, allowing water to trickle over incision. Blot dry, but do not rub, the incision. Use mild soap and shampoo (ex: Johnson & Johnson Baby Shampoo).
    - If there is drainage from the incision, keep it covered with a clear dressing (ex: Press "n" Seal) when showering. Remove after showering, and redress with the dressings provided at discharge. Make sure your incision is dry before placing a new dressing.
- <u>Do NOT soak/submerge your incision</u> (no baths, saunas, hot tubs, or swimming pools) for 6 weeks.
- Your sutures are absorbable and may all be buried below the skin. They will dissolve over time. You will not need them removed.
- Keep your bed sheets clean. Please do not let pets sleep in the bed with you for the first 4-6 weeks, while your incision is healing.
- Wash your bed sheets at least weekly, and launder your clothes daily.
- Do not touch your incision nor scratch the area around the incision. Skin breakdown can increase the risk of developing an infection.
- You can apply ice packs to the incision site 20 minutes on, then 20 minutes off, as needed for comfort. Do not apply ice directly to any exposed skin.

## NUTRITION

- Eat plenty of fruits and vegetables (increase fiber) to prevent constipation.
- Keep hydrated.
- Do not drink alcohol for 3 days after anesthesia nor any time you are taking narcotic pain medicine.
- You may experience some difficulty swallowing after surgery. Eat soft foods, and be cautious when drinking.

**MEDICATIONS**

- You should continue holding any medications that thin your blood (examples include warfarin, aspirin, naproxen/ibuprofen, fish oil, etc) for 2 weeks after surgery, unless your surgeon tells you otherwise.
- If you underwent a spine fusion (ex: hardware placed), you CANNOT take any Nonsteroidal Anti-inflammatory Drugs (NSAIDs) for at least 3 months after surgery. These inhibit bone healing and result in failed fusion. Examples of NSAIDs include naproxen, Aleve, Motrin, Ibuprofen, meloxicam, and indomethacin.
- You will be given a prescription for narcotic pain medication. Do not exceed the dose prescribed, as this can be fatal.
- Narcotic pain medicine can cause constipation. Please take stool softeners any time you are taking narcotic pain medicine. Do not wait until you become constipated. All medications are over-the-counter and can include:
    - Senna-Docusate twice daily (laxative/stool softener)
    - Miralax 17g once or twice daily
    - Milk of Magnesia and/or Magnesium Citrate as needed
    - You may need to use a suppository (ex: Dulcolax or glycerin) or an enema if you have not had a bowel movement within 3 days.
- Pain medicine can cause nausea and vomiting. Take with food and use sparingly to avoid this.
- Add Tylenol for mild pain and discomfort. Follow the dosing instructions on the bottle, and do not exceed this amount, which can cause liver failure and be fatal.
- Gradually decrease your pain medications as your pain improves.
- Your neurosurgeon can prescribe refills to pain medicine, if appropriate, during the first 2 weeks after surgery. Following this, you will need all medication prescribed by your PCP or pain management physician with whom you have a pain contract.
- Lost or stolen medications CANNOT be refilled. Also, it is office policy that narcotics are NOT refilled during nights and weekends. Please contact your surgeon during regular business hours at least 2 days before running out of medication if you feel you will need a refill.

**ACTIVITY**

- <u>Mobilize frequently</u>!! This helps reduce blood clots in your legs and helps your bowel/bladder function return to normal after surgery. This also improves circulation to your wound and prevents muscle wasting from inactivity.
    - Start with light activity around the house for the first 3 days after returning home, taking short walks several times per day.
    - Allow your body time to heal by resting for short periods during the day
    - Increase your activity daily, and increase the time you are up each day.

- Avoid contact sports, skating, bike riding or other similar activities for 12 weeks
- Avoid lifting, pushing or pulling heavy objects (do not lift more than 10 lbs) for 12 weeks
- Avoid bending over or twisting. If absolutely necessary, reach down for objects by bending at the knees.
- Avoid sitting in soft chairs or slumping while you are sitting
- Be sure to get up and move around. Sit no longer than 15-20 minutes at a time. Sitting puts pressure on your back. Stretch every 30 minutes while sitting.

- Your surgeon will likely order physical therapy following your 2-week post-operative visit.

**SLEEPING**

- Do not sleep on our stomach. Use pillows to support under your knees if lying on your back or between your knees when lying on your side.
- Do not rise from the bed by bending your waist upwards. Log roll to your side, lower legs off the bed, and push up on your elbows/arms in a smooth motion.

**BRACING**

- Your surgeon may provide you a brace. Please wear this as instructed by your surgeon, as the instructions will be specific to you based on your surgical procedure.
  - In most instances, you will wear your brace whenever you are out of bed. You can don and doff the brace at the edge of your bed then go about your day.

**DRIVING**

- You should not drive for at least 3 days after having anesthesia.
- It is illegal to drive if you have any narcotics in your system. Please wait at least 24 hours after taking any narcotics before attempting driving.

**RETURN TO WORK**

- Your return to work will depend on your recovery and the type of work you do. You must discuss this with your surgeon before returning to work.

**FOLLOW UP**

- You will need to follow up with your neurosurgeon approximately 2 weeks after surgery. This appointment may already have been scheduled. If not, please call the office to schedule.
- Follow up with your primary care physician for all medical issues.
- You are advised, for your own safety, to have somebody with you for at least the first 24 hours after surgery.

**CALL**

- **For a medical emergency, please call 911.** This includes things such as chest pain, difficulty breathing, confusion, sudden onset weakness, difficulty speaking, etc.
- **Call your doctor or go to the emergency room if you experience any of the following:**
  - Excessive bleeding (slow general oozing that completely saturates the dressing or bright red bleeding)

- Incision comes apart
- Redness, swelling, odor or drainage at your incision site
- Fever above 101 ° F that lasts longer than 6-8 hours
- Constipation – no bowel movements for more than 3 days
- Persistent nausea and/or vomiting
- New weakness in your arms or legs
- Difficulty feeling your legs
- Difficulty walking
- Pain that is not well controlled with your pain medications
- Loss of bowel or bladder control (including difficulty or inability to urinate)
- Headaches in an upright position which resolve with lying down

KELLY BRIDGES, MD
NEUROSURGERY

6140 W Curtisian Ave, Ste 400
Boise, Idaho 83704
Phone: (208) 327-5600
Fax: (208) 327-5602

# DISCHARGE INSTRUCTIONS – SPINAL CORD STIMULATOR

**KELLY BRIDGES, MD**
**NEUROLOGICAL SURGERY**

## INCISION CARE

- Wash your hands before, after, and any time you touch the dressing or area around your incision.
- Keep the large dressing on for 2 days after surgery. If the dressing become soiled/dirty, then replace it as needed to protect the incision. If there is no drainage after 2 days, you do not need to replace the dressing.
    - If your incision is rubbed by a brace or clothing, you may keep your incision covered with a dressing or gauze to provide some padding.
    - Ensure that your incision has an opportunity to get air by giving it time without a dressing.
- Keep the steri-strips in place. They will fall off over time. If the edges begin to lift up and become bothersome, you can trim the edges with clean scissors.
- If the incision becomes soiled/dirty, clean the incision with half strength hydrogen peroxide (Mix equal parts of water with hydrogen peroxide and dab onto the incision lightly to keep it clean). Do not scrub the incision nor pick at debris along the incision.
- It is okay to shower 3 days after surgery, allowing water to trickle over incision. Blot dry, but do not rub, the incision. Use mild soap and shampoo (ex: Johnson & Johnson Baby Shampoo).
    - If there is drainage from the incision, keep it covered with a clear dressing (ex: Press "n" Seal) when showering. Remove after showering, and redress with the dressings provided at discharge. Make sure your incision is dry before placing a new dressing.
- <u>Do NOT soak/submerge your incision</u> (no baths, saunas, hot tubs, or swimming pools) for 6 weeks.
- Your sutures are absorbable and may all be buried below the skin. They will dissolve over time. You will not need them removed.
- Keep your bed sheets clean. Please do not let pets sleep in the bed with you for the first 4-6 weeks, while your incision is healing.
- Wash your bed sheets at least weekly, and launder your clothes daily.
- Do not touch your incision nor scratch the area around the incision. Skin breakdown can increase the risk of developing an infection.
- You can apply ice packs to the incision site 20 minutes on, then 20 minutes off, as needed for comfort. Do not apply ice directly to any exposed skin.

## NUTRITION

- Eat plenty of fruits and vegetables (increase fiber) to prevent constipation.
- Keep hydrated.
- Do not drink alcohol for 3 days after anesthesia nor any time you are taking narcotic pain medicine.
- You may experience some difficulty swallowing after surgery. Eat soft foods, and be cautious when drinking.

**MEDICATIONS**

- You should continue holding any medications that thin your blood (examples include warfarin, aspirin, naproxen/ibuprofen, fish oil, etc) for 2 weeks after surgery, unless your surgeon tells you otherwise.
- You will be given a prescription for narcotic pain medication. Do not exceed the dose prescribed, as this can be fatal.
- Narcotic pain medicine can cause constipation. Please take stool softeners any time you are taking narcotic pain medicine. Do not wait until you become constipated. All medications are over-the-counter and can include:
    - Senna-Docusate twice daily (laxative/stool softener)
    - Miralax 17g once or twice daily
    - Milk of Magnesia and/or Magnesium Citrate as needed
    - You may need to use a suppository (ex: Dulcolax or glycerin) or an enema if you have not had a bowel movement within 3 days.
- Pain medicine can cause nausea and vomiting. Take with food and use sparingly to avoid this.
- Add Tylenol for mild pain and discomfort. Follow the dosing instructions on the bottle, and do not exceed this amount, which can cause liver failure and be fatal.
- Gradually decrease your pain medications as your pain improves.
- Your neurosurgeon can prescribe refills to pain medicine, if appropriate, during the first 2 weeks after surgery. Following this, you will need all medication prescribed by your PCP or pain management physician with whom you have a pain contract.
- Lost or stolen medications CANNOT be refilled. Also, it is office policy that narcotics are NOT refilled during nights and weekends. Please contact your surgeon during regular business hours at least 2 days before running out of medication if you feel you will need a refill.

**ACTIVITY**

- <u>Mobilize frequently</u>!! This helps reduce blood clots in your legs and helps your bowel/bladder function return to normal after surgery. This also improves circulation to your wound and prevents muscle wasting from inactivity.
    - Start with light activity around the house for the first 3 days after returning home, taking short walks several times per day.
    - Allow your body time to heal by resting for short periods during the day
    - Increase your activity daily, and increase the time you are up each day.
    - Avoid contact sports, skating, bike riding or other similar activities for 12 weeks
    - Avoid lifting, pushing or pulling heavy objects (do not lift more than 10 lbs) for 12 weeks

- Avoid bending over or twisting. If absolutely necessary, reach down for objects by bending at the knees.
- Avoid sitting in soft chairs or slumping while you are sitting
- Be sure to get up and move around. Sit no longer than 15-20 minutes at a time. Sitting puts pressure on your back. Stretch every 30 minutes while sitting.

- Your surgeon will likely order physical therapy following your 2-week post-operative visit.

**SLEEPING**

- Do not sleep on our stomach. Use pillows to support under your knees if lying on your back or between your knees when lying on your side.
- Do not rise from the bed by bending your waist upwards. Log roll to your side, lower legs off the bed, and push up on your elbows/arms in a smooth motion.

**DRIVING**

- You should not drive for at least 3 days after having anesthesia.
- It is illegal to drive if you have any narcotics in your system. Please wait at least 24 hours after taking any narcotics before attempting driving.

**RETURN TO WORK**

- Your return to work will depend on your recovery and the type of work you do. You must discuss this with your surgeon before returning to work.

**FOLLOW UP**

- You will need to follow up with your neurosurgeon approximately 2 weeks after surgery. This appointment may already have been scheduled. If not, please call the office to schedule.
  - Usually, the spinal cord stimulator representative will be present at that appointment to assess/adjust the settings of your system.
- Follow up with your primary care physician for all medical issues.
- You are advised, for your own safety, to have somebody with you for at least the first 24 hours after surgery.

**CALL**

- **For a medical emergency, please call 911.** This includes things such as chest pain, difficulty breathing, confusion, sudden onset weakness, difficulty speaking, etc.
- **Call your doctor or go to the emergency room if you experience any of the following:**
  - Excessive bleeding (slow general oozing that completely saturates the dressing or bright red bleeding)
  - Incision comes apart
  - Redness, swelling, odor or drainage at your incision site
  - Fever above 101 ° F that lasts longer than 6-8 hours
  - Constipation – no bowel movements for more than 3 days
  - Persistent nausea and/or vomiting

- New weakness in your arms or legs
- Difficulty feeling your legs
- Difficulty walking
- Pain that is not well controlled with your pain medications
- Loss of bowel or bladder control (including difficulty or inability to urinate)
- Headaches in an upright position which resolve with lying down

KELLY BRIDGES, MD
NEUROSURGERY

6140 W Curtisian Ave, Ste 400
Boise, Idaho 83704
Phone: (208) 327-5600
Fax: (208) 327-5602

# DISCHARGE INSTRUCTIONS–CRANIOTOMY/CRANIECTOMY

**KELLY BRIDGES, MD**
**NEUROLOGICAL SURGERY**

## INCISION CARE

- Wash your hands before, after, and any time you touch the dressing or area around your incision.
- Keep the large dressing on for 2 days after surgery. If the dressing become soiled/dirty, then replace it as needed to protect the incision. If there is no drainage after 2 days, you do not need to replace the dressing.
    - If your incision is rubbed by a brace/helmet or furniture, you may keep your incision covered with a dressing or gauze to provide some padding.
    - Ensure that your incision has an opportunity to get air by giving it time without a dressing.
- If the incision becomes soiled/dirty, clean the incision with half strength hydrogen peroxide (Mix equal parts of water with hydrogen peroxide and dab onto the incision lightly to keep it clean). Do not scrub the incision nor pick at debris along the incision.
- It is okay to shower 3 days after surgery, allowing water to trickle over incision. Blot dry, but do not rub, the incision. Use mild soap and shampoo (ex: Johnson & Johnson Baby Shampoo).
    - If there is drainage from the incision, keep it covered with a clear dressing (ex: Press “n” Seal) when showering. Remove after showering, and redress with the dressings provided at discharge. Make sure your incision is dry before placing a new dressing.
- <u>Do NOT soak/submerge your incision</u> (no baths, saunas, hot tubs, or swimming pools) for 6 weeks.
- Your sutures are absorbable and may all be buried below the skin. They will dissolve over time. You will not need them removed.
- If you have staples along your incision, these will likely be removed at your two-week post-operative visit.
- Keep your bed sheets clean. Please do not let pets sleep in the bed with you for the first 4-6 weeks, while your incision is healing.
- Wash your bed sheets at least weekly, and launder your clothes daily.
- Do not touch your incision nor scratch the area around the incision. Skin breakdown can increase the risk of developing an infection.
- You can apply ice packs to the incision site 20 minutes on, then 20 minutes off, as needed for comfort. Do not apply ice directly to any exposed skin.

## NUTRITION

- Eat plenty of fruits and vegetables (increase fiber) to prevent constipation.
- Keep hydrated.
- Do not drink alcohol for 3 days after anesthesia nor any time you are taking narcotic pain medicine.
- You may experience some difficulty swallowing after surgery. Eat soft foods, and be cautious when drinking.

**MEDICATIONS**

- You should continue holding any medications that thin your blood (examples include warfarin, aspirin, naproxen/ibuprofen, fish oil, etc) for 2 weeks after surgery, unless your surgeon tells you otherwise.
- You may be prescribed steroids or anti-seizure medication. Please take this as prescribed. Dosing will be readdressed at your two-week post-operative visit.
- You will be given a prescription for narcotic pain medication. Do not exceed the dose prescribed, as this can be fatal.
- Narcotic pain medicine can cause constipation. Please take stool softeners any time you are taking narcotic pain medicine. Do not wait until you become constipated. All medications are over-the-counter and can include:
    - Senna-Docusate twice daily (laxative/stool softener)
    - Miralax 17g once or twice daily
    - Milk of Magnesia and/or Magnesium Citrate as needed
    - You may need to use a suppository (ex: Dulcolax or glycerin) or an enema if you have not had a bowel movement within 3 days.
- Pain medicine can cause nausea and vomiting. Take with food and use sparingly to avoid this.
- Add Tylenol for mild pain and discomfort. Follow the dosing instructions on the bottle, and do not exceed this amount, which can cause liver failure and be fatal.
- Gradually decrease your pain medications as your pain improves.
- Your neurosurgeon can prescribe refills to pain medicine, if appropriate, during the first 2 weeks after surgery. Following this, you will need all medication prescribed by your PCP or pain management physician with whom you have a pain contract.
- Lost or stolen medications CANNOT be refilled. Also, it is office policy that narcotics are NOT refilled during nights and weekends. Please contact your surgeon during regular business hours at least 2 days before running out of medication if you feel you will need a refill.

**ACTIVITY**

- <u>Mobilize frequently</u>!! This helps reduce blood clots in your legs and helps your bowel/bladder function return to normal after surgery. This also improves circulation to your wound and prevents muscle wasting from inactivity.
    - Start with light activity around the house for the first 3 days after returning home, taking short walks several times per day.
    - Allow your body time to heal by resting for short periods during the day
    - Increase your activity daily, and increase the time you are up each day.
    - Avoid contact sports, skating, bike riding or other similar activities for 12 weeks

- Avoid lifting, pushing or pulling heavy objects (do not lift more than 10 lbs) for 12 weeks
- Avoid bending over or twisting
- Avoid sitting in soft chairs or slumping while you are sitting
- Be sure to get up and move around. Stretch every 30 minutes while sitting.

- Your surgeon will likely order physical therapy following your 2-week post-operative visit.

**DRIVING**

- You should wait at least 2 weeks after surgery before driving.
- If you have had a seizure, you should not drive until cleared by your neurologist.
- It is illegal to drive if you have any narcotics in your system. Please wait at least 24 hours after taking any narcotics before attempting driving.

**RETURN TO WORK**

- Your return to work will depend on your recovery and the type of work you do. You must discuss this with your surgeon before returning to work.

**FOLLOW UP**

- You will need to follow up with your neurosurgeon approximately 2 weeks after surgery. This appointment may already have been scheduled. If not, please call the office to schedule.
- Follow up with your primary care physician for all medical issues.
- If you had a brain tumor removed, you may need to see a medical/neuro oncologist and radiation oncologist. Your surgeon will discuss this with you if needed.
- You are advised, for your own safety, to have somebody with you for at least the first 24 hours after surgery.

**CALL**

- **For a medical emergency, please call 911.** This includes things such as chest pain, difficulty breathing, confusion, sudden onset weakness, difficulty speaking, etc.
- **Call your doctor or go to the emergency room if you experience any of the following:**
  - Excessive bleeding (slow general oozing that completely saturates the dressing or bright red bleeding)
  - Incision comes apart
  - Redness, swelling, odor or drainage at your incision site
  - Fever above 101 ° F that lasts longer than 6-8 hours
  - Seizure activity or jerking/twitching of the face, arms, or legs
  - Worsening dizziness
  - Difficulty or discomfort moving your neck

- Constipation – no bowel movements for more than 3 days
- Persistent nausea and/or vomiting
- New weakness in your arms or legs
- Difficulty feeling your legs
- Difficulty walking
- Pain/Headache that is not well controlled with your pain medications

KELLY BRIDGES, MD
NEUROSURGERY

6140 W Curtisian Ave, Ste 400
Boise, Idaho 83704
Phone: (208) 327-5600
Fax: (208) 327-5602

# DISCHARGE INSTRUCTIONS – PITUITARY TUMOR

**KELLY BRIDGES, MD**
**NEUROLOGICAL SURGERY**

## INCISION CARE

- You will not be able to see the incision in your nose. However, nose or fascial swelling, bruising, old bloody drainage, and nose pain are normal after surgery.
- You may have a headache and sinus congestion, which can last several days (and sometimes weeks) after surgery.
- Apply saline nasal spray at least 5 times per day. Do NOT put anything else in your nose.
- Your Otolaryngologist (ENT doctor) will provide you follow-up instructions and monitor your nasal cavity and congestion following discharge.
- Do not submerge your head (no hot tubs, baths, swimming pools, saunas) for at least 6 weeks.

## NUTRITION

- You can expect a decrease in your ability to taste or smell. This usually improves in a few weeks, but can take several months
- Eat plenty of fruits and vegetables (increase fiber) to prevent constipation.
- Keep hydrated.
- Do not drink alcohol for 3 days after anesthesia nor any time you are taking narcotic pain medicine.
- You may experience some difficulty swallowing after surgery. Eat soft foods, and be cautious when drinking.

## MEDICATIONS

- You should continue holding any medications that thin your blood (examples include warfarin, aspirin, naproxen/ibuprofen, fish oil, etc) for 2 weeks after surgery, unless your surgeon tells you otherwise.
- You may be prescribed steroids. Please take this as prescribed. This medication will be monitored by your Endocrinologist.
- You will be given a prescription for narcotic pain medication. Do not exceed the dose prescribed, as this can be fatal.
- Narcotic pain medicine can cause constipation. Please take stool softeners any time you are taking narcotic pain medicine. Do not wait until you become constipated. All medications are over-the-counter and can include:

- Senna-Docusate twice daily (laxative/stool softener)
- Miralax 17g once or twice daily
- Milk of Magnesia and/or Magnesium Citrate as needed
- You may need to use a suppository (ex: Dulcolax or glycerin) or an enema if you have not had a bowel movement within 3 days.

- Pain medicine can cause nausea and vomiting. Take with food and use sparingly to avoid this.
- Add Tylenol for mild pain and discomfort. Follow the dosing instructions on the bottle, and do not exceed this amount, which can cause liver failure and be fatal.
- Gradually decrease your pain medications as your pain improves.
- Your neurosurgeon can prescribe refills to pain medicine, if appropriate, during the first 2 weeks after surgery. Following this, you will need all medication prescribed by your PCP or pain management physician with whom you have a pain contract.
- Lost or stolen medications CANNOT be refilled. Also, it is office policy that narcotics are NOT refilled during nights and weekends. Please contact your surgeon during regular business hours at least 2 days before running out of medication if you feel you will need a refill.

**ACTIVITY**

- Sleep with your head elevated at least 30 degrees for 10 days after surgery if you were told there was a cerebrospinal fluid (CSF) leak at the time of surgery.
- Avoid blowing your nose as much as possible.
- It is important to cough when necessary to avoid getting pneumonia. For 3 months after surgery, avoid hard coughing or holding your breath.
- Do not bend over or lower your head more than 20-30 degrees for 3 months
- Avoid lifting more than 10 lbs or anything that involves holding your breath and bearing down with your abdomen for 3 months. Avoid straining to have a bowel movement.
- If needed, use a humidifier at night to keep your nasal membranes moist
- <u>Mobilize frequently</u>!! This helps reduce blood clots in your legs and helps your bowel/bladder function return to normal after surgery. This also improves circulation to your wound and prevents muscle wasting from inactivity.
    - Start with light activity around the house for the first 3 days after returning home, taking short walks several times per day.
    - Allow your body time to heal by resting for short periods during the day
    - Increase your activity daily, and increase the time you are up each day.
    - Avoid contact sports, skating, bike riding or other similar activities for 12 weeks
    - Avoid lifting, pushing or pulling heavy objects (do not lift more than 10 lbs) for 12 weeks
    - Avoid bending over or twisting
    - Avoid sitting in soft chairs or slumping while you are sitting
    - Be sure to get up and move around. Stretch every 30 minutes while sitting.

**DRIVING**

- You should wait at least 2 weeks after surgery before driving.
- If you have had a seizure, you should not drive until cleared by your neurologist.
- It is illegal to drive if you have any narcotics in your system. Please wait at least 24 hours after taking any narcotics before attempting driving.

**RETURN TO WORK**

- Your return to work will depend on your recovery and the type of work you do. You must discuss this with your surgeon before returning to work.

**FOLLOW UP**

- You will need to follow up with your neurosurgeon approximately 2 weeks after surgery. This appointment may already have been scheduled. If not, please call the office to schedule.
- You will also need to follow up with your Endocrinologist as soon as possible, as he/she will manage your sodium levels, urine outputs, steroid prescriptions, and all other hormone/endocrine-related needs.
- Follow up with your ENT/Otolaryngologist as advised. He/she will help with any nasal symptoms you may be experiencing.
- You will need to see your Ophthalmologist on a regular basis. He/she may wish to see you soon after surgery for a post-operative vision assessment.
- Follow up with your primary care physician for all medical issues.
- You are advised, for your own safety, to have somebody with you for at least the first 24 hours after surgery.

**CALL**

- **For a medical emergency, please call 911.** This includes things such as chest pain, difficulty breathing, confusion, sudden onset weakness, difficulty speaking, etc.
- **Call your doctor or go to the emergency room if you experience any of the following:**
  - Excessive bleeding (slow continuous general oozing or bright red bleeding)
  - Water-like fluid persistently dripping from our nose
  - A salty taste in your mouth or liquid running down the back of your throat
  - Headaches in an upright position which resolve with lying down
  - Double vision, blurred vision, or impaired peripheral vision.
  - An intense feeling of thirst accompanied by frequent urination.
  - Fever above 101 °F that lasts longer than 6-8 hours
  - Constipation – no bowel movements for more than 3 days
  - Persistent nausea and/or vomiting
  - New weakness
  - Pain that is not well controlled with your pain medications

KELLY BRIDGES, MD
NEUROSURGERY

6140 W Curtisian Ave, Ste 400
Boise, Idaho 83704
Phone: (208) 327-5600
Fax: (208) 327-5602

# DISCHARGE INSTRUCTIONS–CARPAL TUNNEL RELEASE

**KELLY BRIDGES, MD**
**NEUROLOGICAL SURGERY**

**INCISION/WOUND CARE:**

- Wash your hands before, after, and any time you touch the dressing or area around your incision.
- Keep the dressings in place for 2 days after surgery. If the dressing become soiled/dirty, then replace it as needed to protect the incision. If there is no drainage after 2 days, you do not need to replace the dressing.
    - Once you remove your wrap, please keep the incision covered/protected with bandaids, as this will help prevent infection and irritation from the brace. This should be done for the first 2 weeks, prior to removal of the sutures.
    - Ensure that your incision has an opportunity to get air by giving it time without a dressing.
- If the incision becomes soiled/dirty, clean the incision with half strength hydrogen peroxide (Mix equal parts of water with hydrogen peroxide and dab onto the incision lightly to keep it clean). Do not scrub the incision nor pick at debris along the incision.
- It is okay to shower 3 days after surgery, allowing water to trickle over incision. Blot dry, but do not rub, the incision. Use mild soap and shampoo (ex: Johnson & Johnson Baby Shampoo).
    - If there is drainage from the incision, keep it covered with a clear dressing (ex: Press “n” Seal) when showering. Remove after showering, and redress with the dressings provided at discharge. Make sure your incision is dry before placing a new dressing.
- <u>Do NOT soak/submerge your incision</u> (no baths, saunas, hot tubs, or swimming pools) for 6 weeks. You can use calf bags from DB Supply store to cover your arm and protect your incision when around water.
- Your sutures are NOT absorbable. They will likely be removed at your 2-week post-operative visit.
- Keep your bed sheets clean. Please do not let pets sleep in the bed with you for the first 4-6 weeks, while your incision is healing.
- Wash your bed sheets at least weekly, and launder your clothes daily.
- Do not touch your incision nor scratch the area around the incision. Skin breakdown can increase the risk of developing an infection.

**ICE/ELEVATION:**

- Keep your hand elevated above your heart as much as possible for at least 2 days after surgery. You can use pillows to prop up your arm as needed.
- For the first 3 days after surgery, apply an ice pack every hour for 20 minutes at a time.
    - Put a thin towel between the ice bag and your skin. Do not apply ice directly to any exposed skin.
    - After the first 3 days, apply ice 2-3 times daily until the swelling goes down.
- Do NOT use heat.

**WRIST BRACE:**

The removable wrist brace is very important to prevent wrist flexion. Splinting of the wrist in the neutral position to 15 deg of extension will minimize discomfort. Splinting the wrist in this position, places the carpal tunnel in its most open position, allowing for restoration of maximal circulation to the median nerve. Further compression to the median nerve with prolonged wrist flexion while sleeping, or during daily/ occupational activities are prevented with the use of a wrist splint. Typically pre-fabricated Velcro closed wrist splints are used. Continue with the splint-wearing schedule for 6 weeks, and then gradually decrease splint use over the subsequent 4 weeks.

- The wrist is allowed free motion from side to side and backwards, but wrist flexion (forward bending) is **not allowed** for a total of 6 weeks post-operatively.
- The wrist brace is to be worn every night for a total of 6 weeks following surgery. The splint should continue to be worn at night to prevent recurrence of symptoms.
- During the first 2 weeks following removal of the surgical dressing, the wrist brace should be worn most of the time during the day. It should be removed for bathing and while you are performing your home therapy program.
- In the 3rd and 4th weeks following dressing removal (this will the 5th and 6th weeks postoperatively), the wrist brace should be worn approximately half the time. For example, 2 hours off and 2 hours on. During this time, progressive increased range of motion is allowed.
- **No heavy lifting or gripping or grasping** until 6 weeks after surgery. Most people can resume full use of their hand after surgery by about 6 weeks post operatively, but please let your comfort be your guide. Do not repetitively perform activities that cause you pain. A gradual return to activities without pain is our goal.

**MEDICATIONS:**

- You should continue holding any medications that thin your blood (examples include warfarin, aspirin, naproxen/ibuprofen, fish oil, etc) for 3 days after surgery, unless your surgeon tells you otherwise.
- You may be prescribed steroids. Please take this as prescribed. This medication will be monitored by your Endocrinologist.
- You will be given a prescription for narcotic pain medication. Do not exceed the dose prescribed, as this can be fatal.
- Narcotic pain medicine can cause constipation. Please take stool softeners any time you are taking narcotic pain medicine. Do not wait until you become constipated. All medications are over-the-counter and can include:
    - Senna-Docusate twice daily (laxative/stool softener)
    - Miralax 17g once or twice daily
    - Milk of Magnesia and/or Magnesium Citrate as needed
    - You may need to use a suppository (ex: Dulcolax or glycerin) or an enema if you have not had a bowel movement within 3 days.
- Pain medicine can cause nausea and vomiting. Take with food and use sparingly to avoid this.

- Add Tylenol for mild pain and discomfort. Follow the dosing instructions on the bottle, and do not exceed this amount, which can cause liver failure and be fatal.
- Gradually decrease your pain medications as your pain improves.
- Your neurosurgeon can prescribe refills to pain medicine, if appropriate, during the first 2 weeks after surgery. Following this, you will need all medication prescribed by your PCP or pain management physician with whom you have a pain contract.
- Lost or stolen medications CANNOT be refilled. Also, it is office policy that narcotics are NOT refilled during nights and weekends. Please contact your surgeon during regular business hours at least 2 days before running out of medication if you feel you will need a refill.

**NUTRITION**

- Eat plenty of fruits and vegetables (increase fiber) to prevent constipation.
- Keep hydrated.
- Do not drink alcohol for 3 days after anesthesia nor any time you are taking narcotic pain medicine.
- You may experience some difficulty swallowing after surgery. Eat soft foods, and be cautious when drinking.

**SCAR MANAGEMENT:**

Light scar massage can be initiated 2-3 days after the sutures have been removed, gradually becoming more vigorous as tolerated. Massage around your scar for 5 minutes 5 times per day. Use a moderately deep pressure to help flatten the scar and decrease its sensitivity to pressure. Do not use lotion with this. Rather, please apply bacitracin/Neosporin or vitamin E oil. This will help minimize risk of infection.

**SWELLING CONTROL:**

Treatment for edema (swelling) consists of compression (coban wrap, tubi-grip sleeve), elevation, icing and mobilization of the digits to stimulate venous and lymphatic flow. It is important to maintain the elevated position during the initial rehabilitation phase (2-3 days), as hands are frequently held in the dependent position.

**MOBILIZATION:**

Patients are to begin immediately post operatively the active motion of the thumb, digits and wrist to prevent joint stiffness, ensure adequate glide of the tendons and median nerve in the carpal tunnel. Mobilization will also aid during the initial scar formation.

**STRENGTHENING:**

Strengthening is initiated at 3-4 weeks as wounds heal and inflammation resolves. Strengthening program should be specific to the strength deficits noted on the initial evaluation, such as thenar weakness, grip strength, and overall UE conditioning. More intensive strengthening, or work hardening program can begin 4 weeks post operatively, and completed as tolerated by the patient. Do not start squeezing a tennis ball or other hand-immobile objects. Soft “squeezes” are allowed at 5 - 6 weeks.

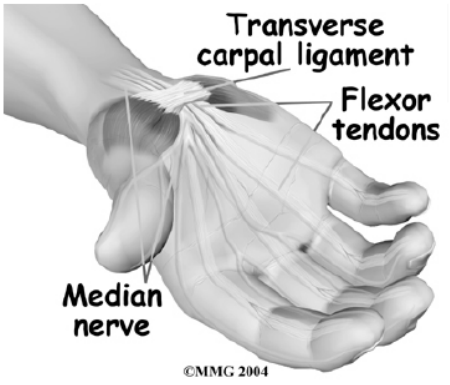
**CALL**

- **For a medical emergency, please call 911.** This includes things such as chest pain, difficulty breathing, confusion, sudden onset weakness, difficulty speaking, etc.
- **Call your doctor or go to the emergency room if you experience any of the following:**
    - Excessive bleeding (slow general oozing that completely saturates the dressing or bright red bleeding)
    - Incision comes apart
    - Change in color, blue or dusky toes and fingers, numbness or tingling, coldness, increased pain in the affected extremity (if you have an elastic bandage, loosen it if these symptoms occur)
    - Redness, swelling, odor or drainage at your incision site
    - Fever above 101 ° F that lasts longer than 6-8 hours
    - Constipation – no bowel movements for more than 3 days
    - Persistent nausea and/or vomiting
    - New weakness in your arms or legs
    - Pain that is not well controlled with your pain medications

## CARPAL TUNNEL RELEASE HOME EXERCISE PROGRAM

Carpal tunnel syndrome is compression of the nerve that gives you sensation to the thumb, index and middle fingers of your hand. Surgery for this compression is to release the ligament that causes the compression. Symptoms often times resolve quite quickly after surgery, but it may take time for the numbness to resolve.

As your body heals from surgery, there is a risk that scar tissue can build up around the tendons and nerve, making it hard to bend your fingers. For this reason, it is very important that you do the following exercises to prevent this from happening.



***Tendon Gliding Exercises***

***Perform this sequence of fists 10 repetitions, 5 times per day***