

Patient information factsheet

After thoracic or lumbar spinal surgery

We've given you this factsheet because you have recently had thoracic or lumbar spinal surgery at Wessex Spinal Unit. It contains useful information and advice that you will need to follow when you return home.

Your consultant is:

Patient sticker

Wound care

Keep your wound clean and dry. You do not need to have a dressing over it unless you are told otherwise by your hospital staff.

You can have a bath or shower, but you will need to keep your wound dry until your sutures or clips are removed.

You may also experience some numbness and tingling around the wound. This is normal and may last a few months.

Check your wound daily for:

- any leakage from the wound
- increased redness or swelling
- any increasing pain around the wound site

If you experience any of these symptoms or if you have a high temperature, please contact:

Wessex Spinal Unit: **023 8120 6508** or **023 8120 4641** (at any time)

Clips and sutures

Clips or sutures are usually removed at your GP's surgery seven to ten days after surgery. We will give you a letter about this and explain which day you need to make the appointment for.

If you have subcuticular (buried) sutures these will dissolve over time. You may also have Steristrips over your wound. These will peel away with time, but can be removed after **five to seven days after the operation** if not already removed in hospital.

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Medication

When you leave hospital, we will give you a supply of medication to take with you. You will need to arrange any repeat prescriptions through your GP.

Please continue to take your pain relief once you are home as you may continue to experience pain for a while after the operation.

There is sometimes a wait for medicines to arrive from the hospital pharmacy and we may ask you to wait in our discharge lounge rather than on the ward. We will try to ensure this delay is as short as possible for you.

Alcohol

Check the labels on your medicines for advice on whether you should avoid alcohol.

Driving

Do not drive for six weeks after surgery, and not until you can sit comfortably. You will need to feel confident that you can perform an emergency stop.

If you have significant numbness or weakness in your arms or legs, you must notify the DVLA of your surgery. You must not drive until given permission to do so by the DVLA.

To start with, you should avoid long car journeys as a passenger. Stop at half hour intervals and get out and walk around. You may need to check with your insurance company that you are covered to drive after surgery.

Therapy advice

Most people are able to get out of bed on the first day after their operation. Nursing staff or a member of the therapy team will help you do this initially. You will be encouraged to start short walks on the ward.

Once you are out of bed, you may sit in your chair for short periods of 5 to 15 minutes while you have your meals or drinks. You do not have to return to bed. You can stand or walk and return to your chair instead.

In the first week after discharge, continue to follow the advice you were given in hospital about walking, sitting and exercises. You can mobilise around the house and garden and make all your drinks and meals but do not do any household chores.

Avoid sitting for longer than 30 minutes without changing position. You will probably feel the need to take frequent rests either on your bed, lying flat or on your side (not sitting up in bed). Tiredness is normal.

After the first week, start increasing your walking time. Depending on your previous levels of activity, start with 10 minute walks and aim to manage two or three walks daily. You can then start to increase the time to 20 minutes and then 30 minutes. By the third week you may be able to manage half an hour's walk a couple of times a day.

Avoid heavy household chores for the first six weeks. Avoid bending at the waist. Bend at the hips and knees instead. Avoid stooping at low work surfaces.

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Washing

For the first two to three weeks, take showers rather than baths. If you do not have a shower, you can strip wash, by standing or kneeling in the bath.

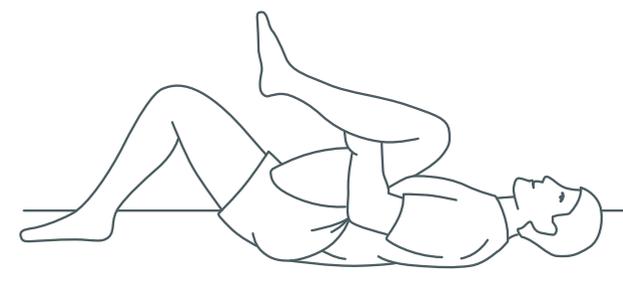
Exercises

These are some exercises that may help. A member of the therapy team can talk through these with you if needed.

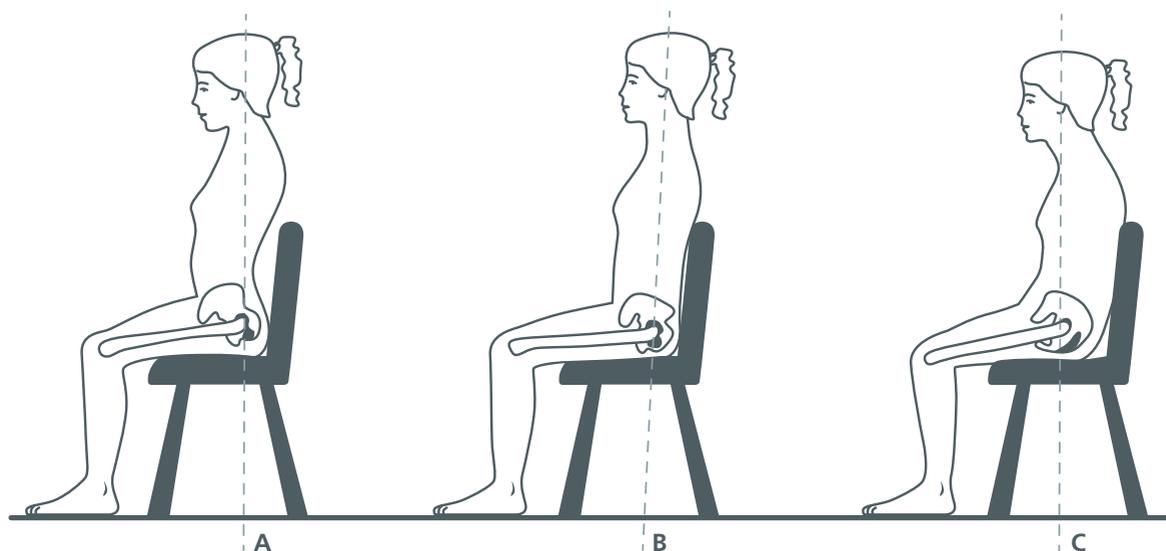
1.) Lying on your back with your knees bent up, gently roll your knees from side to side as far as you can comfortably go. Do not 'swing' your knees using momentum or gravity. Keep control.



2.) Lie flat on your back with your knee on your chest then gently pull it closer to your chest with your hands as far as is comfortable. Repeat the movement with your left leg.



3.) Sit down with good posture. Draw your belly button inwards (towards the back of the chair slightly) and tilt your pelvis backwards (flatten your spine against the chair). Return to the start position. This exercise strengthens the deep abdominal muscles and improves core control.



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Returning to sport

This should be discussed at your follow-up appointment with the physiotherapist or consultant. Once your wound has healed you may be able to start short sessions, but only once advised by your doctor.

Work

The timing of your return to work depends mainly on how you feel and what you do for a living. It is not unusual to be off work for six to twelve weeks after spinal surgery. Ask your medical team for advice if you are unsure.

Follow-up appointments

We will send you a letter in the post about your follow-up appointment in the outpatient department. Please ensure you attend this appointment.

If you should need further therapy input or rehabilitation the therapy team are able to refer onwards.

Symptoms to look out for

Contact your ward on the telephone number at the end of the factsheet if you experience:

- new worsening arm or leg pain
- any new or worsening weakness in your arms or legs
- any new pins and needles or numbness in your arms or legs
- new incontinence (bladder or bowel)
- new difficulty with mobility
- new increasing back pain
- high temperature or fever

Anti-embolism stockings

When you leave hospital, you will continue to wear your white anti-embolism stockings both day and night for at least two weeks and until you have returned to the level of mobility that is usual for you. You should check your skin daily. The stockings should not be removed for longer than 30 minutes.

Leaving hospital

During your stay the nursing staff and other healthcare professionals will start to plan your discharge (when you leave hospital) with you.

Your surgical team will decide when it is safe for you to leave hospital. A member of the therapy team may also assess you. Our multidisciplinary team may need to discuss any specific arrangements you need.

On the day of your discharge you will need to arrange for someone to collect you from the ward at the time advised by your nurse.

When travelling home in the car, recline the front passenger seat if this is more comfortable. You may find a small cushion or rolled up towel placed in the small of your back may help.

If your journey home is longer than 30 minutes make sure you have a break so that you can get out of the car and walk about for a few minutes

You may continue to have some back/leg pain or changes in sensation especially in the first

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six weeks. This is normal.

Someone **must** be at home with you when you are discharged from hospital **for at least one week**.

Contact us

Southampton General Hospital main switchboard: **023 8077 7222**

F4 spinal ward: **023 8120 6508**

Spinal Advanced Nurse Practitioner: **07769 242 223** (Monday to Friday, 7.30am to 15.30pm)

Email: **SpinalANP@uhs.nhs.uk**

DVLA medical enquiries helpline: **0870 600 0301**

DVLA website: **www.dvla.gov.uk**

If you need a translation of this document, an interpreter or a version in large print, Braille or on audio tape, please telephone **023 8120 4688** for help.