Transoraminal Lumbar Interbody Fusion (TLIF)

PLEASE DO NOT TAKE ANY NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDs like Advil, Celebrex, Ibuprofen, Motrin, Vioxx, Naprosyn, Aleve, etc) OR ASPIRIN PRODUCTS FOR 2 WEEKS BEFORE SURGERY. These medications can increase bleeding during surgery. If you absolutely need to be on these medications until the date of surgery, check with your surgeon.

Your Spine Problem: There may be two separate problems in your spine. First is compression of the spinal nerve roots are compressed by degenerated (“worn out”) portions of the lumbar spine, such as bone spurs or disc fragments. The compression of the nerve roots can cause symptoms such as numbness, tingling, weakness, or pain into the buttocks or legs.

The second problem may be instability of one vertebra on another or arthritis. The instability can make the nerve compression worse as well as cause pain.

Your Surgery: The surgery is designed to address each of the problems present. Not every patient has both problems – the surgery is tailored to your particular problems.

Your surgeon will remove the portions of the lumbar spine (typically bone spurs) that are compressing the nerves. The entire spine is not removed- only as much is needed to take pressure off the nerves and gain access to the disc. The decompression helps to free up space for the nerve roots so that they are no longer “pinched.”

Your surgeon will also remove the disc at the affected level. This helps take pressure off the nerves and as also allows the surgeon to restore the alignment of that spinal segment. The disc is then replaced with bone fragments as well as a titanium cage. Metal screws are also placed into each vertebra and connected with two rods. This results in the two segments fusing together into one single bone without motion. The entire spine is not fused! Only those segments causing the problem are fused. It can take up to one year for the fusion to completely heal. During that time, you may progressively increase your activities under our surgeon’s guidance. However, you should always be careful to ensure that the fusion heals properly. You will be given information on what you can and can’t do after surgery.
**Incision:** Either one incision in the middle of the spine or two small incisions on either side of the lower back will be made to access your spine. The size of the incision depends on many factors including the number of levels requiring decompression and your body weight. The incisions are generally closed with dissolvable stitches buried under the skin that do not need to be removed. There will also be a dissolvable skin glue (Dermabond) over the incision as well as Steri-strips that both help keep the wound sealed. These will fall off on their own and you should not remove them until cleared by your surgeon or the nursing staff.

**Your Hospital Stay:** After surgery, you will be taken to the anesthesia recovery room. When you are awake after anesthesia, usually about 1-3 hours later, you will then go to your hospital suite. In most cases, your family may be able to see you once you have sufficiently awakened from anesthesia to go to your hospital suite.

**Diet:** Initially, you will only be given ice chips to eat. But will be allowed to eat regular food whenever you are able. You should not have much of an appetite after surgery so don’t force yourself and only eat as much as you feel comfortable eating.

**Physical Therapy:** You will participate in physical therapy as early as the day of surgery. This is extremely important to your overall recovery from surgery for a number of reasons. Getting out of bed is good for your lungs; it prevents blood clots from forming in your legs, and speeds your recovery.

However, until your surgeon says otherwise, the only physical therapy you should do initially is walking. No strengthening or stretching of the lower back is necessary. These may actually be harmful unless prescribed to you later at an appropriate time by our surgeon. Some people will need to use a walker during their initial recovery period, but many people do not.

**Going home:** Your length of stay in the hospital depends on many factors, including your general medical condition and the severity of your spine problem. Most patients who have a one level fusion and fusion can go home between one and three days. If more levels are fused or if you have had previous spine surgery, your hospital stay may be longer.

You can go home when: 1) you are taking oral pain pills; AND 2) you can eat and drink enough to sustain yourself (don’t worry -- most people will not feel like eating and
drinking too much after surgery, and that is ok); AND 3) you are able to get around safely. The physical therapists will help in determining when you are safe to go home. Having a bowel movement is not necessary before going home.
WHAT TO DO AFTER YOUR SURGERY (LUMBAR FUSION)

Wound Care

Keep your incision clean and dry.

There are no stitches to remove, unless you have been told otherwise. All of the stitches are “inside.”

You can take the dressing off three days after surgery. If the wound is dry, no further dressings are needed and the incision can be left open to air. If there is some drainage, the wound can be covered with a clean dressing as needed.

You may shower with your surgical dressings on but make sure the gauze underneath stays dry. If it gets wet it should be changed immediately. You can get the incision wet in the shower once the incision is dry without drainage. Do not soak the wound in a bathtub or pool until the wound is healed completely without a scab. Gently clean your wound – do not scrub it vigorously until it is completed healed.

If you have them, let the Steri-strips (the tape on your incision) fall off by themselves. If some are still there by the end of two weeks, you may peel them off.

Do NOT put any ointments or antibacterial solutions over the incision or Steri-strips.

If you notice any drainage, redness, swelling, or increased pain at the incision, call the office.

Activities

Walking is the best activity. Walk as much as you like. It is good for you and will help you recover more quickly.

AVOID the BLTs: Bending, Lifting, and Twisting of your lower back. However, you may exercise your arms and legs with light weights (5-10 pounds) if desired as soon as you feel like it -- as long as those activities do not cause you to perform BLTs on your lower back.

Do not try to do too much too early (e.g. heavy housework, weight-lifting, running, etc.). Use your common sense. Again, walking is the best activity, and we encourage you to walk.

No physical therapy is needed at first once you get home. It will usually start around 4 weeks after surgery depending on your surgery and your recovery.
Medications

▪ PLEASE DO NOT TAKE ANY NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDs like Advil, Celebrex, Aleve, Ibuprofen, Motrin, Vioxx, etc) FOR 3 MONTHS AFTER SURGERY. These medications can adversely affect fusion. If you absolutely need to be on these medications sooner, please check with our Emory surgeon first.

▪ If you were on a baby aspirin prior to surgery, you may generally resume that 4 weeks after surgery.

▪ If you were on a blood thinner (like Coumadin/ Lovenox/ Heparin products/ or Plavix), check with your surgeon as to when that may be resumed after surgery.

You may have been given prescriptions for several different pain medications, or your surgeon may have provided you with one type of pain medication. Try to take the appropriate medication for the level of pain you are having. Take the pain medicine only when you need to.

Pain medications are helpful around the time of surgery, but they can cause problems if taken for too long. The goal is to try to get you off of the medications by 4-6 weeks or earlier, if possible. Some people may need medications for longer than 4-6 weeks, and that’s ok. But try to wean yourself off of them if you can.

If you find that your pain is really mild, try taking plain extra strength tylenol instead.

You may take the Colace to keep your bowels regular. The pain medicines may tend to make you somewhat constipated. Feel free to take any over the counter laxatives if you need to.

Diet

Eat whatever you like. You may not feel like eating too much for a few days, and that’s ok. Foods high in fiber (fruits, vegetables) are good in that they can help reduce constipation.

Drink plenty of fluids.

Follow up

If you have not already been given a post-op follow up appointment, call your surgeon’s secretary within the first few days after you get home. Tell her that you had surgery and need a follow up appointment. You should be seen around 2 weeks after your surgery.