

What should I expect when I go home?

Most patients are discharged directly home from the hospital. You will need to avoid the “BLT’S” (bending, lifting or twisting). You will likely need help around the home with tasks such as cleaning, laundry, dishes, etc. You will be given pain medication to take as needed to help with your pain. As your discomfort decreases, you will require less pain medication. You will be given discharge instructions the day of surgery that outline your limitations.

- You should walk daily; gradually increasing the time and distance.
- Avoid prolonged sitting or laying down.
- Do not drive for 6 weeks.
- Wear your back brace for 6 weeks time when you are out of bed and ambulating. You may remove your brace when you are sleeping and showering.
- Avoid strenuous activity. Do not lift over 10 pounds.
- Drink plenty of fluids and eat lots of fiber (fruits, vegetables, and whole grains) to prevent constipation.

Please call the office if you develop the following:

- Fever or chills
- Redness around incision(s) or drainage from incision(s)
- Persistent nausea or vomiting
- Severe pain not relieved by medication (some pain is to be expected)
- Any new weakness or any new pain, numbness or tingling down your legs
- Difficulty with urine or bowel movements (despite medications) or any change in your urine or stool

Important phone numbers:

Unity Pre-testing: (585) 723-7385

Highland Pre-testing: (585) 341-6707

Surgical Coordinator; Norrenda:

(585) 334-5560 extension 27

Southern Cross (Brace representatives):

(585) 334-5530

*****Visit our website at
www.rochesterbrainandspine.com
for more patient information.*****

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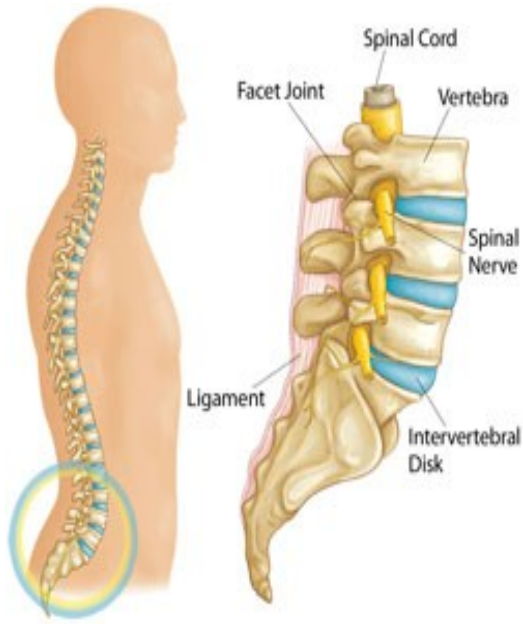
Lumbar Fusion

Direct
Lumbar Interbody Fusion
(DLIF)

Phone: (585) 334-5560

What is a Lumbar Fusion?

- A DLIF stands for a Direct Lateral (from the side) Lumbar (low back) Interbody (between two vertebrae) Fusion (spinal stabilization).
- A lumbar fusion is performed when a herniated disc or arthritis (bone spurs) pinches a nerve in the lumbar spine. Symptoms of this include: numbness, weakness and/or pain in your legs, and/or back. When conservative treatment has failed (physical therapy, medications, chiropractic treatment, injections, etc.) then surgery may be recommended.



What are the risks?

As with any surgery there are risks. Complications are rare. Risks include but are not limited to: Bleeding, infection, death, discomfort/pain, nerve injury, retrograde ejaculation, blood vessel injury, paralysis, fusion failure, stroke, blood clots, increased pain and weakness (due to nerve manipulation), recurrence or continuation of pain.

What to expect with your surgery:

Once you have scheduled surgery, our office will set up a pre-operative appointment where we will discuss your surgery and recovery. You will be fit with a back brace as well at that appointment. You will need to wear this brace for 6 weeks after surgery when you are out of bed. Also the hospital where you are having your surgery will contact you to set up a pre-admission appointment.

******Do not eat or drink anything after midnight the night before your surgery.**

******You should avoid taking aspirin products or anti-inflammatory medications (Advil, Aleve, Naprosyn, etc.) for at least 10 days before your surgery. If you are on “blood thinning” medication (Coumadin, Plavix, Heparin, etc.) this will need to be stopped as well – please discuss this with your cardiologist and our providers.**

What do I do the day of surgery?

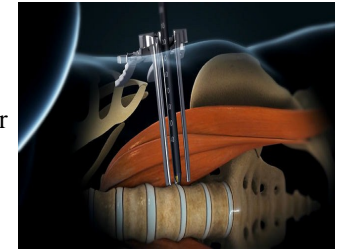
Bring your brace with you to the hospital and report to the same day surgery center. A nurse will start IV (intravenous) fluids and place special compression stockings on your legs to help with circulation. You will meet your anesthesiologist. You will see Dr. Zeidman and go over and sign your consent form. You will then be taken to the operating room for your surgery. Your family will wait in the Family waiting room. Dr. Zeidman will contact them once your surgery is completed.

What should I expect after my operation?

After your surgery will receive IV fluids, pain medication and antibiotics. You will also have something called an “incentive spirometer” which you will be asked to breathe into to prevent pneumonia. You will be assisted out of bed and will be walking the same day as surgery. You will need to wear your lumbar brace when out of bed. The morning following surgery you will have a X-ray of your lumbar spine to evaluate the placement of the hardware. Typically you will be in the hospital for two to three days.

How is surgery performed?

- We use intra-operative neuromonitoring (IONM) to monitor nerve activity during surgery for your safety.
- A horizontal incision is made on your side by Dr. Penn, a vascular surgeon, to access the disc space.
- Dr. Zeidman will perform a discectomy using a minimally invasive technique. Through a small tube, Dr. Zeidman will remove the diseased disc and decompress your nerve roots by removing any disc material or bones spurs (arthritis).
- Using the same incision, an intervertebral spacer is inserted into the space where the disc used to be. Next a posterior incision is made (through your back) and titanium screws and rods are placed for stabilization.
- Over the course of several months your bone will grow into and around the bone graft/intervertebral body spacer creating one continuous bone surface between the two vertebrae. This is what we refer to as “fusion”. Full fusion takes around 12 months to occur.
- X-rays are obtained throughout your surgery to



confirm appropriate positioning of your instrumentation.

- Your incision site is closed with dissolving sutures.
- A catheter and drain are placed at the time of your surgery and are typically removed the day after your surgery.

