

POST-OPERATIVE CONSTIPATION

- It is not unusual to have constipation due to medications.
- You may use a stool softener/laxative as needed.
- Drink plenty of water and add fiber to your diet.
- If you do not have a bowel movement by post op day 7, call our office.

WHEN TO CALL THE DOCTOR

If you have any of the following symptoms, call us right away.

- Increased leg weakness or numbness
- Loss of control of bowel or bladder
- Fever greater than 100.5
- Pain not controlled with your prescribed pain medication
- Worsening redness or continuous drainage from surgical incision site
- Weakness or swelling in your legs or your calf muscle is tender
- Shortness of breath
- Increase difficulty swallowing



 **CALL US**
IF YOU HAVE ANY QUESTIONS
TEAM MCBRIDE: (407) 254-4053
TEAM WEBER: (407) 254-4057



G. Grady McBride, M.D.



Mark Whitehead, PA-C

TEAM MCBRIDE: (407) 254-4053



Steven E. Weber, D.O.

TEAM WEBER: (407) 254-4057



Specializing in Minimally Invasive Surgery

25 W. Crystal Lake St. #200
Orlando, FL 32806
SpineSurgeryOrlando.com

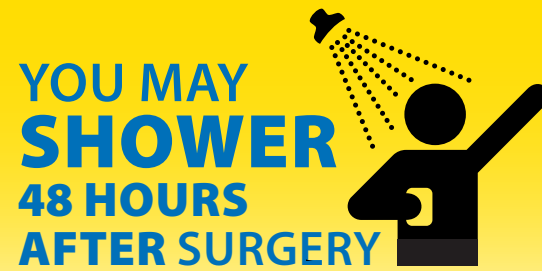
WHAT TO EXPECT AFTER YOUR SACROILIAC JOINT FUSION



TEAM MCBRIDE: (407) 254-4053
TEAM WEBER: (407) 254-4057
SpineSurgeryOrlando.com

ACTIVITY

- For the next 2-3 weeks you may place only 20 pounds of weight (toe-touch weight bearing) onto the lower extremity of the surgical side. You may use either a walker or crutches to assist in walking.
- You may do some walking 2-3 times per day while in the house, during your first 48 hours after surgery. You may then advance your activities and being to walk outside, but do not push yourself to the point of fatigue.
- You will be able to advance to 50% weight bearing after you are evaluated at your next follow up visit. You will remain at the 50% weight bearing stage for 4 more weeks.
- After 6 weeks, you may begin advancing to weight bearing as tolerated on the effected sided.
- Do not stay in bed most of the day. Try to be more active each day until you are able to resume normal activity. Inactivity can lead to blood clots which can become dangerous.
- Do not cross your legs when reclining or lying down as this may also cause blood clots.
- You were given some breathing exercises while in the hospital. You should continue these to help rid your body of anesthesia and to prevent post-operative pneumonia.



SHOWERING

- You may shower 48 hours after surgery.
- Keep the incision and dressing clean and dry. Incisions need to be covered while showering during the first week. You can cover it with plastic wrap.
- Stand straight up and **DO NOT** bend over.
- Do not take a bath, swim or sit in a hot tub until approved by your physician.



RIDING IN A CAR

- Avoid riding in a car for the first 2 weeks, unless you need to come to our office.
- When riding in a car, have the seat reclined back or lie down flat.

WOUND CARE

DR. MCBRIDE'S PATIENTS

- Your dressings may be changed if it becomes soiled or wet.
- Remember to wash your hands thoroughly before & after changing your dressing.
- Included are instructions for *Mepilex* and *Zip-line* dressings.
- Your Zip-line dressing has been applied to your skin, this will remain on your incision until your first post-operative evaluation.
- Over the Zip-line is the Mepilex dressing. It will be changed daily while you are in the hospital & at home by a home health nurse.
- Keep the incision site clean and dry.
- Clean the incision site daily with hydrogen peroxide.
- Some swelling may occur around the site, and this is normal. This can occur for several weeks.
- **DO NOT** place 4x4 gauze over the Zip-line dressing, as this may result in snagging the Zip-line and removing it inadvertently.

DR. WEBER'S PATIENTS

- Change your dressing daily or more often if needed.
- Leave the steri-strips in place, they will fall off on their own.
- Use dry sterile 4x4 gauze secured with minimal tape.



MANAGING PAIN CONTROL

- Pain is normal after surgery and may take several weeks to improve.
- Take medications as prescribed.
- Allow 24 hrs for refill requests.
- You will be given prescriptions for post-operative pain control, prior to being discharged.
- Most post-operative pain meds are written prescriptions & have to be picked up. Be sure to have someone designated on your HIPPA form at our office to pick up written prescriptions.
- If you had pain and numbness prior to your surgery, you may have these afterwards as well; especially if you had any delicate surgery around the nerve itself. This will gradually improve as you heal!

If you are still in pain after taking your prescribed medication:

- Try lying down and applying an ice pack beside your incision. Ice helps control inflammation, muscle spasm, and pain.
- Relaxation breathing may also help. Slow deep breaths can help muscles relax and also helps bring in much needed oxygen to sore tissues.