

POST-OP INSTRUCTIONS FOR DR. CASTILLON

Follow-up appointment: Generally 2 weeks after surgery, sometimes a little sooner if sutures/staples need to be removed. Please call our office to arrange this.

Post-Op appointment (Date/Time): _____

Wound care: Outer bandages may be removed on the 2nd postoperative day. It is important to keep the incision site clean and dry. There is no need to put ointment or anything else on the incision, unless instructed otherwise. If it is a site that you cannot see (i.e. low back, posterior neck, etc.), then have a family member or someone else check on it frequently.

You may shower after the 3rd postoperative day, but try to keep the incision covered. If you have a low incision (lumbar), then do not submerge it underwater (no baths, pools, or hot tubs).

Some drainage from the incision is normal right after surgery. However, you should notify us if there is any heavy drainage beyond the first few days. Likewise, you should notify us *immediately* of any clear drainage after spine or cranial surgery. Minimal redness, especially around the skin stitches or staples, is normal. If the wound becomes red, swollen, and tender, or if you have a fever, you should call the office as these may be signs of infection.

Most of the time (depending on the procedure), the skin is closed with Steri-Strips (small pieces of tape adherent to the skin), and suture/staple removal is not necessary. These strips will generally fall off on their own. If they are still on at the two week visit, we will remove them.

Skin stitches and staples are generally removed between the 10th and 14th postoperative days. Postponing your appointment beyond 2 or 3 weeks can make suture or staple removal more difficult and uncomfortable.

Activity/restrictions/return to work: Avoid any heavy lifting or bending. Walking is fine, and use assistance if needed. No running, weight-lifting, yardwork, household chores, or any other such activities until you are well on your way to recovery (minimum 6 weeks). Also, try to minimize riding in a car right after surgery. If it hurts, don't do it. On the other hand, do not just lie around completely inactive, as you will only become deconditioned and have a longer recovery period.

You should not drive or operate any heavy machinery if you are still taking pain medications. After you are seen in clinic for follow-up (generally 2 weeks and 6 weeks post-op), we will have a better idea of what you can resume doing, when you can return to work, etcetera. Everyone recovers at a different pace, but generally, you should be able to return to work shortly after the first postoperative appointment. Exceptions include craniotomies and certain spinal fusions. Your return to work also depends on what type of work you do. Jobs involving heavy labor or prolonged standing may require a longer recovery time.

Aspirin and other blood thinners: Aspirin, Plaid, and related medications affect the body's ability to clot by affecting the platelets, and Comedian (warfare) thins the blood through a different mechanism. These medications can be dangerous before or after neurosurgical procedures. Although you are taking these in order to lower your risk for certain adverse events (heart attack, stroke), your chances of having a major complication from bleeding after surgery are probably higher.

Generally, it is safe to stop these 1 week before and 2 weeks after surgery. The specific reason for you taking the medication will have to be considered, as some patients (mechanical heart valves, clotting disorders) will require special management. In some cases, we will need to have this approved by your cardiologist or hematologist.

Additional instructions (if applicable to your procedure)

Anterior cervical procedures: If you were given a cervical collar following cervical spine surgery, you should wear this until your first follow-up appointment. This is usually discontinued at the first postoperative visit (for most cervical spine procedures). Avoid activities that require a lot of strain on your neck, including driving. If you absolutely must drive, remove the collar because it can hinder your ability to drive safely.

Local swelling from the surgery and the breathing tube during surgery will make swallowing somewhat difficult - this is normal. This will generally subside by the first week. Similarly, a sore throat is to be expected for a short time after surgery. Should you be unable to swallow even soft foods or feel that you cannot get enough air (difficulty breathing), call us *immediately*.

Back braces: If you were given a brace following thoracic or lumbar spine fusion surgery, you should wear this whenever you are out of bed (sitting, standing, walking). You need not wear it while lying flat in bed, but you should not elevate your head too high or sit up in bed without the brace. If necessary, adjustments can be made by the orthotic company that supplied the brace.

Craniotomies: Wound care instructions listed above apply, and you may shower on the 3rd postoperative day. However, you must be very careful- be gentle when washing your hair as you may disrupt the sutures or staples. More specific instructions will be given to you based on the surgical procedure. You should not drive until you are cleared to do so after postoperative checkups.

Carpal tunnel surgery, ulnar nerve surgery, other peripheral nerve surgeries
Limit the use of the involved area, as these incisions are usually located in very mobile, overused areas (hand, elbow, leg). Use the other hand/arm and get help from someone else. Overuse can impair or significantly delay the healing process, leading to wound breakdown and scarring, and possibly infection. If you've had carpal tunnel surgery, you should be particularly careful not to get your hand dirty. Keeping the incision covered is sometimes the only way to keep it clean.