

MIS TLIF (Transverse Lumbar Interbody Fusion) post op instructions

MIS TLIF involves a series of small incisions to remove the disc or bone overgrowth that is pressing on your spinal canal and nerves. I will then put a small graft (like a Lego block) between the vertebrae to help take more pressure off the nerves and stimulate the bones to fuse (grow into one bone). To ensure the bones fuse and don't compress the nerves again I will also put in some screws and rods. The screws are very strong but ultimately it is your own bone that will heal, stabilize your spine and give you long lasting results.

Hospital stay

This depends on a few factors such as age, co-morbidities and number of levels. Typically, patients go home the day of surgery or the following day. Going home requires your pain to be controlled and an assessment that you are safe on your feet. If required, we can arrange a visiting nurse to check on you. Occasionally patients may need a brief stay at rehab, especially if they are de-conditioned or home alone. If required, we can arrange a visiting nurse to check on you.

Incision

You can shower 48 hours after the surgery provided there is no drainage from the incision. Don't aim the water jet directly at the incision, just let the water run over the area. Pat the area dry, don't scrub at the area (this will help keep the scar small). Do not put any lotions or creams on the incision for at least a month.

Avoid submerging the incision (bath or pool) until the incision has been dry, with no drainage for 7 days.

The incisions will be covered with Steri-Strips. These will fall off on their own but if they are coming loose and annoying you, feel free to trim them carefully with scissors.

Brace

Wearing the brace for the first two weeks will help with your pain and start the fusion process (the bones growing together and becoming solid). After this you can wean out of it and wear only for comfort. However, if I'm concerned about your bone density (osteoporosis), I may ask you to wear the brace for longer.

Pain medications

Depending on what you required after surgery you will be taking either Tramadol or Oxycodone, and Tylenol for pain. You will also have a muscle relaxant (Flexeril or Diazepam) which will help with pain but is especially good for muscle spasms.

If you are taking Oxycodone, reduce the dose as you are able and transition to Tramadol instead. This is best done by spacing the tablets out (i.e. every 8 hours instead of every 6 hours) and then taking one instead of two tablets.

Please avoid non-steroidal anti-inflammatories (such as Motrin or Aleve) as repeated doses can delay the fusion process.

While on Oxycodone or Tramadol it is important to take a stool softener to prevent constipation.

Activities

Walking is the best rehab and you can do as much of this as you want from day one. After two weeks, if you want to do something more vigorous, you can use a stationary bike, an elliptical trainer, or walk against water in the pool. Avoid running until at least 6 weeks after surgery. Too much stress on the area before it has fused will delay the fusion process and can lead to a repeat surgery. Once the fusion is complete, you will be able to do any activities you want.

Typical problems

Most patients do very well with relief of leg pain immediately after surgery, but some back pain related to the incisions. This settles quickly over a couple of weeks. Occasionally if your nerves were really tight, they can get inflamed temporarily after surgery and cause sciatic-type pain. If this occurs, we will give you some oral steroids to settle it down faster. Most patients notice some bruising around the incision sites. This will settle on their own.

Post op visits

A typical schedule is listed below, but this is tailored for your individual circumstances:

- First post op visit is around 2 weeks following surgery

- Second visit is 6 weeks following surgery

- Third visit is 3 months following surgery

- Fourth visit is 6 months following surgery

- Then annually following surgery