

Lateral Interbody Fusion (XLIF) post op instructions

XLIF involves a small incision on the flank. Through this I will use a microscope to see the area I am working on and remove the disc material that is compressing your nerves. I will also insert a small spacer (like a Lego block) to replace the disc. This has two functions, the first is to help the bones fuse (heal into one bone) and the second is to stretch the ligaments around the spine back to their normal length, and further reduce the pressure on the nerves. Depending on your individual circumstances, I may also need to make some small incisions on your back to put screws and a rod to help further stabilize your spine.

Hospital stay

This depends on a few factors such as age, co-morbidities and number of levels. Typically, patients go home the day after surgery. 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.

Incision

You can shower 48 hours after the surgery. If you have any drainage from the incision, cover with a waterproof dressing first. 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, 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) or we did multiple levels, I will 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 their back and leg pain after surgery. 60% of patients will have some soreness in the front of one thigh, which is normal and temporary. It is related to one of the muscles we move during the surgery. If it is severe, we can give oral steroids to help settle it down faster.

Most patients will notice some bruising around the incision sites. This will settle on its 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