



Davis Spine & Orthopaedics

Spine and Orthopaedic Surgeon
Board Certified and Fellowship Trained
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Insertion/Removal of Spinal Cord Stimulator Discharge instructions

When to call 911:

- ****If you are experiencing shortness of breath or chest pain, CALL 911****

When to call the office: even if it is after hours – before going to the ER

- **If your temperature exceeds 101.5° F**
- **If your incision begins to separate**
- **If your incision begins to drain more that it did at your time of discharge. If you have drainage that is soaking through your dressing after one hour**
- **If you have an increase in pain, swelling or redness around the incision**
- **If you have difficulty with controlling your bowel or bladder (not constipation, the opposite)**
- **If you have a headache lasting longer than 48 hours**

Discomfort:

- Spinal Headaches – are caused by leakage or loss of cerebrospinal fluid at the site where your leads were placed. Lie flat and drink plenty of caffeinated non-carbonated fluids (e.g., tea, coffee). This type of headache is often accompanied by sensitivity to light.
- PAIN - After surgery, **pain is often managed with narcotic medication as provided by your pain management doctor**. Your pain may also be managed with acetaminophen (e.g., Tylenol) and/or NSAIDS like ibuprofen, Motrin, Aleve, or naproxen provided you do not have any contraindications to using that type of medication, if you are unsure, please contact your primary care provider.
- Constipation – The regular use of narcotics can cause constipation, drink lots of water and eat high fiber foods. Laxatives (e.g., Dulcolax, Senokot, Milk of Magnesia) and glycerin suppositories may be helpful and can be bought without a prescription.
- Hoarseness, sore throat, or difficulty swallowing may occur in some patients as a result of being intubated for the surgery, this **should not be cause for alarm**. These symptoms usually resolve in 1 to 4 weeks.

Restrictions:

- Log roll in and out of bed
- **Do not lift, stoop, stretch or bend during the early period following surgery. If you must lift an object, bend at the knees. The leads may move if you do this and if they migrate from where they were placed, you may require a revision surgery.**
- Do not lift anything heavier than 10 pounds. Lifting restrictions will most likely be lifted at your two week follow up.
- Do not drive for 2 weeks after surgery or until discussed with Dr. Davis. You may ride in a car, but avoid long trips until after you have returned for a follow up visit.
- Measured back brace should be worn with activity. It may be removed during sleep.

Activity:

- You may need help with daily activities (e.g., dressing, bathing), however, most patients are able to care for themselves right away.
- Gradually return to your normal activities. Walking is encouraged; start with a short distance and gradually increase up to 1 to 2 miles daily.

Bathing/Incision Care:

- You should change the dressings daily for about two weeks. **Do not apply any creams or ointments for the first 4-6 weeks.**
- Sutures are placed under the skin and will be absorbed by your body. There will be small pieces of adhesive tape superficially, which can be removed in about 14 days. If these become dirty or sticky, they may be removed earlier at the office.
- You may shower 5 to 7 days after surgery. The incision may get wet, pat it dry with sterile gauze. Once dry, cover with a dry sterile dressing.
- No tub baths, hot tubs, or swimming pools until you are told it's safe to do so.

Recovery and prevention:

We will see you for follow up 2 weeks after your surgery. A comprehensive programming of the SCS will be completed by a company representative at this visit. Complete recovery from the surgery is expected at that time.

After 2 weeks:

- You may resume normal activity as tolerated.
- Lifting restrictions will most likely be lifted.