



COASTAL ORTHOPEDICS

Dr. Eric Sundberg

Lumbar Fusion

941-792-1404 X3234

What To Expect

- You will be contacted by Dr. Sundberg's assistant to help you through the surgical process. (Contact number 941-792-1404 X 3234)
- You will be required to obtain clearances based on your medical history. Please make Dr. Sundberg's team aware of any specialists that you see.
- You will have a preop appointment with Dr. Sundberg's Physician Assistant who will review your procedure with you and answer any questions you may have.
- You will have a preop appointment with the surgical facility.
 - If your surgery is at Coastal Orthopedics outpatient Surgery Center, the surgical nurse will contact you by phone.
 - If your procedure is at the hospital, you will have an appointment at the hospital.
 - The facility will give you instructions in regards to preop testing requirements for your procedure. This MAY include bloodwork, chest X-ray and EKG. **Please make the facility aware if you have had the COVID vaccine.**
- Please have a list of all your medications with the dosages and how often you take them.
- You will need to stop medications that can thin your blood, so include all over the counter and herbal medications in your list.

What Does Surgery Entail?

- There are several different types of fusions, Dr. Sundberg will choose the approach that best fits your anatomy and diagnosis.
- The Spine PA will review your procedure in detail at your preop appointment and answer any questions you may have.
- You will meet with Dr. Sundberg and the Anesthesiologist in the preop area. Dr. Sundberg will answer any questions you may have and mark your neck.
- Your procedure is done under a general anesthetic. This means that once you are asleep, a tube will be placed to protect your airway.
- You will have a foley catheter placed after you are asleep to drain your urine.
- You will have your nerves monitored by a neuromonitoring specialist during your procedure. Small needles will be placed after you are asleep.

Types of Fusions

- PLF (Posterolateral Fusion)-Decompression of the nerves and dural sac with stabilization of the spine with screws and rods.
- TLIF (Transforaminal Lumbar Interbody Fusion)-Decompression of the nerves and dural sac with a cage (spacer) placed between the vertebral bodies and screw and rod stabilization. Procedure is done with incision on the lower back.
- ALIF (Anterior Lumbar Interbody Fusion)-Anterior Approach (incision lower abdomen) with an approach surgeon to assist Dr. Sundberg getting to the spine. Then posterior approach (incision/incisions lower back) for the screw and rod stabilization.

Continuation of Types of Fusions

- OLIF- (Oblique Lumbar Interbody Fusion)-Approach from the left lower abdomen (incision left lower abdomen) and then posterior (incision lower back) for screw and rod stabilization.
- XLIF (Extreme Lumbar Interbody Fusion)- Approach either from the right or left lateral side of abdomen (incision on side) and then posterior (incision lower back) for screw and rod stabilization.

Goal of this type of Surgery

- The goal of surgery is to open up the space for the nerves and/or the central canal. This will help with lower extremity symptoms.
- Nerves are already irritated from impingement and once the space is open it can take 6 weeks for the nerve irritation to reduce.
- The fusion part of your procedure is to help your back pain.
- Back pain reduces when fusion occurs, fusion takes 6-8 months.
- You will not have your final result with regards to back pain for 9-12 months after surgery.

What to Expect Postop

- You may or may not have a drain coming out of your back, this will be removed before you are discharged.
- You will likely ambulate with a walker, if you have a walker please have a family member bring it to the hospital for you so the Physical Therapist can make sure it is set to the correct height for you.
- You will need to ambulate with assistance from either the nurse or PT while in the hospital.
- You will wear a back brace for 12 weeks after surgery when you are up and ambulating. You do not need to wear it while sitting or laying down.

What to Expect Postop Cont.

- Upon discharge pain medication and stool softeners will be sent to your pharmacy. We also recommend picking up ducolax suppositories from the pharmacy. Postop constipation is common and related to anesthesia and narcotic medication
- Postop care upon discharge can include rehab, a skilled nursing facility or home with home healthcare. Home healthcare can include PT, a nurse and OT.
- Your restrictions include BLT's-Bending (bend at the knees, not at the waist, Lifting (no lifting > 5lbs) and no Twisting.
- You will see the PA 2 weeks after surgery. X-rays will be taken at that appointment and restrictions will be reviewed.
- No tub bathing, pool, hot tub or ocean until your incision is pink with no scabs. The PA will assess your incision.
- If you develop a fever (greater than 100.4 F) or drainage/redness of your incision, you need to contact Dr. Sundberg's assistant at 941-792-1404 x3234

Once You are Home

- Ice your back 20 min on/20 min off throughout the day. This will help with swelling and pain.
- Walk 20 min twice per day, this is important to reduce your risk of blood clots.
- Pain medications will take 48 hours to refill. Both Dr. Sundberg and his PA are in surgery multiple days per week and will be unable to refill medications on a daily basis. So please be aware of how many pills you have left.
- Do not take over the counter anti-inflammatories such as Advil, Aleve, or ibuprofen for at least 3 months, preferably 6 months as these can interfere with fusion. Tylenol is ok to take.
- You may have dental work 6 weeks after surgery.

Care for surgical incision

- Change dressing every 3 days.
- You may shower 3 days after surgery if you did not have a drain.
- You may shower 2 days after drain is removed if you had a drain.
- No tub bathing, pool, hot tub or ocean until your incision is pink with no scabs. The PA will assess your incision.

Risks of a Fusion

- Bleeding
- Postop infection
- Pseudarthrosis (you did not fuse, rate is 8-10%)
- Hardware failure
- Nerve injury
- Dural tear
- Nerve palsy injury (isolated muscle group weakness)
- Adjacent level breakdown (approx. 20% chance)
- General anesthesia
- Death, stroke and paralysis are extremely rare

Follow-Up Care

- The PA will follow your care postoperatively. The appointments will be at 2 weeks, then 6 weeks, then approximately every 3 months until 1 year from the day of surgery. We will obtain an X-Ray at each appointment.
- If you are having increased pain, we will assess your fusion with a CT scan after 9 months from surgery.
- If you have sudden onset of leg weakness and/or urinary retention within the first week of surgery, contact our office immediately.
- You can drive when you are no longer taking narcotic medication and you feel you can slam on the break if need be.
- Dr. Sundberg likes his patients to have outpatient PT postoperatively, this is usually 2 days/week for 6 weeks.
- You will need to change your bandage every 3 days, if no drainage you may remove dressing after a week.