

## **Sacro Iliac Joint Fusion Postoperative Instructions**

- Wound Care and Incisions:
  - Dr. Reddy generally closes small incisions with all absorbable sutures and a layer of dermabond tape. Dermabond tape is a simple waterproof dressing that sticks adherently to the skin. It looks like purple scotch tape and should stick to the skin for 1.5-3 weeks post operatively. It is safe to get wet and shower the day after surgery. Do not submerge it in a soaking tub.
  - It is common with some SI joint fusions to have a small incision on the opposite site of the fusion. This is a mounting point for navigational equipment in the OR and generally heals without incident.
  - Check the surgical site daily. Drainage can occur in the first 72 hours, especially in revisions or larger BMI patients. Fevers can be common from the anesthesia for the first 48 hrs after surgery. Fevers above 101 beyond 48 hrs should be cause for concern. Please contact the office or if you feel ill head to the ER.
- Medications:
  - Pain Medications (Norco, Percocet, Ultram etc.)
    - Take your pain medication as directed. For the first 24-36 hours after surgery try to take it on schedule as this is the most uncomfortable time. After 36 hours, wean from these medications. Most of my patients are no longer taking pain medication by the time they see me at their first post op appointment (2 weeks after surgery). Norco and Percocet have Tylenol built into them. Do not concurrently take Norco or Percocet with Tylenol.
    - Pain medication has common side effects of delirium, fatigue, sleepiness, constipation, itching, and hives among others. For this reason, we ask our patients to wean from these medications as able.
    - *Pain medications can be sent electronically if Dr. Reddy is in the office that day however often times he spends long hours in the OR; please give us 48 business hours for pain medication refill.*
  - Muscle Relaxants (Flexeril, Valium, Baclofen etc.)

- These medications can help with muscle tightness and spasm. Generally, my patients find them most helpful to take when trying to sleep at night or if they have an acute episode of muscle tightness that causes pain.
- Stool Softener (Colace, Senna, MiraLAX, etc.)
- Narcotic medications cause constipation. So long as you are taking narcotic pain medication, please take your stool softener as prescribed. Bowel movements can be slowed down by general anesthesia. If post operatively you have trouble having a bowel movement for more than 48 hours, it is ok to augment the stool softener with things from your local pharmacy counter such as enemas or suppository. If you become nauseous, bloated, and have not had a bowel movement call our offices.
  
- Medications NOT TO TAKE:
  - Anticoagulants (Plavix, Warfarin, Coumadin etc.) Post-operative bleeding is a serious issue and can be made worse by taking medications that increase bleeding.
  - Please do not take these medications for 7 days after surgery.
  - Anti-inflammatories (Naproxen, Aleve, Ibuprofen, Motrin, Mobic, Celebrex, Aspirin etc.) For fusion type operations including SI joint fusions we limit these for 3 months post op to encourage good bony fusion and healing.
  - These medications can affect your platelets and cause bleeding. In addition, the anti-inflammatory effect can slow down fusions and these medications should not be taken until cleared by Dr. Reddy.
  - Baby aspirin or full-strength aspirin recommended by your cardiologist should be resumed after the 2 week post op appointment.
  
- Driving:
  - There are no specific rules about driving other than:
  - You cannot drive while still taking narcotic pain medication
  - You cannot drive until you feel your neck is moving well enough that you can safely see the cars and objects around you.
  - When you have weaned from pain medication, test your skills in a mall parking lot or unpopulated area. If you feel safe driving it is ok to begin slowly. Make sure you feel comfortable braking hard in a panic situation.
  
- Activity:

- SI Joint fusions patients are asked to be toe touch weight bearing on the operative side. This basically means walking tip toe on the operative leg with crutches or a walker for support. We do this for approximately 3 weeks post operatively to unload the SI joint and allow the first stages of fusion to occur with less stress and strain. Dr. Reddy will give you further instructions on advancing activity at the 2 week post op appointment.
- Appointment:
  - Typically, we see our spine patient's back at 2 weeks after surgery. Most patients already have an appointment that was booked by the office when the surgery was scheduled. If you are unsure of the date, location or time please call the office to confirm. 574-247-9441
  - We will generally see you for about 3 months post op and if you're doing well, returning to your activities sufficiently and the x-rays look appropriate we can reduce the frequency of appointments at that time to as needed.