

## **Spinal Cord Stimulator Discharge Instructions**

Spinal cord stimulators can be used to help in the setting of chronic pain. Dr. Reddy often helps other pain management doctors by acting as the technician placing a permanent spinal cord stimulator that your pain management doctor has indicated you for. Dr. Reddy places the device in the operating room and sees you for 6 weeks post op to make sure the incisions are healed. Further appointments would be with your pain management doctor for management of the device and recommendations on pain control.

Please note for the first 2 weeks the device is left off so that wound healing can occur without the potential for neurological symptoms driven by the device. In rare cases of post op infection or bleeding it is easier to troubleshoot the situation with the device left off in the first 2 weeks after surgery. If the incisions look good at 2 weeks the reps will activate your device and initiate programming.

- Wound Care and Incisions:
  - Depending on patient morphology Dr. Reddy may close the incisions several ways.
  - Most often the lower pulse generator incision near the flank is closed with dermabond tape. This looks like scotch tape that is adherently stuck to the skin. Leave this in place for 2-3 weeks and let it fall off naturally.
  - The thoracic/ mid-back incision is sometimes closed with similar tape or sometimes in larger patients closed with sutures or staples that must be removed at 2-3 weeks. If this is the case you may shower 24 hrs after surgery and pat the incision dry, then place a small light gauze dressing with paper tape to cover the suture line.
  - Sutures will be removed between 2 and 3 weeks depending on wound healing in clinic.
- Medications:
  - Generally, Patients are sent home on 3 categories of 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.)
  - 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:
  - Walk as much as possible - let discomfort be your guide. You may also go up and down stairs as much as you can tolerate. Walking outside (as long as it is nice weather) or walking on a treadmill is permitted (no incline).
  - **DO NOT:** Lift anything weighing greater than 10-15 lbs.
  - Avoid excessive bending or twisting. Let pain be your guide to limitations. Kneeling can be helpful rather the bending at the waist when picking up objects from the floor.
  
- 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
  
- If you have questions, please call our offices:
  - Angela is Dr. Reddy's Medical Assistant and does a wonderful job of helping patients get answers to their questions. She has direct access to Dr. Reddy and can easily find him for urgent issues.

Angela B.  
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