Cotton O'Neil Neurosurgery and Spine Center — Stormont Vail Health

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Preparing for Your Lumbar Fusion

VERSION V1.0

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TLIF / PLIF. What is different about getting ready for this particular operation.

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Start with the general guide

Our **Preparing for Your Spine Surgery** handout covers everything that is the same no matter which operation you are having: stopping nicotine, getting your medical conditions optimized, the medication review and the coordinated preoperative visit, setting up help at home, the Hibiclens showers, and the morning-of routine.

Read that one first. This page only covers what is specific to a lumbar fusion.

If anything here conflicts with what Dr. Tuchek, the pre-anesthesia team, or your other physicians tell you, **follow their specific instructions.** Those are tailored to you; this is a general roadmap.

What makes this operation different

A fusion does two things in one operation: it decompresses the nerves, and it stabilizes the segment. The disc is removed, an interbody cage with bone graft is placed between the vertebrae, and pedicle screws and rods hold the segment while bone fusion completes over months.

That makes it **a bigger operation than a decompression alone**, and it means bone has to heal for the operation to succeed. Both facts change how you prepare.

The universal step that matters most here: nicotine

The general guide asks every patient to be off nicotine for at least four weeks. For a fusion that instruction is load-bearing.

> Nicotine impairs bone healing and fusion, which is why we ask patients to stop before surgery.

If you smoke, vape, dip, or chew, this is the most important thing you can do for your surgery. Call our office at **(785) 368-0767** for a referral to Stormont Vail's tobacco-cessation support.

Plan the calendar now, not the week of surgery

- **Plan to arrive about two hours before your scheduled time**, unless the hospital pre-op call gives you a different time.
- **Surgery typically takes 2.5–4 hours.** Tell whoever is waiting.
- **Most patients stay one to two nights in the hospital.** Pack accordingly.
- **Walking begins the same day, with physical therapy support.**
- **Return to desk work in four to six weeks. Driving in two to four weeks, once you are off narcotics.**
- **Activity restrictions will be gradually lifted over the first three months while the fusion matures.**
- **Bony fusion is typically solid by six months, and we confirm it with imaging.**
- **A brace is not routinely needed for a standard TLIF or PLIF.** If one is planned for your case, our team will let you know before surgery.

Two things follow from that list. First, arrange rides for a **two-to-four-week** stretch, not a few days. Second, the general guide's advice to move frequently used items to waist-to-chest height is not a two-week measure here — set your home up for the **three-month** recovery window.

Mention anemia or bone-health history at your pre-op visit

The general guide asks you to raise a history of anemia or low iron. For a fusion that item earns its place:

> Fusions involve more blood loss than decompressions, and a transfusion is occasionally needed.

Bring it up at the coordinated preoperative visit so there is time to evaluate and treat it beforehand. If you have **osteoporosis** or take **bone-density medications**, mention them at your preoperative visit as well so our team can coordinate bone-health planning ahead of a fusion.

Line up real help at home

The exposure for a fusion is larger than for a simple decompression, so expect more back and muscle soreness in the first weeks. Combined with three months of gradually lifted activity

restrictions, that means the general guide's "identify a primary caregiver" step is not a formality for this operation.

Our **Caregiver Preparation Guide** is written for the person helping you. Give it to them before surgery, not after.

Other handouts that matter most for this operation

Ask our office for these:

- **Preparing for Your Spine Surgery** — the general prep guide. Start here.
- **Anticoagulant and Antiplatelet Medications** — if you take aspirin, Plavix, Brilinta, Eliquis, Xarelto, Pradaxa, Savaysa, or Coumadin.
- **GLP-1 Medications and Surgery** — if you take Ozempic, Mounjaro, Wegovy, or Trulicity.
- **The Day of Your Surgery** — the morning-of routine and what happens at the hospital.
- **Caregiver Preparation Guide** — for whoever is helping you at home.
- **Spine Surgery Recovery** — what the days and weeks afterward look like.

When to call us

Before surgery, call our office at **(785) 368-0767** during clinic hours if you develop a fever, cough, or new illness; a new cut, rash, or skin infection on your back; or if you realize you took a medication you were told to hold.

For medical emergencies, call 911 or go to the nearest emergency department. The clinic line is not an emergency line and is not staffed overnight.

The general guide's full "When to call us" list applies to this operation as well.

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This handout provides general guidance for patients of Chad Tuchek, MD at Cotton O'Neil Neurosurgery and Spine Center, Stormont Vail Health. It is not individualized medical advice. Always follow the specific instructions you receive from your surgeon and at discharge. **For medical emergencies, call 911.**