

Hardware Removal and Exploration of Fusion Post OP Instructions

Description of Procedure

Hardware Removal with Exploration of Fusion is a procedure used to help eliminate pain generated by previous hardware that has been implanted to stabilize your spine. This procedure is only performed when the hardware previously implanted has been confirmed as the source of your pain. In the operating room, you will be placed in the prone position (lying face down) to access the hardware in your back. A vertical incision will be made over the hardware that is to be removed. Dr. Hanson will use a variety of retractors in order to gain good visual access to the rods and screws that have been implanted in your back. Once the implants are located and can be seen under direct vision, Dr. Hanson will assess the bone growth formation to accurately determine if the fusion was successful and that the spine is stable enough for the hardware to be removed. The first step in removing the hardware is to take out the locking caps. These hold the rod in place when a spine fusion is performed. With the locking caps removed, Dr. Hanson can remove the rod that connects the pedicle screws in your back. The final step in the removal process is to take out the pedicle screws that are fixated to the bone. The surgery is completed with suturing the tissue back together and sterile dressings placed over the incision.

What's Normal After Surgery?

- ⇒ **Back Pain:** Achiness or back pain is very common after surgery. However, if your pain is severe and not well-managed with acetaminophen and prescription pain medication, please call the office.
- ⇒ **Buttock or Leg Pain, Numbness, or Tingling:** Many patients experience buttock or leg pain, numbness, or tingling prior to surgery. On occasion these symptoms can temporarily worsen following surgery. Many times, this is because of postoperative inflammation, swelling, or remnants of nerve irritation from prior to surgery. Please let us know if these symptoms gradually worsen or are not improving after a few days.
- ⇒ **Sore Throat, Hoarse Voice, or Difficulty Swallowing:** The tube to help you breathe during the surgery can cause a scratchy or sore throat or difficulty swallowing for a few days.

What's Not Normal After Surgery?

- ⇒ **Sudden onset severe headache or a headache that is positional.**
- ⇒ **New onset bowel or bladder dysfunction.**
- ⇒ **Difficulty breathing, chest pain, or inability to swallow.**
- ⇒ **Unilateral extremity swelling, warmth, and/or redness.**
- ⇒ **Fever/chills, purulent incisional drainage, and/or expanding redness around the incision(s).**

****If you have any of the above, call the office & consult with the emergency department immediately.**

Appointments

Follow up after surgery begins 1-2 days after surgery when you receive a phone call or text message from Dr. Hanson checking in on how you are doing. Approximately 7-14 days later our office staff will contact you to check on how you are doing and follow up with answers to any of your questions.

10-14 days after surgery please send a picture of your incision to 612-670-4971 via text or you may email it to scheduling@msispine.com.

Typically, returning to clinic for routine follow up in the first 3-4 months is usually not necessary because of the other follow up you will receive. If you have any concerns or do need to come to the clinic, then contact our staff to discuss any questions you may have.

Restrictions

After surgery, limit lifting, pushing, and pulling to 10-20 pounds as tolerated for the first 2 weeks. After surgery start a walking program to increase your activity and aerobic endurance. After two weeks, your provider will work with you to gradually decrease your restrictions to return you to a more normal and active life. We encourage you to increase the amount you walk each day postoperatively.