Recovery after posterior thoracic fusion

With or without thoracic decompression

Dr Mohamed Sarraj | Spine Surgery

Your surgery stabilised bones in the middle part of your spine through an incision in your back. If decompression was performed, it also made more room for the spinal cord or nerves. Bone healing continues for several months.

This is your usual recovery plan. Personal instructions from Dr Sarraj for your operation take priority if they differ. **Urgent warning signs are on the final page.**

Early recovery

Pain around the incision and between the shoulder blades, muscle tightness, and tiredness are common. Existing leg numbness, weakness, or balance difficulties may recover slowly or remain limited. Surgery for spinal cord compression also aims to prevent further deterioration.

Nerve irritation

Temporary nerve irritation is common after spine surgery. It can cause leg pain that briefly feels worse than before surgery, unusual tingling, or sharp, shooting pains called "zingers". Nerves may be irritated by handling during surgery, a change in tension, or nearby swelling. These symptoms often ease as the nerves recover. Recovery varies, and some symptoms may persist.

Look at the overall pattern. Brief symptoms that come and go can occur during recovery. Severe or steadily worsening pain, new weakness, new persistent or spreading numbness, or bladder or bowel changes need assessment. See **When to get help** on the final page.

Pain as the nerve block wears off

An **erector spinae plane block** was used during surgery to reduce pain around the back of the spine. Pain can increase as its numbing effect wears off. How long relief lasts depends on the medicines used and your response. Pain may be more noticeable in the first few days, including **days 2 or 3**, as early pain relief fades and swelling develops. Follow your prescribed pain plan and the warning signs on the final page.

Activity and movement

Time after surgery	Lifting and movement
First 6 weeks	Avoid bending, lifting, and twisting that strain your back. Do not lift more than 15 lb (about 7 kg). Walking is encouraged. Begin immediately when safe. Take short, frequent walks and increase the distance as tolerated.
6 weeks to 3 months	You may lift up to 30 lb (about 14 kg).
3 to 6 months	Do not lift more than 50 lb (about 23 kg).
After 6 months	Lifting restrictions are removed only after clearance at a follow-up visit.

Weight limits apply to the total weight carried. How you lift matters too: keep loads close and avoid straining your back, even with light objects. Build up gradually within these limits. Ask for help with children, pets, groceries, and heavy housework initially.

Moving safely

No brace is required after thoracic fusion.

During the restricted period, avoid repetitive, deep, or loaded bending and twisting. Small, comfortable movements for dressing and hygiene are allowed. Keep objects close to your body, step around instead of twisting, and roll onto your side to get out of bed.

Walking and physiotherapy

Start walking immediately after surgery, as soon as your care team says it is safe. Have staff assist with your first walk. At home, take short, frequent walks and gradually increase the distance. Avoid prolonged bed rest. Use a rail on stairs and a walking aid if needed; take rests and change position regularly.

Do not start formal outpatient physiotherapy before 6 weeks. Discuss it at follow-up if needed. Walking, safe transfers, and mobility advice taught in hospital can continue immediately.

Medicines and daily care

Celecoxib or Celebrex: Take it routinely for 10 days, using the dose on your prescription. No refills are provided. Afterwards, occasional NSAIDs (anti-inflammatory medicines) are acceptable if safe for you. Avoid routine long-term daily use.

Use only one NSAID at a time. Do not add ibuprofen (Advil or Motrin) or naproxen (Aleve) to celecoxib. Before taking it, check with your pharmacist or prescriber if you have a celecoxib, sulfa, aspirin or NSAID allergy; kidney disease; stomach ulcers or bleeding; heart disease; or take blood thinners.

Acetaminophen (Tylenol): Take this regularly as your first-line pain medicine during early recovery, following your prescription or label. Count acetaminophen in combination medicines toward your daily maximum. Check with your pharmacist first if you have liver disease or regularly drink substantial amounts of alcohol.

Opioids or other sedating medicines: Use only as prescribed. Stop the extra postoperative opioid when Tylenol and an NSAID control your pain. If you use opioids regularly, follow your prescriber's tapering plan. Avoid alcohol and cannabis. Do not drive while impaired. Store opioids securely and return unused tablets to a pharmacy.

Stop NSAIDs and seek emergency care for black, tarry stools or vomiting blood. Call 911 for trouble breathing or swelling of the lips or tongue after a medicine. Stop the suspected medicine and seek same-day advice for a new rash. Restart aspirin, blood thinners, and medicines held for surgery according to your discharge plan. Do not stop prescribed low-dose aspirin just to take an NSAID. Use prescribed clot prevention as directed.

Food and bowel care

Return to your usual diet as tolerated. Start with small meals if nauseated, include protein for healing, and drink regularly unless you have a fluid restriction.

Opioids can cause constipation. Use the prescribed laxative while taking them; walking, fluids, and fibre also help. Seek advice if you have no bowel movement for 3 days despite treatment. Severe abdominal pain, vomiting, or a swollen abdomen needs urgent assessment.

Wound and scar care

Follow the wound care instructions given to you in hospital. They take priority over the general guidance below, including when to change your dressing, shower, and have stitches removed.

Keep the dressing clean and dry for the first 5 days unless instructed otherwise. A clean, dry dressing may stay on until follow-up if this matches your hospital instructions. Replace a wet, dirty, or loose dressing promptly. Wash your hands before and after wound care.

After day 5, you may take a brief shower if the incision is closed and dry and your hospital instructions allow it. Let water run gently over the area and pat dry. Apply a fresh, clean dressing afterwards unless you have been told it can remain uncovered.

Sutures may need to be removed at your 2-week follow-up. Follow your hospital instructions and do not remove them yourself. If your follow-up is virtual, arrange a local wound check and suture removal if needed.

Do not pick at the incision or sutures, or apply creams to a healing incision. A pink tint from the surgical skin cleanser may remain around the area; increasing redness, warmth, pain, or drainage needs medical advice.

No pools or hot tubs for 6 weeks, and longer if the wound has not fully healed. Do not soak in a bath until the wound is fully healed.

Scar care after 6 weeks: Once the skin is fully healed, with no scabs, openings, or drainage, you may use silicone scar tape or gel. A vitamin E cream is optional, but its scar benefit is uncertain and it can irritate the skin. Follow the product instructions and stop if a rash develops. Keep the scar covered from the sun or use SPF 30 or higher on healed skin.

Your appointments

Times are measured from the date of surgery. Attend even if you feel well. Complete ordered X-rays before your appointment when requested.

When	Where	Imaging
2 weeks	Fracture clinic	No routine X-rays
6 weeks	Fracture clinic	Thoracic X-rays
3 months	Fracture clinic	Thoracic X-rays
6 months	Office visit or fracture clinic	Thoracic X-rays
1 year	Office visit or fracture clinic	Thoracic X-rays

Further follow-up is decided at the **1-year review**.

If you have not received appointment details within the first week after discharge, contact the office. Do not wait for a scheduled visit if warning signs develop.

Driving and usual activities

Do not drive while pain medicines affect your alertness or before the hospital's anaesthetic restrictions have ended. Resume only when you can sit comfortably, check traffic, control the vehicle, and make an emergency stop safely.

Return to work depends on your recovery and duties; stay within the movement and lifting limits in your activity table. For longer car journeys, take regular stops to walk. Resume sexual activity when comfortable and within your movement limits. Build exercise back up gradually.

Comfort and healing

Sleep in a comfortable position with your spine supported. A wrapped cold pack for 10 to 15 minutes may help; keep the wound dry and avoid areas with reduced sensation. Avoid nicotine products.

When to get help

Call 911 immediately

Chest pain, severe shortness of breath, collapse, slow or shallow breathing, or difficulty waking after pain medicine.

Go to an emergency department now

- New or worsening leg weakness, new persistent or spreading numbness, or a major change in walking.
- New inability to pass urine, loss of bladder or bowel control, or numbness around the genitals or between the legs. Do not assume these are caused by pain medicine.
- Clear, watery wound drainage with a severe headache or fever, or a severe headache that is much worse upright.

Get medical advice the same day

- Fever of 38°C or higher, chills, increasing wound redness or drainage, a wound that opens, severe or steadily worsening nerve pain, or pain not controlled by your medicines.
- New calf pain, warmth, or swelling needs urgent assessment for a possible blood clot. Use emergency care if timely assessment is unavailable.

Contact advice

Use the office contact details on your discharge paperwork or appointment letter. For urgent symptoms, **do not wait for a callback or an email reply**. Use the emergency department or 911 as above.