

## Anterior Lumbar Interbody Fusion(ALIF) and Posterior Lumbar Fusion

The surgery recommended for you is:

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Dr. Giri has recommended an anterior lumbar interbody fusion with instrumentation for you. The surgery is explained below. If you want more information, please go to the website([txspineinstitute.com](http://txspineinstitute.com)) and click on surgical animations on the home page.

On the day of surgery, you will arrive 2 hours before your scheduled surgery time. The nurses in pre-op will get you ready for the surgery. The anesthesiologist will put you to sleep under general anesthesia. The general surgeon(you will meet him/her before the surgery) will make a skin incision next to the belly button, up and down. He/she will make their way to the front of the spine and expose the vertebrae and disks. Dr. Giri will remove the disk and place a spacer in the disk space to keep the space open. The spacer is made out of a plastic like material called PEEK or titanium and is filled with donor bone. He will then place screws through the spacer and into the bone to secure the spacer in place. Once the spacer has been placed and secured, the general surgeon will close your abdomen with sutures and will place a special glue to help close the wound. All of the sutures will be under the skin. The next day, you will be brought back for surgery and the posterior lumbar fusion will be done. Dr. Giri will make either several small skin incisions, one in the middle and one on either side. Through the middle incision he may remove bone behind the spinal canal to free the nerves. Through the side incisions, he will place screws, one on either side, at the same levels the spacer was placed in the front. He will connect the screws with a rod on either side. This provides more stabilization for the spacer and your spine. The incisions will then be closed and staples will be placed on the skin. You may or may not have a drain, which will come out before you go home.

All the metal placed in your back is made out of titanium and is MRI compatible. The metal will also not set off the metal detectors at the airport, so you don't have to worry about carrying a card.

Once at home, we want you to change the dressing daily. The hospital will provide dressings for you to take home. If you run out, then you can buy more at CVS or Walgreens. We just want you to use gauze and tape for the dressing. The dressing does not have to be air tight. Do not get the incision wet for 4 days after the surgery. On day 5 after the surgery, take the dressing off prior to the shower and you can run water over the incision. Do not use any soap, ointment, or cream. Then blot the area dry and place a new dressing over the incision.

You will have to wear a back brace when sitting and walking for 6 weeks. This will provide support to your back muscles while you heal. An appointment will be made to pick up the brace prior to the surgery. You cannot drive for at least the first two weeks. During the first 6 weeks, you

cannot lift more than 5 pounds. Dr. Giri will see you every two weeks, during this time and will discontinue the brace at the 6 week follow up, assuming the x-ray results are stable. At this time, we want you to do physical therapy 3 times a week for 4 weeks. Physical therapy is very important to the healing process. After 6 weeks, your lifting restriction will go up to 15 pounds for 6 more weeks, then you will be restriction free.

During the first 3 months after surgery, we ask that you do not take any anti-inflammatories as this will inhibit the fusion from taking place. We will also try and get a bone stimulator approved from your insurance company. If approved, the device will be provided to you from our office, and you will use this device daily for 4 months.

Dr. Giri will continue to follow you for 2 years after your surgery. The appointments will start to be spaced out once you have reached the 6 week visit.

As always, if you have any questions, please contact the office.

Thank you,

Texas Neuro Spine Institute



