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SPINAL SURGERY
CRANIAL SURGERY
MICRONEUROSURGERY
SPINAL INSTRUMENTATION

Kyphoplasty

The doctors of Neurosurgical Consultants want to keep you informed about your hospital stay and discharge. Please review this information and talk with your doctor(s) or the hospital staff about your progress.

What is a Kyphoplasty? Kyphoplasty is an operation performed through very small incisions to correct a compression deformity in a vertebral body (compression of the vertebra caused by a fracture) and stabilize the bone by the injection of plastic bone cement. The operation is performed using fluoroscopic guidance (live X-ray pictures viewed on a monitor).

Description of Surgery: Intravenous antibiotics are administered before surgery to decrease the risk of infection. You will be anesthetized (put to sleep), and turned face down on the operating table for the surgery. The appropriate levels are identified on the fluoroscope. A small incision is made on both sides of the surgical level. A small needle is guided from the incision to the back part of the compressed vertebral body using the fluoroscope. This is done on both sides. A catheter with a balloon on the end is then guided through both needles to the center of the vertebra. The balloons are expanded to "reshape" the vertebral body. The balloons are then deflated and the catheters removed, but the needles are left in place. Small amounts of bone cement are then injected through the needles until the vertebral body is filled with the bone cement. The cement hardens in the body and stabilizes the compression fracture. The needles are removed. When indicated, these steps are repeated for additional levels of compression fractures.

After completion of the kyphoplasty, the wound is irrigated with antibiotic solution to decrease the risk of infection. Absorbable stitches are used under the skin to close the incision. A special "skin glue" is then used on the surface of the skin. A sterile dressing is placed over the incision. You will then be placed on your back in a hospital bed. The breathing tube will be removed (extubated) and you will be taken to the recovery room.

How will your family know when the surgery is completed? Your neurosurgeon will speak with your family members in the family waiting area or call them at home when the surgery has been completed.

What to Expect After Surgery

Day of Surgery: Following the surgery you will spend one to two hours in the Recovery Room (PACU). From there you will be taken to a regular hospital room or the Day Surgery area, where nurses who specialize in caring for surgical patients will monitor you. The nurses will monitor your temperature, blood pressure, pulse, respirations, and neurological functions. Visitors are not allowed in the Recovery Room, but family and friends can visit when you are in the regular hospital room or the Day Surgery area.

- The nurses will give pain medicine as needed, initially by vein and later by mouth.
- When you are ready, you will be allowed to eat. It is not uncommon to feel nauseous after surgery. This is due to the anesthesia. Medicine is available to help relieve the nausea and any vomiting.
- Some people have difficulty urinating after surgery. If this occurs, a small catheter will be temporarily placed in the bladder.
- Activity: You will be encouraged to walk as soon as you are comfortable and able. Walking helps prevent blood clots from forming in the legs after surgery. You should avoid bending over, sitting for more than 1 hour, or lifting anything heavier than 5 pounds.
- Constipation often occurs from the use of narcotic pain medications. Stool softeners and other medications may be needed to help prevent constipation.
- After surgery, it is important to do deep breathing exercises. This prevents pneumonia from developing. You will use a device called an incentive spirometer to help you deep breathe.
- Discharge: You can plan on going home on the day of surgery or the day after surgery. Some patients, especially those who live alone, may need to spend some time in a rehabilitation center for a few days.

Once You Are Home

When to call the doctor? One of the three neurosurgeons from Neurosurgical Consultants Inc. is on call each day. This means that if needed, your neurosurgeon or his covering associate can be reached 24 hours per day. Call the Norwood office at (781) 769-4640 if there is drainage from

the wound, a fever greater than 101 degrees Fahrenheit, new weakness, or new numbness. Patients may experience some pain or tingling radiating down their leg for several days after surgery. This is caused by nerve swelling and should subside within a few days. You should call your doctor if your pain is the same or worse than before surgery.

Pain Medication: You should only need narcotic medication, such as Percocet or Vicodin, for incisional pain during the first few days after surgery. Extra strength Tylenol should be sufficient to control any pain after the first few days and certainly by the end of the week.

How do I care for my surgical incision? There will be bandaids or gauze dressings secured with silk or clear plastic tape. These should be removed two to three days after surgery. Under this dressing will be skin glue. The skin glue is a clear synthetic glue that holds the skin edges together and acts as an impermeable barrier to water. You may shower on the second postoperative day, but should not bathe or swim for at least 3 weeks. Your incision should not be immersed in water. If you have Steri-Strips, the wound should be covered with clear plastic wrap for showers during the first week. In general, patients can be back to their usual activity level within one or two days after the surgery.

Your Future

Patients with vertebral compression fractures usually have osteoporosis. Once a patient has had a compression fracture, he/she is more prone to additional fractures. Sometimes osteoporosis is caused by other medical problems. These medical problems need to be addressed by your primary care physician. Others have osteoporosis as a part of aging. Either way, osteoporosis causes all the bones of the body to become brittle and more easily fractured than normal. Preventative or corrective treatments are always necessary. These include calcium and Vitamin D supplements, medications that help the bones absorb calcium, exercise, etc. These treatments need to be discussed with your primary care physician or an endocrinologist.

Remember, once you have back surgery, you are more susceptible to future back strain. However, with regular back strengthening exercises, a healthy diet, smoking cessation and avoiding potentially harmful activities, you can live an active, comfortable, and productive life.

These instructions are meant to be a guide to recovery from Kyphoplasty Surgery for patients in our practice. We hope that you find them helpful. They are not a substitute for medical care by a

professional. Also, other neurosurgeons may have different routines. For more information, visit our Web Site, <http://www.neurosurgical-consult.com> .

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