



Sacroiliac (SI) Joint Fusion Discharge Instructions

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Sacroiliac (SI) Joint Fusion stabilizes the painful SI joint, which connects the spine (sacrum) and pelvis (ilium), by permanently joining these bones using implants like titanium rods or screws, often with bone graft material, to stop abnormal movement that causes lower back, buttock, groin, or leg pain. This minimally invasive procedure, done through small incisions, aims to eliminate pain by creating a solid bone fusion, allowing faster recovery than traditional open surgery

Post-op pain: Usually moderate (not severe).

Goals of Surgery:

1. Decrease back and leg pain.
2. Stop symptoms of nerve compression/unstable spine from getting worse.

Top 4 things your surgeon wants you to know:

1. A moderate amount of increased back/buttocks pain is expected after your surgery, this will get better over the next 4-6 weeks.
2. **Leg pain is usually better, but not always completely gone after surgery.** Numbness, tingling, and weakness take longer to get better after surgery. This is normal.
3. You should avoid Nicotine before and after your spinal fusion for **AT LEAST 6 WEEKS**. Nicotine interferes with bone growth and the bone adhesion to the hardware placed. This prevents a proper fusion and can lead to future complications. It is important to avoid ALL nicotine products. (Ex: cigarettes, smokeless tobacco, e- cigarettes, nicotine patches or gum).
4. You should also avoid anti-inflammatories (NSAIDS) **for at least 2 MONTHS after your surgery, or until your surgeon gives you the ok to start taking them again.** (Examples of NSAIDs: **Ibuprofen (Motrin, Advil), Naproxen, Naprosyn (Aleve), Meloxicam (Mobic), Celebrex (Celecoxib), Diclofenac, Ketorolac (Toradol), etc...**)

Answers to Frequently Asked Questions

Pain/Weakness

- Surgical back/buttock pain and muscle spasms are normal after a spine surgery. This usually gets better over the next few weeks.
- Numbness, tingling and weakness that you had before surgery may take time to improve.
- Apply a ice/cold pack to the surgical site 3 times a day for 20 minutes.
- If you develop significant new weakness after you get home, you should call the office at 423-624-2696 or go to the Emergency Room.

Dressing/Shower

- You can take your dressing off 2-3 days after surgery. You can take a shower 2-3 days after surgery, once the incision is sealed and not open or leaking fluid.
- Ok for gentle soap and water to run over the incision, do not scrub, pat dry with a towel.
- Please avoid tub baths, swimming pools and hot tubs until the incision is completely healed (4-6 weeks).
- Occasionally your incision may bleed and your dressing may get saturated with blood, this is okay. The dressing can be changed to a new, clean dressing. If the bleeding does not slow down or stop with a clean/dry dressing, you may need to be seen for a wound check.

Incision care

- If there is no drainage, your incision can be left open to air without a dressing after 3 days.
- If there is drainage, cover with a clean and dry dressing. If it does not slow down or stop after a few days, you may need to call the office to have your wound checked.
- If you have skin glue or tape, try to leave it intact for the first 2 weeks.
- Notify our office if you have a fever of 101.5F or if you notice redness at your incision site and the area around incision is warm or hot to your touch.
- The incision area should always be kept clean and dry.

Nicotine/smoking

- You should avoid Nicotine before and after your spinal fusion for **AT LEAST 6 WEEKS**. Nicotine interferes with bone growth and the bone adhesion to the hardware placed. This prevents a proper fusion and can lead to future complications. It is important to avoid ALL nicotine products. (Ex: cigarettes, smokeless tobacco, e- cigarettes, nicotine patches or gum).

Anti-inflammatories (NSAIDS)

- You should also avoid anti-inflammatories (NSAIDS) **for at least 2 MONTHS after your surgery, or until your surgeon gives you the ok to start taking them again.** (Examples of NSAIDs: **Ibuprofen (Motrin™, Advil™), Naproxen, Naprosyn (Aleve™), Meloxicam (Mabie™), Celebrex, Diclofenac, etc...**

Pain Medication/Refills

- Pain management typically involves a combination of opioid medications, neuropathic pain relievers and muscle relaxants, with the goal of gradually transitioning to over-the-counter pain medication as tolerated and/or as needed and appropriate for the patient's pain level.
- If you need refills on your prescriptions, please contact CSMO 2-3 days before you are out of medications so we have sufficient time to process your request. **Refill requests on Friday afternoons/holidays will likely be addressed on the next business day.**
- **Opioids are an addictive medication, therefore, you should start weaning off opioid pain medications on your own as soon as you are able to (Ex: Hydrocodone/Oxycodone).**
- Gradual Tapering: As pain subsides, the dosage of opioid medication should be gradually reduced to minimize dependence and a regimen to wean down medication will be instructed.

Other Medications

- Tylenol (Acetaminophen): Your pain medication likely has acetaminophen in it. Taking additional Tylenol/acetaminophen can put you over the daily recommended 3,000mg, which can harm your liver. Do not exceed this amount.
- Muscle Relaxers: One of the side effects of your muscle relaxer is drowsiness. If you begin to feel too drowsy and you are not able to get up safely to ambulate, decrease the frequency of your muscle relaxer.

Activity

- You are weight bearing as tolerated but most patients will use crutches or a walker for the first 2 weeks because of soreness.
- When you go home you may get up and walk... **we want you to be active!!**
- You may go up and down stairs, but make sure to hold on to the rail and have someone with you.
- AVOID squatting and crossing your legs for 4 weeks.
- SLEEP on the non operative side with a pillow between your knees, if possible.
- Avoid sitting for prolonged periods of time the first week following your surgery.
- The use of a walker is particularly helpful, if available.
- **You should avoid excessive bending and twisting of your neck/back and may not lift anything over 10 pounds until cleared by your surgeon - typically 4 weeks post- op.**

Driving

- No driving until you are off of all narcotic/sedative medications AND can move well enough to be safe behind the wheel.

Constipation/Bloating:

- **A common side effect of narcotic pain medication is constipation.**
- Taking over the counter stool softeners/laxatives may help. Please follow package instructions.
- Stool softeners/Laxatives include:
 - Milk of Magnesia, Miralax, Dulcolax suppository, fleets enema, Magnesium Citrate.Drinking fluid, activity, and diets high in fiber are also helpful in relieving constipation.

Follow up with Primary Care Provider

- If you have any of the below problems, **we suggest you see your Primary Care Provider within 1 week after your surgery** to make sure your other medical issues are doing ok.
- **See your primary care provider if you have a history of:** Heart problems, lung problems, stroke, diabetes, are over the age of 65, are taking a blood thinner, or have several medical problems, or take greater than 10 prescription medications.

Emergency Room Use

You have trouble breathing, chest pain, or significant NEW weakness after your surgery, please go to a CHI Memorial Emergency Room immediately.

Contact our office during office hours : 8:00 am - 4:30 pm at (423) 624-2696.

(800) 757-2696 (outside Chattanooga)

After office hours phone calls go to on call surgeon/PA. Please only call after hours in urgent situations.

If you have any other problems related to your surgery, PLEASE CALL OUR OFFICE BEFORE GOING TO THE EMERGENCY ROOM, as we can likely address your problem or get you an appointment scheduled and save you a trip to the ER.

Thank you for choosing Center for Sports Medicine and Orthopedics.