Post-operative neck care

Physiotherapy

If you develop pain on doing your specific instructed exercises, you should stop them. In the first few weeks, all that can occur is the simple healing process. Physiotherapy maintains your mobility during this time but should not be allowed to interfere with the healing process. Therefore, if it hurts you should stop. Physiotherapy begins in earnest around the fourth week when the wound and neck will be stable enough to allow real progress to be made.

Exercise

The aim here is to do small amounts but often. Problems arise when patients do a little too much a little too often. For most of the first week, you will either be in hospital or should be pottering about inside your home.

For the second week, the amount of activity undertaken should essentially be unchanged. You should not be doing housework or looking after others. You may go out for short walks. From the second week onwards, light exercise may be undertaken. You may go on very short car journeys (10-15 minutes) and go out for longer walks. Prolonged outings and lengthy trips to the office will be bad for you.

Sitting

You are better to sit upright and not to have the neck bent by cushions. When lying on your back in bed, do not use too many pillows. Be careful about time spent sitting at a computer as this tends to stiffen the neck.

Baths and showers

You should in the early days avoid baths as any waterproof dressing is unlikely to keep out all water if submerged. Showers or and assisted standing baths are better. Please do not fall over.

Sex

If it hurts, don’t. If you think it will hurt, don’t – until of course you think it won’t and it doesn’t.

Wound care

You should not get the wound wet until the day after the sutures have been removed. It is perfectly reasonable to have a shower, providing the wound is covered
with a waterproof dressing. The ward may provide you with this before you leave. It is best to cover the wound in a waterproof dressing for showers but this should be replaced by a dressing which breathes – ask our spinal nurse which ones you need.

**Removal of stitches**

The stitches, of which ever type, should be removed at or shortly after the fifth day from the neck but not until the tenth day from the hip. Most often a nurse linked to your GP or the district nursing service do this. You need to have agreed an arrangement for this to be done before you leave hospital – our ward nurses will liaise with your GP, district nurse or your local hospital as appropriate. You will also be given a ‘clip remover’ for you to give the nurse who will be doing the removal.

**Bending, lifting, carrying**

In the first few weeks, you should not be doing this. The physiotherapy, which will usually begin about the fourth to sixth week, will teach you how to bend correctly and how best to lift. It should certainly be something that you keep to a minimum in the first months.

**Driving**

In the first few weeks, you should be driven i.e. you should not drive the car yourself. In the weeks that follow, you should limit journeys to short periods. In general, it is best to have the car seat set as high and as upright as possible. Unless you can look over your shoulder, you are not considered safe to drive. If in doubt, do not drive until we give the all clear.

**Sports**

You should not do this until we have reviewed your progress. If should be deferred until you have completed the fitness programme that only begins with the physiotherapy at the fourth to sixth week and is likely to take a further four to six weeks at least.

**Our general philosophy**

The aim is for you to avoid things which aggravate your pain. Once recurrence of neck and arm pain has occurred, it is much more difficult to go away. It is much simpler to avoid it in the first place. It is not so much what you do but how often you do it.