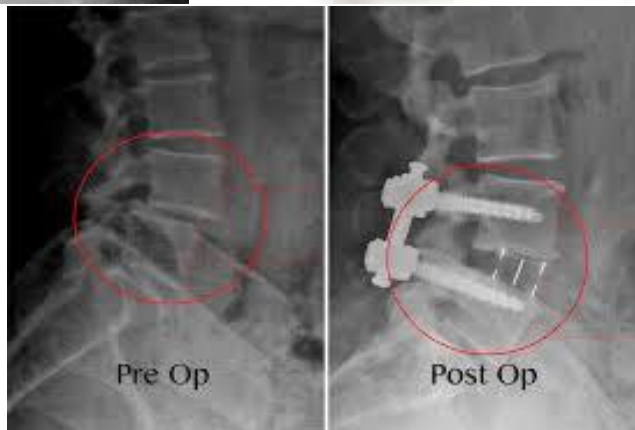
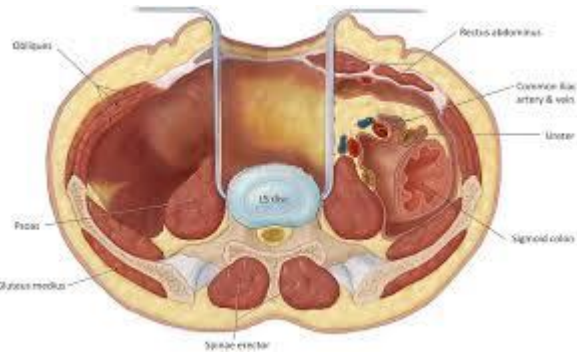


# Anterior Lumbar Interbody Fusion (ALIF)



**The spine is accessed through an incision in the belly, with the assistance of a vascular surgeon. After going between the abdominal muscles, the entire contents of the belly are gently pulled over to the right side, not entering their special lining called the peritoneum, exposing the spine. The damaged disk(s) are removed, and an implant or “cage” filled with bone graft is inserted in its place. This is secured in place with integrated screws or a plate and screws. Sometimes, rods and screws are inserted through separate small incisions in the back to increase the stability and strength of the surgery.**

**Advantages:**

- **Muscle sparing approach – less painful, shorter hospital stay, faster recovery.**
- **Larger surface area cage – faster healing, less risk of failure.**
- **Nerves are not directly manipulated.**
- **Better restoration of the natural spinal alignment.**

**Disadvantages/risks:**

- **Accessing the spine from the front can be difficult or unsafe with prior abdominal surgeries.**
- **The risk of significant vascular injury is extremely low but is possible, as it is sometimes necessary to manipulate the large blood vessels that carry blood to/from your legs.**
- **The risk of retrograde ejaculation in men is low but possible, which can affect the ability to bear children.**

## **Post-op instructions**

### **Anterior Lumbar Interbody Fusion (ALIF)**

#### **WOUND CARE**

- You may have a small drain placed in the wound to prevent the accumulation of blood. This will be removed before you leave the hospital.
- You can shower normally, just pat the wound dry and make sure water doesn't accumulate under the bandage. No bathing or swimming (don't submerge the incision) until after your first follow up.
- If water **DOES** accumulate, simply remove the bandage. No further bandaging is needed. There may be steri-strips over the incision. Just leave these alone; they will either fall off on their own or will be removed at your first post-op visit. You can continue to shower normally, just let water run over the incision, but do not scrub.
- Either way, the bandage can be removed after 5 days. No further bandaging is needed.

#### **BRACING**

- Bracing is not always considered necessary after this kind of surgery. Sometimes, a corset type brace can be supplied to help compensate for healing abdominal muscles. This type of brace is worn for comfort. There are no wearing requirements, it is just for your comfort. If a different kind of brace is to be used, your doctor will discuss this with you.

#### **DIET**

- It is likely that initially after surgery, your belly will "shut down". It has not been injured or damaged by surgery, it is just irritated and recovering from being pushed around so much. This condition almost always improves over a day or two.
- Generally speaking, we don't require you to have a bowel movement before you can be discharged from the hospital. As long as the stomach is working (gurgling, passing gas), and you still have an appetite without severe nausea/vomiting, then we know you are progressing well.
- Often after this surgery, we limit intake initially. Think about what you would eat if you had a stomach flu. Start with liquids and small amounts of solid food, and progress as your stomach allows.
- Rarely, this condition can persist for days. We call this **ileus**. If this occurs, it just means to belly is taking longer than normal to start working. This can prolong your hospital stay and require "belly rest" (no food or drink) for a period of time, but is very treatable.

**-It is not abnormal to experience some nausea after surgery. If you feel some nausea, eat/drink like you would with a stomach bug, and progress your diet as your nausea allows.**

**-If you have severe or consistent nausea, medications can be prescribed to help. Call us if you are having that problem! If you have had problems with nausea in the past, either related to prior surgeries or pain meds, or if you just feel like you have an easily upset stomach, let us know beforehand. We can prescribe you anti-nausea medications just in case.**

## **MEDICATIONS**

**-Pain medications will be prescribed. Take these as written on the bottle, do not take more than the prescribed amount unless if you have been instructed by your doctor. You may take less if your pain is not bad, but do not take over the prescribed amount.**

**-Pain medications can cause constipation. If this is a problem, take over the counter laxatives or stool softeners. They can also cause nausea, as addressed above. Taking them at meal times can help limit nausea.**

**-Restart all home medications after surgery, unless you are directed to do otherwise.**

**-If you take an anticoagulant or blood-thinner, discuss this with your doctor prior to restarting this medication. This includes Plavix/clopidogrel, Coumadin/warfarin, Aspirin, Xarelto-rivaroxaban, Eliquis/apixaban, heparin, and others.**

**-An anti-inflammatory like Celebrex may be prescribed to limit swelling and inflammation. Take this as prescribed.**

**-Sometimes a nerve pain medication like Gabapentin or Lyrica can be prescribed. Also take these as directed. The medications can sometimes cause side effects (drowsiness, confusion) that can make them difficult to tolerate. Let us know if you have had a problem with either of these medications in the past.**

## **ACTIVITY**

**-Walking is your job! Walking is great for many reasons. Walking helps prevent the development of ileus, as well as preventing blood clots. Walking is the one thing YOU can do to help these conditions.**

**-Make sure that you are getting up and taking walks frequently. We want you moving! Remember, this is surgery on your abdomen/back. Not your arms, and not your legs. Frequent short walks are strongly encouraged.**

**-Avoiding Bending, Lifting, and Twisting (BLT) is important to your recovery as your muscles and bones heal. A little bit of motion is OK, a lot of motion, and especially STRENUOUS motion, needs to be avoided. Avoid any heavy lifting, nothing heavier than about 10 pounds.**

## **REASONS TO CALL US**

- Fever over **101.5** degrees F.
- Excessive pain despite appropriate use of pain medications and other pain medications.
- Excessive drainage at the surgical site: mild bleeding is common, but significant bleeding requiring multiple bandage changes, or fluid that doesn't look like blood, is a good reason to call. Really, call us if anything is coming out of the wound other than a few spots of blood.
- Nausea/vomiting that you can't control, or constipation that doesn't improve with over the counter stool softeners and laxatives.

## **FOLLOW-UP**

- Your first follow up should be scheduled prior to your surgery, about 2 weeks after the surgery. If it hasn't been scheduled yet, call our office and we will make sure you are seen at around the 2-week point.
- There will be several follow ups after this initial appointment. Usual follow-up appointments are around 2-weeks, 6-8 weeks, 3-4 months, and 1 year. At many of these appointments, x-rays will be taken to monitor bone healing. Sometimes more or less follow-ups are required, depending on your surgery and your progress.

**Don't hesitate to call us at 415-750-5570 if you have any questions.**