



**DR FRANCOIS SWART**  
NEUROSURGEON

**PATIENT INFORMATION: POST SURGERY CARE AT HOME**

**WOUND CARE:**

- The dressing on the wound should remain in place for at least 3 days. After this time, it is not necessary to replace the dressing, simply remove and leave the wound open
- Normal washing (shower or bath) is allowed immediately after discharge from hospital as the wound dressing is water resistant. Wash carefully, ensuring that you avoid harsh shampoo and perfumed soaps on the wound for about one week. Baby shampoo, simple soap or just water is best. Don't soak in a bath during this time

**ACTIVITY:** (Dr Swart will inform you if the following does not apply)

- Normal activities of daily life are allowed.
- Research shows the earlier you get out of bed and start walking, eating and drinking after your operation, the better
- Maintain a normal routine: get up at your normal time, move around the house, eat and drink as normal. If you feel tired, stop and rest
- For the first 6 weeks walking is encouraged, as much as possible.
- After this period, you may resume aerobic type exercise of your choice. E.g. swimming or other gentle exercise that does not put a large amount of stress on the body
- Higher intensity training is allowed after 3 months e.g. weight training
- Your body uses a lot of energy to heal itself, so you will feel more tired than normal. If you feel upset or emotional in the days and weeks after your operation, this is a perfectly normal reaction which many people experience

**AVOID:**

- heavy lifting (> 5kg)
- bending and twisting, pushing and pulling activities, jumping
- sitting for more than 20 minutes at a time
- high heels for the first 6 weeks
- smoking delays bone healing and increases pain. By not smoking - even if it's just for the time that you're recovering - you immediately start to improve your circulation and your breathing
- the use of alcohol when taking painkillers



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**DRIVING A VEHICLE:**

- You need to be physically able to control a vehicle (i.e. no weakness of arms or legs)
- You are not allowed to drive while distracted by pain
- You are not allowed to drive while under the influence of strong painkillers
- You are not allowed to drive if instructed if sitting is not allowed after the operation
- Please check as some motor insurance companies prohibit members from driving for a certain length of time after surgery

**MEDICATION USE:**

- Use the prescribed painkillers only for the pain. When the pain subsides, use less medication, and use it less frequently. The aim is to control pain to levels less than 30% of maximum
- Do not use any other painkillers. Anti-inflammatories decrease bone healing and should only be used if prescribed at all for less than 2 weeks
- Continue chronic medication
- Blood thinning agents like aspirin and Warfarin may be used unless specifically instructed otherwise

**PHYSICAL THERAPY:**

- You may visit a physical therapist after the procedure as part of rehabilitation process.

**DIET:**

- Your body is in a state of repair after surgery. Ensure a proper and balanced diet. Drink plenty fluids. Diet rich in fibre and fresh fruit and vegetables will help avoid medication induced constipation
- Short term use of laxatives is allowed

**WHAT TO EXPECT:**

- Some wound pain is normal and should be anticipated
- Some pain in the area of the pain before the operation is fine if tolerable
- If the limb had been weak before the operation, it may remain weak and recover gradually after the operation
- Operations to the neck may cause difficulty swallowing and pain between the shoulder blades for up to 6 weeks



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*Pre-existing numbness often remains after the operation and may take weeks or even months to improve – do not be concerned*

**DO I NEED FOLLOW UP APPOINTMENTS OR X-RAYS?**

- Typically, one follow-up appointment is arranged one week after the operation, thereafter no routine follow-ups unless requested by Dr Swart or yourself
- X-rays are not routinely performed for all cases. You will be informed if your case requires follow up X-rays

**RETURNING TO WORK:**

How quickly you return to work depends on a number of things:

- How you heal. Every person recovers differently and has different needs
- How you respond to surgery
- The type of job you do. People whose work involves a lot of heavy lifting or standing up or walking for long periods of time, will not be able to return to work as quickly as those who have office jobs which are less demanding physically
- Please advise the practice staff if you require a sick note for your employer and specify the start date as this may be prior to the surgery date

**WHEN TO CONTACT DR SWART:**

- FEVER > 38 DEGREES
- NAUSEA, VOMITING, INABILITY TO CONTROL BLADDER OR BOWEL
- WOUND PROBLEMS: FLUID DRAINAGE, INCREASING SWELLING / REDNESS / PAIN
- ANY NEW ONSET OF NEUROLOGICAL SYMPTOMS, WORSE THAN BEFORE THE OPERATION: PAIN, NUMBNESS, WEAKNESS, TINGLING
- ANY INJURY WHILE RECOVERING: FALLS ETC.
- SHORTNESS OF BREATH