SYDNEY
SPINE INSTITUTE

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PATIENT GUIDELINES

After Anterior Lumbar Interbody Fusion

General postoperative guidelines

Follow your hospital discharge instructions and any additional advice from your surgeon.

After surgery

- **Hospital stay:** Usually 5–6 nights, until you can walk safely and your pain is controlled.
- **Symptom relief:** Leg pain may improve early. Numbness or weakness may recover slowly or not fully.
- **Pain and wound care:** Some abdominal and back discomfort is normal. Take prescribed pain relief and follow wound-care instructions. Avoid swimming until the wound heals.
- **Follow-up:** Reviews are usually at 2 and 6 weeks, then monthly for 3–4 months. X-rays may be arranged.

The first 8–12 weeks

- **Walking:** Walk regularly, slowly increasing your distance. Avoid prolonged bed rest or sitting.
- **Bending and lifting:** Avoid bending forward so far that your hands reach below your knees. Avoid twisting. Lift no more than 5 kg unless advised otherwise by Professor van Gelder.
- **Driving:** Do not drive until cleared by Professor van Gelder, usually at 4–8 weeks. To drive safely, you need to be off strong pain medication, not affected by pain, able to twist and turn comfortably, able to brake safely, and alert.
- **Protecting the fusion:** Although new bone formation takes 2–3 months, bone healing and vertebral fusion usually take 6–12 months. It is important not to smoke or vape during this time. Check with your surgeon before taking anti-inflammatory medicines such as ibuprofen or naproxen.

Medicines and bowel care

- **Medicines:** Follow your discharge plan for pain relief, restarting blood thinners or aspirin, and preventing blood clots.
- **Bowels:** Constipation is common. Drink fluids, walk and use prescribed laxatives. Severe abdominal pain, swelling, vomiting or inability to pass wind needs urgent assessment.

Returning to work

For sedentary occupations, allow around 8 weeks off initially. Timing depends on your recovery and job; modified duties and lifting restrictions may be needed. For physical work, patients may start a graded return to work at 3 months.

Physiotherapy and rehabilitation

Spine physiotherapy may start from 4 weeks, with approval from Professor van Gelder, to guide exercise and your return to activity and work.

When to seek help

Contact your GP	For fever, wound redness or discharge, worsening symptoms, persistent constipation or a new abdominal wound bulge. Men should also report changes in ejaculation. Notify our office.
Same-day assessment	For new pain or swelling in one calf or leg, which may indicate a blood clot.
Emergency Department	For new bladder or bowel problems, groin numbness, rapidly worsening leg weakness or severe abdominal symptoms.
Call 000	For chest pain or sudden shortness of breath.