SpinePain SOLUTIONS

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Post-Procedure Instructions: InSpan® (Spinous-Process / Interlaminar Fixation)

After your procedure

Decompression with supplemental fixation & bone-graft fusion

Follow any specific instructions your care team gives you. These instructions do not replace advice from Dr. Sharma or your SpinePain Solutions care team. Follow any personalized instructions you were given at discharge. If something on this sheet conflicts with what you were told, follow your care team's directions and call the office.

Call 911 or go to the nearest emergency room if you have:

- Chest pain, trouble breathing, or coughing up blood
- New or worsening weakness in your legs, or you cannot walk or stand (after the numbing medicine has worn off)
- New trouble controlling your bladder or bowels, or new numbness in the groin, buttocks, or inner thighs
- Confusion, fainting, or a sudden, severe headache
- Bleeding from the incision that does not stop after 10 minutes of firm pressure

Call the office right away at 631-310-0000 if you have:

- A temperature of 100.4°F (38°C) or higher, or shaking chills
- Redness, warmth, or swelling around the incision that is getting worse, or drainage that is cloudy, yellow-green, or bad-smelling
- Clear, watery fluid leaking from the incision, or a headache that gets worse when you sit or stand up and better when you lie down
- Pain that keeps getting worse, new sudden severe back pain, or pain that your medicine does not control
- Pain, swelling, or redness in one calf or leg
- New tingling or numbness that is spreading

If you cannot reach the office and you are worried, go to the nearest emergency room.

What was done

You had an **InSpan®** procedure—a minimally invasive **interlaminar / spinous-process plate fixation** used with bone graft as part of a fusion strategy. Through a small midline incision, focused decompression (removal of selected ligament or bone pressing on nerves) may have been performed, then titanium plates were secured to the spinous processes to help stabilize the level while fusion develops.

What to expect in the first 24–48 hours

- Incisional and muscle soreness are expected. Some patients go home the same day after monitoring.
- Nerve symptoms may improve before the fusion is mature. Early soreness does not mean the construct failed; fusion develops over **months**.
- Numbness from local anesthetic, if used, usually fades over hours. Sedation effects require a responsible adult with you today.

Activity and lifting (fusion precautions)

- **Walk as tolerated** early—walking supports recovery and lowers clot risk.
- **Do not lift more than 10 lb** (a full gallon of milk weighs about 8 lb), and keep activity light, for **8 weeks**, unless your care team clears you for more.
- Avoid repetitive bending, twisting, heavy labor, sports, falls, and sudden jolts until fusion progress is reviewed.
- Wear a **back brace** if one was prescribed.
- Do not smoke or use nicotine; avoid alcohol excess. Ask before using NSAIDs/aspirin during bone healing—these may be limited per fusion protocol.

Dressing and bathing

- Manufacturer patient guidance: keep the incision **dry for about 7–10 days** (or follow the exact dressing plan given at discharge if different).
- When cleared to shower, pat dry; do not scrub. No soaking until cleared.
- Take antibiotics and pain medicines exactly as prescribed, if given.
- Report increasing redness, drainage, or wound opening promptly.

Medicines, ice and heat

- Continue necessary home medicines unless told otherwise. Restart anticoagulants **only as directed by your provider**.
- Use ice for comfort with a cloth barrier. Avoid heat on a fresh incision.
- Regular diet as tolerated unless instructed otherwise.

About fusion healing

The implant provides early support; bone graft supports biologic fusion over months. Follow activity limits carefully. Imaging may be used later to check healing. Ask before restarting high-impact exercise or heavy work.

Driving and work

- **Do not drive for at least 24 hours** after sedation or anesthesia, and do not drive while you are taking opioid (narcotic) pain medicine.
- Before you drive again, you should be able to turn your head and body, look over your shoulder, and brake quickly without pain slowing you down.
- Ask your care team when it is safe to drive and return to work (desk work is often sooner than physical jobs).

Follow-up

You will need scheduled follow-up to check the wound, neurologic status, brace use, and later fusion progress. Call **631-310-0000** if appointments are not already set.

Questions or concerns?

Please contact us through **Klara** or the **patient portal**.
You can also text us at **631-310-0000**, or call **631-310-0000**.
Website: **SpinePainSolutions.com**

Scan to open your patient portal

SpinePain Solutions · Dr. Amit Sharma · Bay Shore / Commack / Farmingdale · Phone: 631-310-0000. These instructions do not replace advice from Dr. Sharma or your SpinePain Solutions care team.

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