

Description

The sacroiliac joint is the joint where the pelvis connects to the spine, specifically the sacrum. This joint can become painful through sustaining trauma, or through a degenerative process. Prior spinal fusions may over time increase the stress on this joint and accelerate the degenerative process. These joints can cause pain with many different activities such as walking and putting weight on the respective side or rolling in bed onto that side.

Sacroiliac joint fusion is an operation that is usually performed on an unstable or painful sacroiliac joint. In non-traumatic cases, the procedure is usually performed after failure of non-operative management and a trial of injections.

Nature of Procedure

This surgery is performed thru a few small incisions usually on the side of the buttocks. Implants and or donor bone graft is placed across the joint to stabilize the painful joint. The patients are usually able to go home the same or next day, barring any complications. Pain at the surgical site is to be expected. Such pain should improve over the course of a few weeks.

Possible Complications and Instructions

Surgery is undertaken to improve your condition. In all procedures, there are anticipated benefits and inherent risks. While your surgeon and team will do everything possible to minimize those risks, it is important for you to be aware of the more common risks.

Many of these risks are altered by preexisting patient conditions such as diabetes, obesity, smoking, vascular disease, etc. You may have undergone preoperative medical evaluation to limit the effect of these conditions. The potential risks include, but are not limited to, complications associated with having anesthesia (for example, reaction to medications, and difficulty with airway). Your anesthesia provider will be able to give you further information regarding this matter.

The more common complications following any surgical procedure are urinary tract infections, atelectasis (collapsed airspaces in the lungs), pneumonia and wound infection or bleeding. Such complications may require surgical interventions.

Less frequent, but more serious complications include thrombosis or blood clots in the blood vessels of the arms, legs, or pelvis. They may lead to pulmonary embolus (clot to the lungs). Other such complications include blood loss, which may require transfusion of blood products, heart attack, stroke, or even death.

The risks of the surgery may include damage or irritation to the nerves that may be temporary or permanent. This may cause numbness, weakness, or pain in the involved arm or leg.

Image courtesy of Zyga

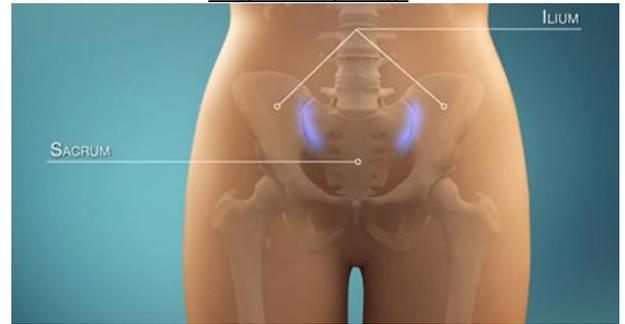
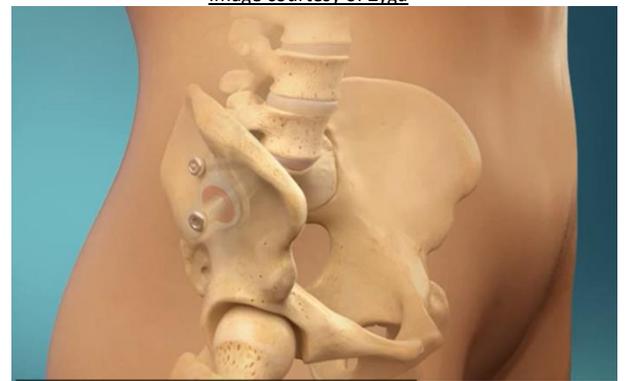


Image courtesy of Zyga



There is also a possibility of paralysis, loss of bowel or bladder function, sexual dysfunction, deep infections requiring chronic antibiotic therapy, meningitis, stroke, blindness, chronic pain and additional surgery.

You should be aware that surgery has no assurances and individual results are variable. Your participation with the post-operative instructions and your current health does influence the outcome of surgery. Certainly, your surgical team will try their best to get the most optimal result for you.

Some of the risks more specific to your surgical plan include:

Bone graft is used to accomplish a fusion. This bone can come from a donor, or it can come from the patient. Donor bone goes through a rigorous process of screening and sterilization and risk of disease transmission is extremely low. If your bone is being used, you can expect to have some numbness and pain over the area where the bone will be harvested. Pain from the donor site is expected, but usually subsides with time.

Bone morphogenic protein is a protein that is sometimes used to help the donor bone in the fusion process. While this protein has been extensively tested, there has been some controversy around its use. Other potential side effects can occur, which you should discuss with your surgeon if you are receiving bone morphogenic protein.

There is also a risk that your bones not fuse or heal completely. If this occurs, additional surgery may be required. There is also a low chance of injury to nerves or soft tissues from the hardware, which may require revision surgery.

Feel free to contact our office if you feel you are experiencing any of these complications.

Preparing for surgery

Medical Evaluation

In preparing for your spine surgery, we may ask you to have a complete physical examination done by your primary care doctor before your surgical procedure. This is necessary to assess your health and identify any conditions that can interfere with your surgery or recovery. We may need additional clearances if you also receive medical care from a specialist like a cardiologist or urologist.

Tests

Several tests may be needed to help plan your surgery: blood and urine samples may be tested. An electrocardiogram (EKG) and chest x-rays (radiographs) may be obtained.

Medications

Tell your orthopedic surgeon about the medications you are taking. Your orthopedist or your primary care doctor will advise you which medications you should stop or can continue taking before surgery.

Weight Loss

If you are overweight, your doctor may ask you to lose some weight before surgery to minimize the stress on your joint and possibly decrease the risks of surgery.

Dental Evaluation

Although infections after spine surgery are not common, an infection can occur if bacteria enter your bloodstream. Because bacteria can enter the bloodstream during dental procedures, you should consider getting treatment for significant dental diseases (including tooth extractions and periodontal work) before your spine surgery. Routine cleaning of your teeth should be delayed for several weeks after surgery.

Urinary Evaluation

Individuals with a history of recent or frequent urinary infections and older men with prostate disease should consider a urological evaluation before surgery.

Social Planning

You will need some help with tasks such as cooking, shopping, bathing and laundry in the weeks following your surgery. Please arrange for a support team to help you with these tasks.

What to expect at surgery

You will arrive at the surgery registration area where the registration clerk will check you in. All of your insurance information will be verified, and you will be escorted to the pre-operative area. You will change into a hospital gown and support stockings. All of your personal items will be marked and placed in a bag for safekeeping. They will be returned to you after surgery.

Your nurse will usually check your blood pressure, heart rate, temperature, respiratory rate and oxygen level. You will also have a chance to empty your bladder before surgery. Your surgical site will be cleaned and an IV (intravenous) line will be placed to administer fluids. This line provides fluids to your body and allows access to administer medications during and after surgery.

You may find that you are asked to repeat information several times or be asked the same questions throughout your stay. This is for your safety. Every team member is dedicated to making your safety of primary importance.

Pre-Operative

Your anesthesiologist will meet with you in the pre-operative area. He or she will discuss with you the available types of anesthesia and answer any questions you may have. Your surgeon will greet you and mark the area of your operative site. Once you have been prepared in the pre-operative area, you will be brought back to the operating room.

Operating Room

You will meet many people in the operating suite, all of whom play an important part in your surgery. You will be assisted by your team onto the operating table and made comfortable. Your team will help to position you and prepare your surgical site. The anesthesiologist begins by giving the medications and you will fall asleep.

There will be a designated area for your family and friends to wait while you are having surgery. A member of our healthcare team will be available to keep your family and friends updated about your progress. Your surgeon will also talk with them when completing your surgery.

After your surgery has been completed, you will be transported to the post-anesthesia care unit (PACU).

Post Anesthesia Care Unit: PACU

Here, the nursing personnel will place you on monitors to follow your blood pressure, heart rate, oxygen levels, alertness and will check your pain level. The PACU is an important transitional place before you go to your hospital room. Making sure you are comfortable and all of your vitals are stable is the PACU's main purpose. Pain medications will be administered as needed through your IV line. You may experience some nausea and medications are available to assist with your nausea. Warm blankets are also available to ensure your comfort.

Your family and friends will be notified of your progress. Once you are stable and your PACU team feels you are ready, you will be taken to your hospital room. Your family will be notified and may join you in your room.

Pain Management

After surgery, it is normal to have pain or discomfort. Inform your nurse if you are uncomfortable and they can administer the appropriate medications. Your nursing team will also provide you with ice packs and instruct you on the amount of time you can ice the area. You may be asked to rate your pain on a scale of 1 to 10, with 10 being the worst pain. If your pain is not being relieved with the ordered medications, your surgeon will be notified. The goal is to control your pain so that you can begin therapy immediately after surgery and start the road to recovery.

If you are not nauseated after surgery, you will be able to start oral pain medications immediately. Otherwise, you may receive intravenous medications. By post-operative day one, it is preferred to manage your pain with oral pain medications. Your oral pain medications will give you longer lasting pain relief and allows you to feel less groggy and actively participate in therapy.

Therapy

Therapy is an important part of your hospital stay and vital to your overall success after surgery. The therapy team will work with you during your stay. They will assist you with general mobility, improving your strength and overall condition.

Care After Surgery

When you are stable and your pain controlled, you can be discharged home. Certain patients may be discharged to rehab center to recover further before they eventually go home.

You may shower on the third day after surgery as long as the wound is not draining. You should keep the incision clean and dry.

Follow up after surgery with your surgeon is required, and x-rays will be performed from time to time.

Physical Therapy and Activity

After surgery, your surgeon will tell you when you can start putting weight on the lower extremity on the side of the fusion. A period of protected and limited weight bearing with an assistive device is common.

You will later be encouraged to walk often, being careful not do any excessive bending, lifting, or twisting. For specific instructions, speak to your surgeon.

Ice

Ice therapy may continue to provide comfort, decrease swelling and help with pain control for up to two weeks following surgery. Be sure to place a towel between the skin and the ice bag. Ice the area for 20 minutes or less to prevent frostbite.

Blood Clot Prevention

After an orthopedic surgery, patients are at an increased risk for developing blood clots or deep venous thrombosis (DVT). Upon discharge, you will be given a specific regimen that may include aspirin or prescription blood thinners. It is important to follow the instructions exactly and attend all scheduled follow up appointments. You should wear the compressions stockings (TED hose) for 3 weeks, or as directed. Staying active as reasonably possible will also decrease your chances of forming a blood clot and improves your overall health as well. Let pain be your guide when deciding what activities you can do.

Symptoms of deep venous thrombosis or pulmonary embolism may include swelling or tenderness in the calves, legs or arms, shortness of breath, increased heart rate or palpitations, or chest pain. If you experience any of these symptoms, notify your surgeon and go to an emergency room.

Wound Care

You have a surgical wound that requires daily attention and monitoring. Your healthcare team will instruct you about how to care for your wound before you leave the hospital. Please keep your incision clean and dry at all times. Do not immerse your incision in water. This includes pools, hot tubs, lakes, and bath water. You may start showering on the third day after surgery as long as there is no drainage from the wound.

Do not apply any lotions, creams or ointments unless prescribed by your surgeon. Your healed wound is new skin and should be protected from the sun with sun block especially in the year following surgery. Monitor your incision daily for any signs of infection. Some swelling and redness is normal but if there is an increase or if you develop any of the symptoms below notify your surgeon.

Symptoms of a wound infection may include redness, drainage, swelling, warmth at/around the incision site or if you experience chills, shaking, an increase in pain or a fever over 101° orally. If you experience any of these symptoms, notify your surgeon immediately.

A follow-up appointment will have already been scheduled for you 10-14 days following surgery for an incision check and removal of any sutures.

Preventing Infection

Following your surgery, antibiotics should be taken before any dental or invasive procedure (i.e. dental cleaning, oral surgery, bladder scopes, urinary catheterizations, colonoscopy, etc.). Your surgeon will give you exact instructions after surgery. Please feel free to contact our office with any questions.

Symptoms of possible infection are persistent fever (higher than 101° orally), shaking, chills, increased redness/tenderness/pain at surgical site.

Diet

Some loss of appetite following surgery is common. Make sure you are eating a balanced diet rich in protein to promote muscle healing and strength. It may help to eat smaller meals more frequently and drink plenty of liquids. If you cannot manage solid foods, try a nutritional meal replacement drink. If you are still experiencing problems with your appetite after one week, call your surgeon. Some surgeries may require an altered diet for a short period of time after. Your healthcare team will assess your needs and provide education regarding specific recommendations.

Medications

Your physician will determine resuming your home medications. Please follow up with your primary care physician to ensure you are back on your prior medication regimen.

Pain Medications

After an orthopedic surgery, most patients will require prescription pain medications, including narcotics, to treat their post-operative pain. Narcotic pain medications are controlled substances and need to be monitored closely. With chronic use, they pose a risk for addiction. Patients should treat their pain only as needed with these medications and wean off narcotics in the first few weeks following surgery. These medications can cause side effects, which may include nausea, lightheadedness, confusion, sedation, urinary retention and constipation. To avoid constipation, increase your water intake, eat well-balanced meals that include fruits and vegetables and incorporate an over-the-counter stool softener such as Docusate or Senna.

If you require a refill of your narcotic pain medication, please notify your surgeon early. Federal law prohibits filling most narcotics by phone; a written prescription is needed. Narcotic pain medications cannot be renewed after hours or on the weekends. If you have questions about your prescriptions, pain or find that your pain is not relieved by your medication, please notify your surgeon.

Questions

The CORE Institute is dedicated to your outcome. If any questions or concerns arise, please call The CORE Institute at 1.866.974.2673.