Patient Instructions: Sacroiliac (SI) Joint Fusion

**Surgical Technique**
Sacroiliac surgery is approached from your lateral hip/buttock area. The joint itself is immobilized with the use of hardware. The goal of the surgery is to relieve pain that is secondary to degeneration of the joint. For more information please visit www.bnasurg.com.

**Before Surgery**
- Seven days prior to surgery, please do not take any anti-inflammatory NSAID medications (Celebrex, Ibuprofen, Aleve, Naprosyn, Advil, etc.) as this could prolong your bleeding time during surgery.
- Do not eat or drink anything after midnight the day before surgery. This means nothing to drink the morning of surgery except you may take your normal medication with a sip of water if needed. This includes your blood pressure medicine, which in general should be taken. Consult your surgeon or primary care doctor regarding insulin if you take it.
- Please do not be late to check in on the day of surgery or it may be cancelled.
- Please bring your preoperative folder with you to the surgery and have it when you check in.
- If you have a copy of your MRI or x-rays please bring these with you to the surgery even if your surgeon has seen them already.
- Please be aware that smokers are recognized to have a significantly higher risk of postoperative wound healing problems, as well as operative and postoperative bleeding. Smoking disrupts the normal function of basic body systems that contribute to bone formation. Smokers must understand and agree to discontinue smoking for at least two weeks before surgery and continue to not smoke after surgery. Although it helps to stop smoking for several weeks before and after surgery, this does not eliminate the increased risk resulting from long-term smoking.

**After Surgery**

**Activity Level**
- Please see additional handout regarding slowly increasing weight bearing and activity after surgery. It will be important for you to work closely with your physical therapist on these guidelines and to follow them closely so as to reduce chance of potential complications.

**Bandage**
- A bandage (if present) may be removed the day following surgery. The wound should be covered with a dry gauze bandage and changed daily or when soiled for 3 days to protect the wound from clothing and any other irritation.
- Steri-strips (if present under the bandage) should be left on the incision until returning to clinic or for your postoperative follow-up about 14 days following surgery. The steri-strips can be removed around 10-14 days of they start to fall off.

**Bathing**
- You may shower on the third day following surgery.
- Try to limit showers to no more than 5–7 minutes.
- Do not scrub the wound. Let water run over the incision, then pat dry with clean towel.
- Do not soak in a bathtub, hot tub or pool until your follow-up appointment to ensure the incision and wound has healed sufficiently.

**Diet** (Narcotic pain medications are very constipating, be proactive with stool softeners and laxatives)
- A high fiber diet is recommended.
- Avoid straining on the toilet. Keep stools soft with a high fiber diet and/or use of prune juice, Metamucil, Fiber One cereal etc.

**Pain Medications**
- Tylenol can be taken as needed.
• Narcotic pain medications are prescribed if Tylenol is inadequate.
• You should not let pain get out of control before taking medication or it will be less effective.
• We will NOT refill pain medications over the weekend or after hours. Anticipate the need for medication refills and give at last 1-2 business days for refill notifications.

Follow-up
• Call Boulder Neurosurgical Associates’ (BNA) office (303-938-5700) to schedule your routine post-surgical visit for 7-14 days after surgery. Other follow-ups will be scheduled as needed.
• Please call your physician’s office immediately with any problems or go to the emergency room if:
  • Drainage and/or pain increases at the incision site
  • Fever greater than 101.5 degrees F
  • Swelling and tenderness develops in your legs
  • New, persistent pain and weakness or numbness in your back/neck and legs/arms
  • Problem controlling your bladder and bowels

Other FAQs
How long will I be in the hospital? This varies from patient to patient but you will likely go home the day of or the day following surgery. We have found that patients generally prefer the comforts and support that home offers. The sooner you go home, the lower your risk of complications such as hospital-acquired wound infections, blood clots and urinary tract infections.

How much time off from work? The amount of time needed for recovery prior to returning to work varies significantly depending on the type of work you do. With SI joint fusions, you are unable to fully bear weight on the fused joint until several weeks after surgery depending on your progress. Typically, about 4 weeks for jobs that are at a desk or sedentary is sufficient, but patients should ask their surgeon for an individual recommendation. To return to physically demanding jobs will be at the discretion of your surgeon.

When can I resume driving? Driving is acceptable approximately 1-2 weeks after surgery depending on the use of pain medication. We generally recommend that you not drive while taking pain medications following the surgery. Please consult your surgeon regarding resuming driving at your post-operative visit.

Will I need pain medications? We will prescribe pain medications and other peri-operative medications on the day of surgery or prior to your discharge from the surgery center or hospital.

Will I need Physical Therapy? You will need to work closely with a Physical Therapist to slowly increase your weight bearing and activity. We will help you coordinate this either prior to surgery or at your first post-operative visit. A good rule of thumb is ‘If it hurts don’t do it’.

What kind of follow-up is required? Patients return to our office for routine follow up appointments at intervals that are determined on a case-by-case basis. We typically see patients back in the office within a couple weeks following surgery and then increase this to several months followed by an annual exam. Your individual needs will be determined by your surgeon at each follow-up visit.

Do I need antibiotic prophylaxis for dental procedures? We recommend avoiding routine dental prophylaxis and simple procedures for 3 months following a surgery. If you must have a dental procedure within 3 months then it would be advisable to use antibiotic prophylaxis. We generally do not make recommendations about choice of antibiotic when using it for prophylaxis, but we would be happy to discuss this with your primary doctor. Most of the time they can make this decision without our guidance, but please have them contact us if there are any concerns.