Patient Instructions: Sacroiliac (SI) Joint Fusion

Surgical Technique
Sacroiliac (SI) joint fusion is a minimally invasive surgical procedure used to relieve SI joint pain, which provides immediate SI joint stabilization and long-term fusion. It requires a small incision along the side of the buttock through which the titanium implants are placed across the SI joint. Surgery is approached from your lateral hip/buttock area. The goal of the surgery is to relieve pain that is secondary to pain coming from 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, Aspirin, etc.) as this could have adverse effects on your spinal fusion and increase your risk of bleeding during surgery.
- If you are taking any blood-thinning medications (Plavix, Coumadin, etc.), please talk to the prescribing doctor about when you can safely stop that medication before surgery to reduce your risk of bleeding. Usually, these medications are stopped anywhere from 3 - 7 days before surgery.
- Increase your strength and improve your recovery by walking at least 30 minutes a day before your procedure. Exercising before surgery will help you recover after your surgery.
- At least one week before surgery, eat healthy foods rich in carbohydrates and protein to fuel your body with the nutrients that it will need during and after surgery.
- Be aware that nicotine users have a significantly higher risk of surgical wound complications, such as healing and infection, as well as increased surgical bleeding. Nicotine disrupts many normal body functions, including nutrients and blood supplies. Nicotine use can impede bone formation that can result in higher failure rates due to the bones not fusing and healing. It is advised that any nicotine use be discontinued at least 4 weeks before surgery and at least 3-6 months following surgery. A complete discontinuation of all nicotine products is best and highly recommended.

Day of Surgery
- Do not eat or drink anything after midnight the day before surgery. This also means nothing to drink the morning of surgery, except you may take your prescribed medications (e.g., blood pressure medications) with a sip of water if needed. Consult your surgeon or primary care doctor regarding insulin if you take it. Some hospitals are now allowing clear fluids until a few hours before surgery – please follow the directions of the individual hospital protocols (if you do not follow the individual hospital guidelines this may result in your surgery being canceled).
- Be early or on-time to check-in on the day of surgery so that surgery is not delayed or canceled.
- Bring your hospital surgical folder and any related paperwork (consents, etc.) to surgery.
- Bring a copy of all relevant imaging studies (CT, MRI, or x-rays) to surgery, even if your surgeon has already seen them in the clinic or may have a copy. Surgery may be canceled if your surgeon cannot view your radiographic images on the day of surgery.
After Surgery
• You may experience increased pain during the first few weeks following surgery.

• Please apply ice to the surgical site to help reduce swelling and bleeding. Ice approximately every 2-3 hours for 15 minutes each time for the first 24-48 hours as tolerated.

• You should expect increased soreness directly at the incision site, which should improve with time.

• Some patients may experience worsening leg pain. These symptoms also should gradually improve with time.

• If your pain is poorly controlled, please reach out to your surgeon to discuss.

Activity Level
• It is important to slowly increase weight-bearing and activity after surgery. You should work closely with your physical therapist on these guidelines and follow them closely so as to reduce the chance of potential complications.

Bandage
• If a bandage is present, it should be changed the second day following surgery. A clean, dry gauze is recommended to be changed over the wound daily to protect the incision from clothing and collar (if used) to prevent breakdown. The use of a bandage is usually discontinued once your incision is fully healed. This may be different according to your surgeon.

• Depending on your surgeon’s preference, you may have either Steri-Strips, a liquid skin adhesive (Dermabond), or external sutures over your incision.

• Steri-Strips: should be left intact until returning to the clinic for your postoperative follow-up visit 2 - 3 weeks following surgery.

• Liquid skin adhesive (Dermabond): should be left in place and will eventually fall off naturally over the next 10-14 days. Do not peel the glue off prematurely.

• External sutures: need to be removed 2 - 3 weeks after surgery.

• Do not use topical ointments on your incision unless approved or directed to do so explicitly by your surgeon.

Bathing
• We recommend waiting to shower until the third day after surgery.

• Try to limit showers to no more than 5 - 7 minutes.

• Do not scrub the incision directly. Instead, let the clean water run over the incision and then pat the incision dry.

• Do not soak in a bathtub, hot tub, or pool until you are cleared to do so by your surgeon.
Diet
• Narcotic pain medications can be 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.
• Drink plenty of fluids, including Gatorade, or any kind of juice to stay adequately hydrated, prevent blood clots, and other problems.

Pain Medications
• Do not take NSAID medications (Ibuprofen, Naprosyn, etc.) or Cox-2 inhibitors (i.e., Celebrex) for 3 - 6 months following surgery. These medications may delay or prevent proper fusion.
• Tylenol can be taken as needed.
• Stronger pain medications will be prescribed if Tylenol is inadequate. Avoid letting the pain get out of control before taking medication, or it will be less effective.
• Muscle relaxants are sometimes prescribed in combination with pain medications. Take as directed by your provider.
• BNA providers will NOT refill pain medications after hours: 5 pm on weekdays or anytime on the weekend.
• It is crucial to anticipate the need for medication refills so that they can be refilled with an adequate notification, which may take anywhere from 24 - 48 hours.

Follow-up
• Call Boulder Neurosurgical and Spine Associates (303-938-5700) to schedule your routine post-surgical visit for 14 - 21 days after surgery (if it is not already scheduled).
• Additional follow-ups will be scheduled as needed. The duration of total follow-up with your surgeon depends on the type of surgery being performed.
• Please call your surgeon’s office immediately with any problems or go to the emergency room if you notice:
  • Drainage and/or increased pain at the incision site
    • Fever greater than 100.4 degrees F
      • Difficulty breathing
      • Significant wound swelling
  • Swelling and/or tenderness in your arms or legs
  • New pain and/or weakness in the arms or legs
  • Problem with controlling your bladder or bowels
Other FAQs

How long will I be in the hospital? You will likely go home on the day of the 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 depending on the surgery, your job, and you as an individual. Typically, 1-2 weeks for jobs that are at a desk or sedentary is sufficient, but patients should ask their surgeon for an individual recommendation. The return to physically demanding jobs will be at the discretion of your surgeon.

When can I resume driving? Driving is acceptable, depending on the use of pain medication. We strongly advise against driving while taking narcotic pain medications following the surgery.

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? If physical therapy is recommended, we will refer you to a therapist at your first postoperative visit.

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 2-3 weeks following surgery and then increase this interval with subsequent visits. The follow-up schedule will be determined by your surgeon at each follow-up visit.

Do I need antibiotic prophylaxis for dental procedures? We recommend avoiding routine dental procedures for 3 months following surgeries in which hardware is placed. This includes any dental work. You should brush your teeth as you normally do. 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 the choice of antibiotic when using it for prophylaxis, and we usually defer this to your primary care physician or your dentist. After 3 months, prophylactic antibiotics are not recommended except for specific individuals with extenuating circumstances, such as patients who are at risk for infective endocarditis.