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Lifespan Physician Group, Inc.
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Discharge Instructions After Intrathecal Pump Implantation

What do Intracathecal Pumps Do?

These types of pumps deliver medication from a small device located under the skin into the spinal fluid of the spine via a catheter. The device can hold concentrated medication that is released at a certain rate, and can be adjusted by a handheld programmer. The pump usually holds either pain medication or baclofen, a medicine that decreases spasticity (tight muscle tone seen in some diseases). The medication needs to be refilled at least every six months by inserting a needle through the skin into the pump. The pump does have a battery, and usually needs to be replaced every seven to ten years.

Success of the Surgery

A successful result after the surgery depends on a positive attitude and efforts by the patient to aid recovery. If you have a pump for pain medication, it will initially be set to a low setting, and your pain medication taken by mouth will be weaned off in the office over a number of weeks. The pump is another tool to help manage your pain, and may not relieve all of your pain. If the pump is for spasticity, it may help some but not all of the symptoms.

What is Done During the Surgery?

An incision, or cut, will be made in the back and a catheter placed into the

The pump itself will be placed in the abdomen or buttock region and connected to the catheter going into the spine. In some cases, a larger procedure to remove bone in the back (a laminectomy) may be needed to place the catheter.

What are the Risks of the Surgery?

The risks include anesthesia problems, infection, mechanical problems with the pump or the catheter, and a rare risk of bleeding in the spine, which could cause nerve or spinal cord damage. If there is an infection, usually the entire pump and catheter need to be removed and antibiotics given. If the pump or catheter fail, or the medication runs out because of a missed refill, serious withdrawal symptoms may occur. In pain pumps, if too much medication is delivered, an overdose that can stop breathing can occur. A spinal headache, which is worse when sitting or standing and better when lying flat, may occur after the surgery, but can usually be treated with rest or possibly a small injection known as a blood patch.

Activity

Most patients will stay in the hospital for one night and leave in the morning. Resting flat for the first night decreases the risk of a spinal headache. Unless you have been instructed otherwise, you should focus on gentle walking the first two weeks after the surgery. You should start with brief walks in the house, and gradually increase the time and speed of your walks. It is best to limit stair walking to one or two times a day for the first week. As you feel better, you should start to take longer walks outside, including walking up inclines. You should avoid driving or being in the car for the first two weeks. After that, start with short drives with another person in the car. You should also avoid lifting anything heavier than a half-gallon of milk for the first two weeks. After that, you can start to lift light objects if you are comfortable. Please remember, if it hurts, do not do it! Sexual activity can be resumed when you feel comfortable. You can discuss returning to an exercise regimen with your physical therapist.

For most patients, working with a physical therapist after the surgery can help with the recovery process.

Care of the Incisions

If your incisions were closed with dissolving stitches, you should keep the dressings clean and dry for three days. The outer bandages may be removed at that time and you may shower, but not soak in a tub or pool. The small paper tapes on the incisions will fall off on their own. Wearing a soft binder for the first two weeks reduces the risk of fluid around the pump site.

Diet and Medication

You can resume your regular diet and most regular medications immediately after the surgery. The plan for restarting blood thinners such as aspirin, warfarin, or other prescription blood thinners will be discussed during your discharge.

Constipation is a common problem after surgery. Over the counter stimulants and stool softeners can be beneficial, along with plenty of fresh water.

Work

Most patients with lighter duty jobs return to work 6 - 8 weeks after the surgery. Patients whose jobs require heavy lifting may take longer. Your return to work will be discussed with your provider in your office follow-up appointment.

Follow-Up Appointments

Your first surgical post-operative appointment will be 10-12 days after surgery. You may have an x-ray before that appointment. If you are getting your own handheld programmer, you will have office training with that after you have reached a steady medication dose.

What to Watch For

These symptoms should cause you to call immediately or dial 911 to go to the Emergency Department:

- Paralysis or inability to fully move your legs
- Severe chest pain, difficulty breathing
- Loss of control of your bowels and bladder
- New numbness or change in symptoms from before surgery
- Redness or drainage from the incision
- Unusual headache, especially if it is much worse when you stand up

For questions after the surgery, please call 401-606-6360. If you feel you have an urgent problem outside of office hours, go to the Emergency Department.



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