

Lateral Lumbar Interbody Fusion (LLIF)

Patient post-operative instructions

Typical hospital course

Usually 1 to 2 nights in the hospital. Some cases are more complex or staged depending on the levels treated and any additional posterior fixation.

Key limits / reminders

Brace is commonly worn when out of bed. No lifting more than 10 pounds. Avoid bending, twisting, and NSAIDs during early fusion healing unless specifically cleared.

Before surgery

- This is a side approach to the spine, commonly paired with screws placed from the back.
- The exact approach and whether you need additional posterior work will be reviewed at your pre-op visit.

After surgery

- It is common to have side, hip, groin, psoas, or thigh soreness after surgery. Some temporary thigh numbness or hip-flexor weakness can also occur depending on the level and approach.
- You will usually get up and walk with therapy on the first day after surgery.

Incision and showering

- Keep the side and back dressings clean and dry. Call if they become soaked or there is increasing drainage.
- Showering is allowed if the dressings and incisions stay dry. No soaking until cleared.

Brace and activity

- Wear the brace when out of bed if one was prescribed. It may usually be removed when sitting or lying down unless you were told otherwise.
- Walk every day starting right after discharge. Increase gradually.
- Do not lift more than 10 pounds and avoid excessive bending or twisting during early healing.

Medications, driving, and work

- Pain medication is usually tapered over 1 to 3 weeks.
- Because this is a fusion procedure, avoid NSAIDs unless your surgeon specifically says they are okay.
- Do not drive while taking opioid pain medication or muscle relaxers.

Follow-up

- Typical follow-up is around 2 weeks and 8 weeks, with later visits for x-rays and fusion checks.

Constipation

- Opioid pain medication commonly causes constipation. Start a stool softener and/or gentle laxative if needed, drink fluids, and stop these medicines if you develop loose stools or diarrhea.
- If you go several days without a bowel movement despite over-the-counter treatment, call the office.

Smoking / nicotine

- Do not smoke, vape, or use nicotine after fusion surgery. Nicotine can significantly interfere with bone healing and increase the risk of failed fusion.

Call right away for

- Increasing pain that is not controlled with the prescribed medication plan.
- New or worsening weakness, numbness, tingling, loss of balance, or new trouble using your arms or legs.
- Redness, swelling, warmth, drainage, or a bad smell from the incision.
- Fever of 101 F or higher.
- Inability to urinate, loss of bowel or bladder control, or new saddle numbness.
- New calf pain or swelling, chest pain, coughing up blood, or shortness of breath.

Questions or concerns: call the office. For chest pain, severe shortness of breath, or another emergency, call 911 or go to the nearest emergency department.