

Having Extreme Lateral Interbody Fusion (XLIF)



A fusion is a surgery that joins 2 or more bones together. During an extreme lateral interbody fusion (XLIF), this is done on the spine. Two of the bones of your back (vertebrae) are joined together, and 1 of your spinal disks is removed.

What to tell your healthcare provider

Tell your healthcare provider about all the medicines you take. This includes over-the-counter medicines such as ibuprofen. It also includes vitamins, herbs, and other supplements. Also tell your provider if you:

- Have had any recent changes in your health, such as an infection or fever
- Are sensitive or allergic to any medicines, latex, tape, or anesthesia (local and general)
- Are pregnant or think you may be pregnant

Tests before your surgery

Before your surgery, you may need imaging tests. These may include ultrasound, X-rays, or MRI.

Getting ready for your surgery

Talk with your healthcare provider about how to get ready for your surgery. You may need to stop taking some medicines before the procedure, such as blood thinners and aspirin. If you smoke, you may need to stop before your surgery. Smoking can delay healing. Talk with your provider if you need help to stop smoking.

Also, be sure to:

- Ask a family member or friend to take you home from the hospital. You can't drive yourself.
- Plan some changes at home to help you heal. You may need help at home.
- Follow all directions you are given for not eating or drinking before surgery.
- Follow all other instructions from your provider.

You will be asked to sign consent forms. These give your permission to do the surgery and get anesthesia. Read the forms carefully. Ask questions if something is not clear.

On the day of surgery

Your XLIF will be done by a spine surgeon. This healthcare provider specializes in treating bone, muscle, joint, and tendon problems. They will work with a team of specialized providers, nurses, and technicians. The surgery can be done in several ways. Ask your provider about the details of your surgery. The whole procedure may take a couple of hours. In general, you can expect the following:

- You will have general anesthesia. This medicine allows you to sleep through the surgery. You won't feel any pain.
- A healthcare provider will watch your vital signs during surgery. This includes your heart rate and blood pressure. You may have a breathing tube put down your throat to help you breathe.
- You may be given antibiotics during and after the surgery. This is to help prevent infection.

- You will lie on your side. The table will be slightly bent to give the surgeon the best view of your spine.
- The surgeon will make a small cut (incision) through the skin in your side.
- The surgeon will put a special tool called a retractor through your skin. They will gently push it through the tissues to the spine. It then holds muscle and tissue aside and lets the surgeon see the spine.
- The surgeon will stimulate and record nerves in the area to reduce the risk of nerve injury.
- The surgeon will remove the disk. They will put a bone graft into the space between your vertebrae. The graft may be bone, metal, or an artificial bone-like material.
- In some cases, the surgeon may make a second incision on the back. This is done to place screws or other material to hold your bones in place.
- The surgeon will make other repairs to the area as needed.
- The surgeon will close the layers of muscle and skin on your back with stitches (sutures). The surgeon may also use staples or skin glue.

After your surgery

Right after surgery, you will be taken to the PACU (post anesthesia care unit). Nurses will watch your breathing, heart rate, blood pressure, leg strength, and pain level. You may stay in the hospital for a few days. During this time, you may have imaging tests, such as X-rays. These are done to see if the spinal implant has stayed in place.

You may have some pain at the incision site after surgery. You can take pain medicines to help relieve it. But only take pain medicine approved by your healthcare provider. Some over-the-counter pain medicines can slow bone healing. You might have a small amount of fluid leaking from your incision. In most cases, this is normal. Let your healthcare provider know right away if you see an increase in redness or swelling, or too much fluid from your incision.

You can go back to your normal diet as soon as you feel able. Your healthcare provider may tell you to eat foods high in calcium and vitamin D as your bones heal. Or your healthcare provider may have you take certain bone-promoting medicines.

Your original pain symptoms may go away quickly after your surgery. Or they may slowly get better over time.

Follow-up care

Follow all your surgeon's instructions about medicines and wound care, including removing stitches or staples after 2 weeks. In some cases, your surgeon may ask you to wear a brace. This will help to make sure the fusion is a success. If you have any questions or concerns, call the surgeon's office.

While you heal, it's important to keep your spine in correct alignment. A healthcare provider will show you safe ways to move around. At first, you may be able to do only light activity, such as walking. As you heal, you'll be able to slowly increase your activity.

Make sure to keep all your follow-up appointments. You may need to have your stitches removed a week or so after your surgery.

When to call your healthcare provider

Call your healthcare provider right away if you have any of these:

- Chest pain or trouble breathing (**call 911**)
- Fever of 100.4°F (38°C) or higher, or as advised by your provider
- Lasting or severe pain, weakness, or numbness in your back or legs
- Redness, swelling, pain, bleeding, or fluid leaking from your incision that gets worse

- Severe headache or tiredness
- Problems controlling your bladder or bowels
- Other signs or symptoms as advised by your provider

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