



150 West Peachtree Avenue • Foley, Alabama 36535

Phone (251) 291-2311

Fax (888) 894-5212

www.coastal-spine.com

KYPHOPLASTY

Patient information and post-operative instructions

WHAT IS KYPHOPLASTY?

Kyphoplasty is a minimally invasive procedure used to treat vertebral compression fractures, which are fractures of the bones of the spine. The most common cause is osteoporosis (thinning of the bones). Kyphoplasty is also used for some fractures caused by cancer in the bone.

Using x-ray guidance, the physician passes a hollow needle through the skin into the fractured vertebra. A small balloon or similar device is inserted and inflated to create a space and, in many cases, to restore some of the lost height of the bone. The balloon is removed and the space is filled with bone cement, which hardens within minutes to stabilize the fracture.

WHEN IS IT RECOMMENDED?

Kyphoplasty is usually recommended when pain from a compression fracture has not improved with rest, a back brace, and pain medication, or when those treatments are causing problems. It may be recommended sooner for severe pain or when bed rest is not safe. Treatment is most effective at restoring height when performed within about 8 weeks of the fracture.

BENEFITS

Most patients have significant pain relief within hours to several days. Kyphoplasty can improve mobility and help prevent further collapse of the treated vertebra. Getting up and moving sooner also lowers the risk of complications of bed rest, such as pneumonia and blood clots. No large incision is needed.

RISKS

Risks include infection (less than 1 in 1,000), bleeding, increased back pain, and nerve symptoms such as numbness or tingling. A small amount of cement can leak outside the bone; this usually causes no problems but is serious in rare cases if it reaches the spinal canal. Paralysis is extremely rare.

HOW TO PREPARE

- Before surgery, you will have an evaluation that may include x-rays, an MRI, blood tests, and a physical examination to confirm that you have a fracture that may benefit from kyphoplasty.
- Tell us about all medications and supplements you take, and about any allergies to anesthesia, numbing medicine, or x-ray contrast dye. **We will tell you whether and when to stop aspirin, anti-inflammatory medicines, or blood thinners.**
- Tell us if there is any chance you are pregnant.

- If you are given antiseptic soap (chlorhexidine), shower with it the night before and the morning of surgery. If you are prescribed a nasal ointment, use it as directed for the 3 days before surgery.
- The procedure is performed with IV sedation given by an anesthesia provider. Most patients do not feel or remember the procedure. It usually takes about 1 hour, longer if more than one vertebra is treated.

Please also read our handout **Preparing for Your Procedure**. The facility where your surgery is performed will contact you with your arrival time and its own pre-operative instructions.

SURGERY DAY AND GOING HOME

- Most patients go home the same day. After surgery, you will be monitored in the recovery area until you have recovered from anesthesia. Most patients spend about 1 hour in recovery.
- **An adult driver must bring you, stay at the facility during your surgery, and drive you home.**
- A responsible adult should stay with you for at least the first 24 hours after you get home.
- For 24 hours after anesthesia, do not drive, drink alcohol, operate machinery, or sign important documents.

CARE OF YOUR INCISION

- You will have one or two very small incisions near the center of your back, usually closed with dissolving stitches and covered with skin glue.
- You may remove the outer bandage after 24 hours. You do not need a new dressing over the glue. **Do not peel or pick at the glue;** it will come off on its own in 1 to 2 weeks.
- You may shower 24 hours after surgery. **Do not bathe or soak the incision for the first 3 days.**
- Slight drainage for a day, mild swelling, and mild bruising are common. Call us if there is significant drainage, spreading redness, or a large amount of swelling.

ACTIVITY AND BACK BRACE

- For the first 48 hours: do not return to work or school, do not lift more than 10 pounds, and do not drive.
- After 48 hours, you may return to work or school, but do not lift more than 15 pounds for 3 weeks.
- If you are fitted for a back brace, wear it whenever you are out of bed for 3 weeks after surgery.

PAIN, MEDICATIONS, AND DIET

- We will review your pain medication plan before surgery. Ice for 15 minutes every few hours and acetaminophen (Tylenol) also help with soreness.
- If you are prescribed an antibiotic, pick it up at your pharmacy after surgery and start it when you get home. Take every dose.
- Resume your regular diet and regular medications. Restart aspirin the day after surgery unless told otherwise. **We will tell you when to restart a blood thinner.**
- Constipation is common after surgery. Drink plenty of water; we generally recommend MiraLAX.

FOLLOW-UP AND BONE HEALTH

- Your post-operative visit is scheduled 7 to 10 days after surgery. **An x-ray is required before this visit;** we will schedule it for you.
- Most patients with a compression fracture have osteoporosis, even if it was never diagnosed. We will review your bone health and may recommend treatment or a bone density scan to help prevent future fractures. Please keep this appointment.

WHEN TO CALL US

Call 911 or go to the nearest emergency room if you have:

- Weakness, paralysis, or inability to move your arms or legs
- Loss of control of your bladder or bowels
- Chest pain or difficulty breathing

Call our office right away if you have:

- A fever of 101°F or higher, or chills
- Redness, warmth, swelling, or drainage from the incision, or an incision that opens
- Increasing back or leg pain
- Difficulty urinating
- New numbness, weakness, or a change in your symptoms compared with before surgery
- A headache that is worse when you stand up
- **New back pain that is severe and constant**, especially if your pain improved after surgery and then suddenly returned. This may be a new fracture.

Questions or Concerns

Call Coastal Spine & Pain at **(251) 291-2311**, Monday through Thursday, 8:00 a.m. to 4:30 p.m.

For a medical emergency, call 911 or go to the nearest emergency room.

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