GREENBERG SPINE
MINIMALLY INVASIVE SPINE SURGERY

UNDERSTAND THE CONDITION - KNOW THE NEXT STEP

Persistent Symptoms After Spine Surgery

Persistent symptoms after spine surgery can have several causes, including recurrent nerve compression, an adjacent-level problem, incomplete bone healing, hardware concerns, or a diagnosis outside the spine. The first step is identifying a specific cause. Further surgery is considered only when a correctable problem is established.

What you may feel

- Pain that continued after surgery, returned after improvement, or developed in a new area.
- Numbness, tingling, weakness, reduced function, or symptoms near or beyond the prior surgical level.

How it is evaluated

- The prior operation, records, imaging, recovery course, current symptoms, and neurologic examination are reviewed together.
- MRI, CT, nerve studies, or diagnostic injections may be used selectively to identify a specific cause.

How treatment typically progresses

1 Treatment may remain non-surgical

- Physical therapy, rehabilitation, medication, injections, and comprehensive pain management may improve function without another operation.
- The plan depends on the cause rather than on the fact that surgery occurred previously.

2 When revision surgery enters the discussion

- Evaluation identifies a clear anatomical problem that can reasonably be corrected.
- Symptoms and function remain substantially limited despite an appropriate non-surgical plan.

Emergency: go now

- Seek prompt or emergency evaluation for new bladder or bowel dysfunction, saddle-region numbness, rapidly progressive weakness, sudden major gait loss, difficulty breathing, or severe neurological decline.

Contact the office promptly

- Fever with wound drainage, spreading redness, rapidly increasing swelling, or severe worsening pain requires timely contact with the treating surgical team or emergency assessment, depending on severity.

Reviewed by Marc Greenberg, MD
Fellowship-trained orthopedic spine surgeon - 2026-07-13
Mayo Clinic (MD) · Johns Hopkins (residency) · Brown (fellowship)

greenbergspinemd.com/prior-surgery/

FOR THIS VISIT

Your plan today

Your care team has checked the items below that apply to you. Keep this with you and bring it to your next visit.

Medications started today
☐ muscle relaxant ☐ anti-inflammatory (ibuprofen/naproxen) ☐ acetaminophen (Tylenol)
☐ gabapentin / pregabalin ☐ steroid taper (Medrol) ☐ duloxetine ☐ other: _____

Imaging ordered
☐ MRI ☐ CT ☐ X-ray (flexion/extension) ☐ standing films ☐ CT myelogram
→ scheduling: ☐ you'll schedule ☐ our office / imaging center will call you

Other studies
☐ EMG / nerve conduction ☐ DEXA bone density ☐ vascular study (ABI) ☐ labs: _____

Physical therapy & activity
☐ PT - convenient location; order sent ahead ☐ home exercise program
☐ activity restrictions: _____ ☐ assistive device (cane/walker) ☐ TENS unit

Bracing
☐ none needed ☐ lumbar (LSO) ☐ cervical collar ☐ as directed: _____

Injection
☐ Ordered - referral to a pain-management specialist → ☐ they will call you ☐ you will call them

Surgery
☐ To be scheduled - our surgical scheduler will call you. If you haven't heard within 5 business days, call (260) 484-1400.

Before surgery clearance & prep
clearance: ☐ primary care ☐ cardiology ☐ neurology ☐ pre-op labs ☐ smoking cessation
☐ stop blood thinners as directed

Referrals
☐ Bone Health Clinic (osteoporosis) ☐ weight / nutrition ☐ pain management (medication)
☐ other: _____

Work / activity status
☐ work / school note ☐ off work until _____ ☐ modified duty ☐ FMLA / disability forms

Follow-up
in _____ weeks ☐ after your MRI / injection / EMG ☐ as needed

Notes & questions for your next visit

_____

_____

QUESTIONS OR NEW SYMPTOMS
Call us
Office · (260) 484-1400 · Scheduling · (260) 484-1400 · After hours · (260) 484-1400