EXPERT SPINE CARE - POST OPERATIVE INSTRUCTIONS
FOR PATIENTS WHO HAVE HAD LUMBAR DECOMPRESSION SURGERY
(Lumbar decompression/Lumbar Microdiscectomy)

HOSPITAL STAY:
Most of the time, this is an outpatient procedure. This means that you come in the morning for the procedure and you leave sometime in the afternoon. Occasionally, there are times when you will stay overnight as "observation" in the hospital. If you are over the age of 65 years old or you have multiple medical problems, then expect to stay at least one night in the hospital. After surgery and before you leave, the nurses will ensure that your pain is controlled and that you are walking satisfactorily.

Most lumbar decompression or microdiscectomy surgery patients will be fitted with a rigid lumbar support brace. The brace is to be worn anytime you are out of bed or sitting in any upright position. The brace can be removed briefly for hygiene purposes. The brace should be brought with you on your surgery day.

THINGS TO AVOID AFTER SURGERY:
In the postoperative period of at least the first three to six weeks, you will want to avoid the following:

1. Bending and twisting at the waist.
2. Lifting or carrying of anything more than 5-10 pounds.
3. Sitting for more than 15 minutes at a time.
4. Smoking or any other tobacco use.

Bending, twisting and stooping at the waist, and lifting and carrying put extra stress on your healing disc and back muscles and should be avoided.

Sitting for prolonged periods of time puts extra stress on your healing disc and back muscles and should be avoided.

Try to minimize your sitting to just that necessary to use the bathroom and essential travel. This means most of your time should be spent standing, walking, and lying down.

SMOKING/NICOTINE
Smoking and substances that contain nicotine greatly decrease the success of your surgery. Surgery requires good blood flow to the operative sites in order to heal properly. Nicotine is a drug that causes the small blood vessels in the body to constrict which means that there will be a lack of blood to your surgical site.

Smoking or use of nicotine is strictly prohibited. If you are a smoker, usually I have you quit smoking/nicotine use at least 30 days prior to your surgery and have you sign a nicotine contract. Your urine will be tested for nicotine and if there is nicotine in your system prior to surgery, then you

surgery is rescheduled or canceled. If you start restart smoking/nicotine after surgery, then I will dismiss you as a patient from my practice 90 days from the date of surgery due to lack of compliance.

SITTING AND LYING:
Sitting for any length and period of time can cause you to have back pain. This is in part to the type of surgery you had done, the small amount of bone that had to be removed from the lamina on your back, and the lumbar spinal muscles that had to be dilated. If you start having back pain while sitting, then it is best to frequently get up and walk to avoid long periods of sitting.

Any lying down position is okay, if it is comfortable for you. When going from lying to sitting or standing, roll to your side and bend your hips and knees. Have your feet just dangling barely over the side of the bed. Then use your arms to push yourself upright from this side lying position. Try to use minimal twisting force. Now you are in a sitting position. To get into a standing position, scoot or slide yourself to the edge of the bed, and push yourself up using your arms and legs trying to lean forward and trying not to use your stomach or back muscles. Again, minimize your bending or twisting.

Reverse the above steps when changing from a standing position to a sitting position and for getting from a sitting position to a lying position.

Whenever you do sit in a chair, you are best off getting into a sitting position by lowering yourself with the assistance of another person and by using your leg muscles more than your stomach and back muscles. If the chair has arm rests, use your arms and hands to support the weight of your upper trunk as you lower yourself into the seat. If possible, sit on the edge of the seat first and then slide backward into the full sitting position. Your back should always be supported when sitting and the best support includes a brace, a small pillow, a rolled up towel, placed into the small of your back to maintain a normal lordotic arch.

When getting out of a chair, reverse the above procedure: move yourself to the front edge of the chair using your arms and legs, and then use your arms and legs to push yourself up into a standing position.

Recliners ultimately provide a very good position for your post operative back, in that they do support your entire back without you being in a strictly sitting position. However, recliners can put a lot of stress on your back when you try to get out of them. If you plan to use a recliner, please have someone nearby to help push the recliner into an upright position, so that you do not have to strain your stomach and back muscles by leaning forward in order to get the recliner out of its reclined position. After this you may get out of the recliner in the same way described above for chairs.

DRIVING:
For the few weeks after surgery, you are not to drive. This is because you will have decreased driving reflexes (such as in accident type situations) secondary to pain that you may incur with sudden movements of your legs or back. In addition, many of you will be on narcotic medications and these can also significantly dull your driving reflexes.

You should minimize your time in a car as a passenger. This is not only because of the sitting that is involved, but also because road vibration has been shown to be bad for discs.

At the time of your discharge, you will usually be brought to your vehicle in a wheelchair by one of the hospital staff. Gently get into your car, minimizing your bending and twisting as much as possible. Once you are seated, I recommend that you put the seat back as far as it will go so that you

are close to a lying position. This will be the easiest on your back. Be careful of the shoulder harness, as you do not want this to lie across or catch your neck in case of an accident.

Once arriving at your destination, have someone else push the seat back into its upright position, and then have him or her help you swing your leg to the side of the seat and out of the door. Slide or scoot to the side-edge of the seat, and stand up primarily using your leg muscles and the assistance of another person.

DRESSING AND WOUND CARE:
Most of the time, the operative dressings stay on for a total of 5 days. On the fifth day, you can remove the dressings. If there is no drainage from the incision then you can leave the incision open to air and take a normal shower. Allow the water to run off the incision and pat dry with a clean, fresh towel.
In most instances, dissolvable stitches and topical glue are used over the incision so there are no stitches to remove. Occasionally, the ends or "tails" of the stitches are outside of the skin and covered with a steri strip (small Band-Aid like strip). At your follow up visit, we will check your wound, change the steri strips and dressing if necessary, and clip the ends of the "tails" of the suture if necessary.

If there is any drainage from you incisions, then continue to place dry dressings over your incisions until follow-up. If your dressing does get wet for some reason, have the supplies available so that someone can be prepared to change your dressing immediately. Please replace it with a sterile piece of dressing gauze, usually 2x2 inch or 4x4 inch type size, which can be obtained at the drug store. Use medical tape to hold it in place (also obtainable at a drug store).

I prefer that you do sponge or washcloth type baths for the first three days after surgery. If the dressing does get wet, be prepared to change it immediately. When you do take a shower, please have somebody around to assist you. Please do not take a bath before your follow up visit, as soaking the wound is not good for it.

If your wound begins to bother you, or you notice any fresh fluid of any sort on the dressing it is worth looking at the wound. To do this best, you should be lying on your stomach or side, and have a friend or family member gently remove the dressing, trying not to disturb the Band-Aid like steri strips underneath. Once you remove the dressing, the wound can be inspected. If there is any concern regarding the wound, such as any significant redness or any discharge from the wound, this should be reported to my office.

STOCKINGS AND BLOOD CLOTS:
You will have TED hose type stockings on at the time that you leave the hospital. These help prevent blood clots in your legs. Please wear them at all times, until your follow up visit. They may be removed for brief periods of time for personal hygiene purposes or to wash and dry them. Please remove them only at a time when you can be up and around, as walking helps prevent blood clots. Occasionally I also prescribe an Aspirin every other day, as an additional measure to help prevent blood clots. The best way to prevent blood clots is to do the "ankle pumps" that the therapist showed you in the hospital, and to walk. If you do get significant swelling of either leg, especially if accompanied by pain in the calf, it is important to call our office. Pain in the calf can also be due to residual sciatica or swelling of the nerve root in your back after surgery, and this pain should settle down with time.

INCENTIVE SPIROMETER:
Be sure to take your incentive spirometer home. This is the "breathing" bottle with the hose stuck on it. Use this at home on a regular basis until at least two weeks after surgery. This helps your lungs get good oxygen and helps to prevent pneumonia or atelectasis (collapse of tiny air sacks within lungs).

WALKING:
Although it is important to minimize your lifting and carrying, and stooping and bending as outlined above, and to also minimize your sitting as outlined above, it is important to try to stand and walk in increasing amounts every day. Please make a determined effort to walk at least three times per day. Your initial walking time may only be five to ten minutes at a time, but should increase so that by two weeks after surgery, you are walking up to one mile per day. By four weeks, your goal should be walking two – three miles per day.

PRESCRIPTIONS:
You will be provided medications prior to your discharge from the hospital. This will include medications for pain (Percocet, Vicodin, and/or Tylenol with Codeine), muscle relaxants (Flexeril), and a general medication for stool softener (Colace) that need to be taken for the first 4 weeks following your hospital discharge. These medications help control your pain postoperatively, as well as, keeping your bowels constant and hopefully avoiding any problems with constipation and/or abdominal discomfort. You are not to take any anti-inflammatory medications (Motrin, Naproxen, Ibuprofen) for at least 2 weeks from the date of your surgery. Anti-inflammatory medications can thin you blood and cause bleeding into the spinal canal (epidural bleeding).

FOLLOW UP APPOINTMENT, POST OPERATIVE PHYSICAL THERAPY, RETURN TO WORK:
At the time of your pre-operative visit a follow up appointment will be made for you approximately 10-14 days from your date of surgery. The first visit will include postoperative wound check, dressing changes, and physical exam. At that time, if you are doing well with regards to symptoms, the TED hose stockings will be discontinued, your dressings will be discontinued, your walking program will be increased, you will continue to limit your sitting ability to 20-30 minutes at that time, and your brace will still be on anytime while you are not laying flat in bed. Physical Therapy may also be provided at this time. On this visit, we will also address the possibility of driving for short distances depending upon your comfort and symptoms. Most patients with work related activities would not be allowed to return to any type of work unless it is a sedentary type of position. We may be able to place some restrictions on you, and return you to work in a limited capacity at least in the first 4-6 weeks following your fusion. For those who have heavier lifting and carrying type jobs, the earliest return to work will be no sooner than the first 2 months after surgery.