

Lumbar Decompression Laminectomy with or without Fusion

Introduction

The following explanation is based upon a patient without significant, pre-existing, major medical problems, such as poor heart condition, breathing problems or generalized poor health. In addition, the postoperative recovery described below is expected provided that the patient does not have any major postoperative complications, such as blood clot, heart attack, stroke, pulmonary embolism or wound problems.

Prehospitalization

Your own medical doctor who will perform a thorough physical examination to clear you for the surgery will evaluate you. You will meet an anesthesiologist who will also review your health to make certain that you will be able to tolerate the surgery. You will be fitted for a corset or a hard brace at a brace shop. At the brace shop, ask the orthotist how to wear and remove your corset. If you are not sure how to wear the corset or it does not fit well after you go home, then go back to the brace shop for additional instruction or an adjustment before the surgery.

Most importantly, you will meet with a case manager who will go over various options you have available regarding your discharge. Even if you are certain that you will be going directly home, it is always a good idea to have at least two other outside alternate places, such as a rehabilitation center or home of a friend, neighbor or family. Before the surgery, you can visit them and see if you like them. This cannot be done once you are in the hospital. The hospital where your surgery will take place may have its own rehabilitation center but often times it is full and its availability varies.

Hospitalization

Your hospital stay is approximately 4 to 5 days depending upon the extent of your surgery and your progress. You are encouraged to become active as soon as possible while protecting your spine and allowing it to fuse.

Immediately after Surgery

1. Intravenous (IV) catheter is inserted in your hand or arm.
2. A catheter is inserted in your bladder so that urination is eased during the first two days after the surgery.
3. A drain is inserted at the site of the surgery.
4. A mask or nasal tubing with oxygen to help you breathe is used.
5. TED hoses (white elastic stockings) and inflatable plastic stockings on your legs to prevent blood clots are worn.

What to Expect after Surgery

1. You are taken to the recovery room or PACU (post anesthesia care unit). You are observed here for 1 to 2 hours before being transferred to your room on the surgical ward.
2. You will be instructed on deep breathing exercises to prevent post-operative fevers, how to turn from side to side or sit up in bed, and how to stand and walk with assistance. Use the incentive spirometer 10 times an hour while you are awake. This will prevent postoperative fevers.
3. You are expected to walk on the day following the surgery with the assistance of a physical therapist.

4. You should make every effort to get out of bed, either by walking in the hallways or sitting upright in a chair.
5. You will be instructed on how to place and remove your corset or brace. You will not need to wear it when you are in bed unless specified.
6. The bladder catheter and the drains are removed usually on the second day following the surgery.
7. For the patients on the patient controlled analgesia (see below), the pump is discontinued on the second day following the surgery. You will continue to receive pain medication in either a pill form or injections.

Pain Management

You should rely on pain medication for pain relief after the surgery. The medication will help you become active, participate in physical therapy and allow you to perform breathing exercises. You should not try to avoid requesting pain medication since you are expected to have pain after a major spinal surgery. If the medication is not enough or you are experiencing severe side effects, then do not hesitate to let a nurse or Dr. Moore know so that appropriate changes can be made. **All narcotics cause constipation, and occasionally nausea and vomiting.** These are their known side effects.

The pain medications come in three forms. The first is a pill that is taken every 4 to 6 hours. The second is either a **Morphine** or **Demerol** injection (shot) given in the muscle at the same interval as above. The third is a **patient controlled analgesia** or **PCA**. This is a pump that is hooked up to your intravenous line so that you can administer your own pain medication when you want it rather than relying on the nurses. There is a continuous portion that is delivered for the first 24 hours. This prevents you from waking up with pain. You will push a button that is regulated so that you will not get more than the standard amount in a given hour.

Discharge from the Hospital

Dr. Moore or your medical doctor will decide when you are ready to go home. You may require staying in a short term rehabilitation center if you are progressing slowly with activities of daily living or if you live alone. If you stay in the hospital's rehabilitation center, then your medical doctor will manage your daily issues. If you are discharged to an outside rehabilitation center, then that particular facility's physician will manage your medical needs. **You must wear your corset or brace at all times when out of bed unless otherwise instructed by Dr. Moore.** If you have removable sutures, then your first postoperative office visit will be between 2 to 2 1/2 weeks after the surgery for the suture removal.

Your family member or a friend will need to drive you home. A pillow(s) will make the ride much more tolerable.

Home Activity

1. **Wear your corset or brace whenever you are out of bed for the first 8-10 weeks.** You do not need to wear it in bed, unless you feel more comfortable wearing it.
2. The best place to put on your corset or brace is in bed lying on your back. You can lie on your side, placing the corset opened under you. Then you can gradually roll on to it. Side straps are used to cinch the corset tight to give you support but not uncomfortable.
3. A pillow between the legs may be comfortable when in bed.
4. You can shower 5 days after the surgery, standing only. Wear the brace or corset to the shower stall and take it off in the shower. Preferably you should shower standing up. If this is too difficult, then use a shower stool.
5. TED hoses will need to be worn for the first 6 weeks.
6. A walking program should be started as soon as you arrive home.
7. Use the incentive spirometer 10 times an hour while you are awake for the first 2 weeks.

Walking Program

- Day 1: Walk the length of the hallway at home 3-4 times in the morning, afternoon and evening.
- Days 2-6: Increase the distance by a small amount each day.
- Day 7: Walk to the end of the driveway (50 feet) and back in the morning, afternoon and evening.
- Day 8: Walk a half block (75 feet) in the morning, afternoon and evening.
- Day 9: Walk 1 block (150 feet) in the morning, afternoon and evening.
- Day 10: Walk 1 1/2 blocks (225 feet) in the morning, afternoon and evening.
- After Day 10: Continue to increase the distance as tolerated.

Limitations

1. No driving for 6 weeks but you can be a passenger.
2. No bending at the waist but you can squat with your knees.
3. No lifting more than 10 pounds (about a gallon of milk) for 6 weeks.
4. No vigorous activities or sports except for the walking program.
5. No sexual activity for 3 weeks. After 3 weeks, you may resume sexual activity while lying flat on your back if comfortable.

Return to Work

This depends on the extent of the surgery and your recovery. This issue is addressed during each subsequent postoperative office visit.

Pain Management at Home

An occasional increase in the low back pain, leg pain and/or numbness can occur after the surgery. This is attributed to the inflammation from the surgery when nerves are often irritated. The following treatments are recommended.

1. Ice the area for 20 minutes every 2 to 4 hours as tolerated.
2. Avoid sitting for more than 15 to 30 minutes for the next 2 days.
3. Reduce your activities for the next 2 days.
4. Take the pain medication prescribed by Dr. Moore. Extra strength Tylenol can be taken in between the pain medication to gradually decrease the narcotic medication.
5. **Do not take any anti-inflammatory medications if fusion was done along with laminectomy. They can prevent fusion from occurring for the next 3 months. The examples are Ibuprofen, Motrin, Advil, Alleve, Lodine, Daypro, Relafen, Naprosyn, Naprelan, Voltaren, and Indocin. WHEN IN DOUBT, PLEASE CONTACT DR. MOORE BEFORE TAKING ANY MEDICATION.**
6. Refills are provided during the office hours **9:00 a.m.-4:00 p.m. Monday through Friday**. The office number is **335-4770**. Refills will not be given during the off hours or weekends or holidays. Please have the telephone number of the pharmacy available when you call. Do not wait until you are completely out of your pills. Call when you have less than 2 days worth. The pain medications are discontinued within the first 6 weeks.
7. All narcotic medications cause constipation and occasionally nausea and vomiting. Drink plenty of water or prune juice, and eat food with roughage (bran, oats, fruit, fiber). You will be given a prescription for Colace, which is a stool softener, along with a prescription for the pain medications. Take it twice a day while you are taking your pain medication on a regular basis. You may want to supplement your fiber intake with Metamucil 1 tablespoon in a glass of juice three times a day.

Incision Care

Your incision is usually closed with a non-absorbable suture that will need to be removed in 2 to 2 1/2 weeks. It is also covered with Steri-strips that will gradually peel off at either end. Do not peel them off until they are ready to come off. You can get the incision directly wet in a shower after 5 days. A simple 4" x 4" sterile dressing with tape is recommended so that the sutures will not catch on the clothing. Salves or ointments must not be applied.

Call Dr. Moore if any of the following occurs.

1. Temperature greater than 101.5° F for two separate readings at least 6 hours apart.
2. Drainage from incision.
3. An increase in pain, redness, or warmth or swelling around the incision.
4. Increased swelling in the ankles or feet.
5. Pain or swelling in the calves.
6. Difficulty controlling bowel movements or urination (voiding)
7. The office number is **335-4770**. This call can be made 24-hours a day. If Dr. Moore has performed your surgery, then he will make every effort to call you back unless he is out of town. He shares calls with 4 other physicians and he may not be on call on the day you call for him. But you can request that Dr. Moore be paged even if he is personally not on call. His pager is on 24 hours a day.

Closing

The purpose of the above information was to describe the hospital stay after your surgery in more detail. As much as I would like to do this, I cannot always do so effectively during your office visit. I hope that this information will alleviate some of the fears you and your family members may have about the postoperative recovery.

You deserve proper hospital care. Should you feel that such proper care is not being given, do not hesitate to talk to me about it. Often a request from a physician will have more influence on the care you receive. Please keep in mind that the nurses are working as hard as they can, managing up to 8 to 10 patients during their given work day. This also applied to the physical therapists, nursing assistants, unit clerks, dietary personnel and everyone else who plays a critical role in your care during the postoperative recovery phase. I would encourage you to be sensitive to their limitations yet assertive enough to ensure that your care is not compromised. I would appreciate any comment that you or your family member may have as to how I can improve my subsequent drafts. Grammatical or spelling corrections will be appreciated as well.

Sincerely,

Don K. Moore, M.D.