

Lumbar Micro or Standard Discectomy

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 dural tear, blood clot, heart attack, stroke, pulmonary embolism or wound problems.

Prehospitalization

If you do not have any significant medical problems and you are younger than 40 years old, then Dr. Moore can clear you for the surgery. Otherwise, your own medical doctor will perform a thorough physical examination to medically clear you for the surgery. 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 either at Dr. Moore's office or at a brace shop. Ask 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 seek additional instruction or an adjustment before the surgery.

Most discectomy patients usually stay overnight in a hospital and go home on the next day. Some patients may prefer to go home on the same day of the surgery when comfortable. It is unlikely that you will need to go to a rehabilitation center. In a special case when rehabilitation is required after surgery, you will need to 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 it is full and its availability varies.

Hospitalization

Your hospital stay is at most overnight. Some of you may prefer to go home on the same day when the postoperative pain is manageable. You are encouraged to become active as soon as possible while protecting your spine and allowing it to heal.

Immediately after Surgery

1. An intravenous (IV) catheter is inserted in your hand or arm.
2. A catheter may be in your bladder so that urination is eased during the surgery. It is usually removed in a recovery room.
3. An occasional drain is inserted at the site of the surgery depending on the amount of bleeding that is encountered
4. A mask or nasal tubing with oxygen is used to help you breathe.
5. TED hosiery (white elastic stockings) and inflatable plastic stockings are worn on your legs to prevent blood clots.

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 postoperative 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 (a plastic bottle with a floating ball) 10 times an hour while you are awake. This will prevent postoperative fevers.
3. You are expected to walk on the day of the surgery with the assistance of a nurse. Occasionally, a physical therapist can teach you the appropriate ways to move in and out of bed.
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.

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 some pain after a spinal surgery. If the medication is not strong 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 can cause constipation, and occasionally, nausea and vomiting. These are their known side effects and are not considered allergies to the medications.**

The pain medications come in three forms. The first is a pill that is taken either every 4 to 6 hours or every 8 to 12 hours, depending on your response. The second is a **Morphine** injection (shot) given in the muscle at the similar interval as above. A typical discectomy patient will be on long term oral pain medication, supplemented with injections as needed.

Discharge from the Hospital

Dr. Moore will decide when you are ready to go home. As mentioned above, a typical discectomy patient can go home on the same day of the surgery or the next morning. If you require a stay in a 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.

The corset is strictly for your comfort after the surgery. It is not necessary for you to wear it if you do not find it helpful. 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 strictly for comfort.** 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 usually the day after the surgery. 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 hosiery will need to be worn for the first 3 weeks or until normal activities are resumed.
6. Gradually resume your normal activities but following the restrictions stated below.
7. Use the incentive spirometer 10 times an hour while you are awake for the first 2 weeks.

Limitations

1. No driving for 3-6 weeks. You can be a passenger.
2. No bending at the waist. You can bend with your knees.
3. No lifting more than 10 pounds (about a gallon of milk) for 6 weeks.
4. No vigorous activities, jumping, twisting or sports except for unlimited walking.
5. No sexual activity for 3 weeks. After 3 weeks, you may resume sexual activity while lying flat on your back if comfortable.
6. Avoid straining during bowel movement to prevent potential recurrent disc herniation. Stay on the stool softener and Metamucil for 6 weeks.

Return to Work

This depends on the extent of the surgery and your recovery. This issue is addressed during each subsequent postoperative office visit. If you are performing sedentary work, then you can go back to work within one week. For heavy laborer, this may take up to 6 to 12 weeks.

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. **You can take any anti-inflammatory medications since they can help decrease the inflammation. The examples are Bextra, Vioxx, Celebrex, Ibuprofen, Motrin, Advil, Alleve, Lodine, Daypro, Relafen, and Naprosyn.**
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 can cause constipation, and occasionally, nausea and vomiting. Drink plenty of water or prune juice, and eat food with roughage (bran, oats, fruit, and 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 teaspoon 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 ends. Do not peel them off until they are ready to come off. You can get the incision directly wet in a shower after the surgery if it is covered with a "Saran Wrap" type of waterproof dressing. **Do not soak the incision by either bathing or swimming.** A simple 4" x 4" sterile dressing with tape is recommended if this waterproof dressing is torn. This is done to prevent the sutures from catching 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. Persistent headache.
8. The office number is **335-4770**. This call can be made 24-hours a day. If Dr. Moore has performed your surgery, he will make every effort to call you back unless he is out of town. He shares call with other physicians and he may not be on call on the day you call for him. Nevertheless, you can request that Dr. Moore be paged if you feel that the matter is truly urgent and that only Dr. Moore can help you. This can be done even when he is personally not on call since his pager is on 24 hours a day, 7 days a week. For non-urgent matters, please allow Dr. Moore's partners to help you.

Closing

The purpose of the above information is to describe the hospital stay after your surgery in more detail. As much as I would like to do this individually with each patient, 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 editions. Grammatical or spelling corrections will be appreciated as well.

Sincerely,

Don K. Moore, M.D.