

CAPITAL NEUROLOGICAL SURGEONS

GENERAL LUMBAR SURGERY INFORMATION

Types of Procedures What to Expect Before and After Surgery

Types of Surgical Procedures

1. *Microsurgical Discectomy*: A one and a half to two-inch incision is utilized to gain entrance to the spine. An operating microscope and special instruments are employed to remove the ruptured disk fragments. This procedure minimizes trauma to the tissue and decreases the amount of pain experienced after the surgery. Commonly, the patient may be discharged the same day or the day following surgery.

2. *Conventional Laminectomy*: This is a more extensive procedure than microsurgical removal of the disk. It entails a larger incision and a greater amount of bone removal. The hospital stay is one or two days after surgery.

3. *Decompressive Laminectomy*: This operation is used for certain arthritic patients whose disease has narrowed the spaces around the nerves, which travel to the legs. This condition is called spinal stenosis and usually requires an extensive removal of bone from behind the nerves. The usual hospitalization is one or two days.

4. *Spinal Fusion*: Surgery is done on patients whose x-rays have demonstrated abnormal movements of the spine. This may be the result of a birth defect, trauma, or prior surgery. Bone may be taken from the hip and placed in the back, or metal rods and wires may be employed to strengthen the spine. Hospitalization ranges from a few days to a couple of weeks, depending on the procedure. A special brace may also be necessary for several months following the surgery.

5. *Fluoroscopic/Endoscopic Microdiscectomy*: A one or two inch incision is utilized to allow insertion of a working tube to the spine to take out the disc. Patients are operated on under sedation instead of a general anesthetic. The patient leaves the hospital one to two hours after surgery.

6. *Kyphoplasty or Osseoplasty*: One or two small incisions are made and a narrow pathway is created into the fractured bone and a balloon or needle is inserted. Cement is then injected, stabilizing the collapsed portion of the vertebra. Typically, patients are discharged a few hours after the procedure.

PREPARATIONS PRIOR TO SURGERY

Patients are admitted to the hospital on the day of their surgery. **A week or so prior to your surgery you will need to complete pre-op testing.** This may consist of blood tests, a chest x-ray and an electrocardiogram (EKG). For those patients with prior cardiac issues and who have been treated by a Cardiologist, a Cardiology Clearance will be required. A nurse from the hospital will call the day prior to the surgery to take a brief medical history. You will be asked to sign a surgical consent form. This will be given to you in the office when surgery is recommended. This form must be returned to our office no later than 2 days prior to the surgery.

When you come to the hospital for your operation, bring well fitting, sturdy, low-heeled shoes, or slippers with non-skid soles to wear while recuperating.

On the night before surgery be sure not to eat or drink *anything* after midnight.

About 1-1 1/2 hours before surgery you may be given a pre-operative medication to prepare you for the anesthetic. You will be taken from your room and transported to the operating room about one hour prior to surgery. Family members should wait in the surgical lounge so the doctor can speak with them after he is finished.

You will be in the recovery room for at least one hour after surgery, before being transported back to your room. It may be several hours more before you are fully awake and able to visit.

WHAT TO EXPECT AFTER SURGERY

Your back will hurt where you have an incision! You may also have symptoms that are similar to those prior to the surgery. Numbness and pain

is common after surgery and should subside about 2-3 weeks afterwards. Nerves heal very slowly and there is a lot of inflammation in the surgical site so numbness and pain are to be expected. You will find that turning yourself in one piece, like a log rolling over, will cause much less discomfort for you. All patients are encouraged to get out of bed and walk (not sit) the same evening or day after surgery. Walking should begin with short trips to the bathroom and progress to walking in the hallway by the second day after surgery. Sitting is to be discouraged except to use the toilet or when eating. Lying back in a recliner chair with feet up is acceptable.

You may decrease the pain when getting out of bed by elevating the head half way up, turning on your side, and using your elbow and arm to push your upper body erect. By flexing your knees and moving them over the side to the floor, you will be able to arise with minimal discomfort.

There will be pain medication ordered for you while in the hospital and when you are discharged to go home. Injections or shots may be given for the first one to two days, and then by tablets or capsules to be taken orally after that. Pain medications do not relieve pain completely, but are intended to keep you comfortable enough to resume basic daily activities. You must take the prescription as prescribed by the doctor. If additional medication is needed you must call and notify the office for the doctor's approval. Constipation is a very common side effect of most narcotic pain medication. You should take a stool softener while on the pain medication. If you are still experiencing constipation you can take 1-2 tablespoons of mineral oil along with a large glass of orange juice in the morning. Please avoid using laxatives or high fiber products during this time. These products have stimulants and bulk fiber and are not what is needed during this time. Please drink plenty of fluids. If the regimen does not help, please call our office for additional instructions.

While in bed in the hospital, or at home, in order to prevent complications you should move side to side every two hours, take several deep breaths, and cough every hour while you are awake, and bend your knees and ankles up and down four or five times every two hours.

Most incisions are closed with dissolving stitches below the surface. There may be paper tapes on the skin. These paper tapes will fall off slowly and may be removed after two weeks. If this is the case, you can shower

anytime after coming home but must cover the incision area with plastic and tape to keep it dry. The incision may be sealed with a dermabond surgical glue material. In this case, you may shower without covering the area. If you have non-absorbing stitches, these will remain for seven to ten days and you will be asked to return to the doctor's office for removal. The large dressing, or bandage, is not usually needed after a couple of days. The incision should not be allowed to get wet until the scab has fallen off and the incision is completely healed. If at any time you notice fluid leaking from the incision, if the edges come apart, or if the area becomes hot, red and swollen, call the office for instructions.

While in the hospital and after you go home, your activities will be restricted. You are not to bend or twist at the waist. You should not lift, push, or pull anything heavy. If you must pick something up from the floor, you should squat down rather than bend at the waist.

You are not to begin or continue any exercise program until after approval by the doctor. Daily walking over increasingly longer distances is the best exercise for you. Remember to start slowly and go for short distances to begin with. Several small trips a day are better than one long one. You should try to avoid stairs as much as possible.

- Sitting in a firm chair with a back support and arms is allowed only at mealtimes. A small pillow or rolled towel may be placed in the low curve of the back in order to provide the position of most comfort for you. Sitting back with the legs up in a recliner-type chair is also permissible.
- You should refrain from engaging in sexual intercourse for the first three weeks after surgery.
- You *should not ride in an automobile* for four weeks after surgery. You may not drive an automobile until after your first return visit to the doctor.
- When you are released from the hospital, call the office for a follow-up appointment as soon as you get home. Ask for an appointment about four weeks from your release from the hospital.

After your first return visit, a graduated, supervised exercise program will be prescribed. This program will be used to strengthen the weakened back muscles, increase your flexibility, and improve your normal posture.

Because you have had back surgery, the exercises should become a part of daily routine for you, such as teeth brushing, in order to lessen the chance of re-injury.

Please remember that all patients heal at different rates, and the total time until complete healing occurs varies from one person to another. The definite time interval until you may return to work will depend on several factors and will be based on the doctor's best judgment. Following your recovery, the future of your back will depend on your daily observance of:

- Regular exercises and weight control.
- Maintenance of good posture.
- Proper use of the legs and not the back for lifting.
- Sleeping on a firm mattress to provide support for the back muscles.

This information has been provided for you by Capital Neurological Surgeons to help you understand your back problem, surgery, and post-surgical care. If you have any questions regarding the information provided for you, please do not hesitate to contact the office for further clarification.