

Lumbar Microdiscectomy and Decompression Preoperative, Postoperative, and Home Recovery Instructions



Dr. Yeung

Introduction

The purpose of this guide is to provide you and your family with information regarding your medical condition and planned surgery. This information is part of your medical Informed Consent. Please read it and follow the advice carefully. You should retain the guide for future reference and bring it with you to office appointments and to the hospital for reference.

Before your operation

- Please avoid NSAIDS 7 days before and 72 hours after your surgery.
- **Discontinue narcotics 7 days before surgery.**
- Discontinue Fosamax or Actonel 2 weeks before surgery.
- Discontinue over the counter supplements for 10 days before surgery.
- Safe pain medications to take before surgery: muscle relaxers, gabapentin, Tylenol, tramadol or Tylenol with codeine (prescribed by your PCP)

AFTER YOUR OPERATION

Pain

After surgery you will experience pain in the region of the incision. Some leg pain as well as tingling or numbness may also be present. Initially it may be of

greater intensity than preoperatively but will subside over time as the healing process occurs. This discomfort is caused from surgical retraction of tissue as well as inflammation and swelling of the previously compressed nerves. This may occur for several weeks and is normal. Persistent pain should be reported to your physician.

Some patients experience a sore throat and swallowing difficulty after general anesthesia and surgery. This is from manipulation of tissue and the presence of the breathing tube for anesthesia. The sore throat usually subsides within a week. The swallowing difficulty usually takes longer. Using throat lozenges or lemon drops, sipping cool liquids, or sucking ice chips may soothe this pain.

Use of pain medication

Narcotic pain medication will be available for pain relief after surgery. Narcotics are very effective for pain relief but may cause other side effects. The possible effects vary among patients and may include sleepiness, nausea, constipation, flushing, sweating, and occasionally euphoria or confused feelings are possible. If these occur notify your nurse.

Activity

Feel free to move about in your bed. The nurse or therapist will assist you in getting out of bed a few

*If you have any problems or questions,
please call your doctor's office (8am-5pm).
Answering service for after hours.*

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hours after surgery. You will be instructed to be up walking every 2 to 3 hours during the day and evening. The nurse will allow you to do this independently once you are steady and feel comfortable.

Early activity after surgery is extremely important to help prevent the complications of prolonged bed rest such as pneumonia and blood clots. It also promotes recovery, relieves muscle stiffness, allows for development of a well-organized scar, and improves your outlook.

Do not start any programs of exercise or physical therapy unless discussed with your doctor.

Diet

Your diet will begin with clear liquids and be advanced to your normal daily diet as soon as your condition permits. Your IV will be removed as soon as we are reasonably certain it will no longer be required for medications and hydration.

Bowel and bladder function

Some patients may have difficulty urinating after surgery. If this occurs, notify your nurse who may assist you in voiding techniques. This may require placing a catheter in your bladder.

After surgery, constipation frequently occurs from inactivity and the side effects of pain medication. Stool softeners and laxatives will be available over the counter (suggestions below).

- Please try over the counter first for postop constipation first: Miralax or Magnesium Citrate. Last resort Fleet-Enema
- Please call the office if you're not passing gas or notice a new onset of severe bloating or abdomen distention symptoms please call the office immediately.

Respiratory hygiene

DEEP BREATHING

Deep breathing is very important after surgery to

maintain lung expansion and reduce the risk of pneumonia. You will be provided with an incentive spirometer and instructed about its use. This device should be used every 15 to 30 minutes during your wakeful hours initially, then every 1 to 2 hours as your activity returns to normal. This device is yours to take home. Continue to use it at home for at least 1 week after your discharge. (Use it during TV commercial breaks).

SMOKING

Smoking is absolutely forbidden. There is clear evidence that smoking dramatically increases your risk of post-operative complications. There is also evidence that smoking adversely affects bone healing and nerve recovery. **Secondhand smoke also applies**, so family members and friends should avoid smoking while around you.

HOME RECOVERY

Follow-up appointment

Patients are generally discharged from the hospital the same day as surgery. A follow-up appointment will be scheduled. At your first follow-up visit, you will be evaluated, the lumbar incision will be checked and lumbar x-rays will be taken.

Incision care and hygiene

DAY 5:

- Remove post-op bandage. You may now begin to shower. Do not soak the incision. Let water and soap run over incision. After shower, pat the incision dry. Do not apply any ointments or creams for 6 weeks.

DAY 5-7:

- Keep incision covered with a clean dressing; change daily (1-2 times per day).

DAY 7-14:

- You may cover the incision with a dressing or keep it open to air. Some patients are more comfortable keeping it covered for an extra barrier of protection- this is okay.
- No baths, hot tubs, or pools for 6 weeks after surgery, as they will increase your risk of an infection.

Inflammation

Please take your temperature every afternoon for the first week after you are discharged from the hospital. Call your physician if:

- If your temperature, taken by thermometer, is more than 100.5 degrees.
 - Please try over the counter Tylenol (2 doses every 6 hours) first for postop fever control. If fever continues with over-the-counter Tylenol call the office to discuss symptoms.
- If your incision becomes reddened, swollen or any increase or change in drainage occurs please contact the office to discuss with nurse.

Nutrition

- A well-balanced diet is necessary for good healing and recovery. This includes food from the four basic food groups: dairy products, meat, vegetables and fruit.
- Use of narcotic pain medication and prolonged rest may cause constipation. Drinking plenty of fluids and eating high fiber foods (whole grains, raw fruits and vegetables) will help regain normal bowel function.

Home pain and medication

BACKGROUND

- When we surgically relieve pressure from an inflamed, damaged nerve it does not recover instantaneously. The surgical procedure does not heal the nerve, only the body is capable of that.
- The goal of surgery is to create the best possible environment for the body to heal itself and to prevent further damage. This will take a variable length of time depending on the duration and degree of nerve damage and the body's own healing abilities. Most of the healing occurs in the first few months.
- **Pain, weakness, or numbness lasting more than six months will likely be permanent.**

PAIN MEDICATION

- Everyone has a different pain tolerance that will dictate the amount of pain medication required.

- A decreased dose and less frequent use of pain medication will occur during your recovery period. A gradual weaning of medications should begin as soon as possible, generally within 2 to 4 weeks.
- Conservative use of narcotic pain medication is advised. One should try non-narcotic medication, such as Tylenol and reserve narcotics for only the difficult times.
- Narcotics will not be considered for refills on weekends, holidays or at night. Please contact the office Monday-Friday before 3 p.m. for pain medication refills.
- Narcotics will not be prescribed three months after the date of surgery.
- You can start taking all NSAIDs (ibuprofen, Motrin, Aleve, Advil, etc.) three days after surgery.

Disability

- Some patients may return to work sooner than others depending on their job, response to surgery, and ability to perform other lighter tasks in the workplace.
- Physician approval is required prior to returning to work.
- If your employer requires forms filled out for disability or FMLA, please visit orthovirginia.com/medical-records to submit your request online. You may also call or visit the office for assistance.

Key Points

RESTRICTIONS

- **No driving for 2 weeks after surgery and you must be off narcotic pain medication.**
- No bending, lifting or twisting for 6 weeks.
- Out-patient physical therapy will not start until after your first visit.
- You may not run or jump for 6 weeks.
- No hot tubs, baths, or pools for 6 weeks.
- We recommend that you do not lift more than 10 pounds for the first 2 weeks.
- No flying for the first 4 weeks post-surgery! Please call the office if you require an earlier flight 1 or 2 weeks post-op.

THE FIRST WEEK

- Early to bed, late to rise and frequent rest periods throughout the day. Get at least 8 hours of sleep each night. A disrupted sleep pattern is common after discharge from the hospital and will return to normal over time.
- You may not drive, but you may be driven, for short distances, using proper restraints such as shoulder and lap belts. (45min-1hr max) for 2-4 weeks.
- Do not sit more than 30 minutes at a time
- No lifting of more than 10 pounds
- May climb stairs with handrail.
- Begin a daily walking program with 1 to 2 blocks initially; schedule a daily time and increase distance daily.
- Eat a regular, balanced diet
- Take medications as prescribed, using narcotics as needed.

THE SECOND WEEK

- Resume normal rising and retiring schedule, but continue to rest throughout the day.
- You may not drive.
- No lifting of anything weighing more than 10 pounds.
- May climb stairs with handrail.
- Continue scheduled walking, increasing distance and frequency as able.
- May resume sexual relations when comfortable.
- Begin narcotic weaning as pain diminishes, relying mainly on non-narcotic medications.
- Follow-up in the office with your physician or nurse, as scheduled, for further instructions.

THE THIRD WEEK AND FOURTH WEEK

- Resume normal rising and retiring schedule, resting as needed.
- May resume light work around the home; lifting not to exceed 10 pounds.
- Continue scheduled walking.