



POST-OPERATIVE INSTRUCTIONS

FOR PATIENTS WHO HAVE HAD LOW BACK SURGERY
FOR A HERNIATED DISC OR SPINAL STENOSIS
(Lumbar Discectomy/Laminectomy or Endoscopic Rhizotomy)

HOSPITAL STAY:

The average hospital stay for a Lumbar Discectomy/Laminectomy (for spinal stenosis decompression) or Endoscopic Rhizotomy is usually one day, but you may be discharged the same day depending on the type of surgery. We will let you know the anticipated length of hospitalization prior to the surgery.

BRACING:

The brace should be worn snugly. The brace is adjustable. If you have questions, please ask your nurse for instructions. The brace is to be worn at all times except for when you are in bed. You do not have to sleep with your brace on, unless the doctor specifically instructs you to wear it.

SITTING AND LYING:

The hospital therapist will teach you how to get in and out of lying and sitting positions. 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 arch.

Make sure to get a recliner out of its reclined position prior to getting out of it. If you plan to use a recliner, please have someone nearby to help push the recliner into an upright position.



THINGS TO AVOID AFTER SURGERY:

In the postoperative period of the first 6 weeks, you will want to avoid the following:

1. Removing the brace for any reason, except as outlined above.
2. Lifting or carrying anything more than Ten pounds.
3. Any activities that put undue stress on the low back.
4. Twisting or bending at the waist.
5. Sitting for more than 30 minutes at a time, as this may make you stiff.
6. Smoking or any other tobacco use.

***** Many times, patients are overconfident after surgery because their pain has been relieved. One of the biggest risks is re-herniation of the disc. Avoid strenuous activity/straining to help prevent this.*****

DRIVING:

For the first three 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, you may be on narcotic medications and these can also significantly dull your driving reflexes. For this same initial three weeks after surgery, you should minimize your time in a car as a passenger.

After your initial post-operative visit, you may be released to drive by your physician. If the car ride lasts greater than one hour, you should pull over periodically, so you can get out of the car and stretch. This is to prevent stiffness.

SHOWERING:

Showering is acceptable starting four days after surgery. Prior to that time, we suggest "sponge baths" or washcloth- type baths, taking care not to get the brace, dressing, or wound wet. When you begin showering, the brace may be taken off after you are in the shower. When you do take a shower, please have somebody around to assist you. Hair washing is permissible while in the shower. Do not scrub the incisions. If the dressing gets wet, place a dry, sterile dressing after the shower. **NO bubble baths, tub baths, hot tubs, swimming pool or whirlpools for 6 weeks. NO ointments, hydrogen peroxide or Neosporin on the wound.**

DRESSING AND WOUND CARE:

It is important to keep the wound and dressing dry underneath the brace. Most of the time dissolvable sutures are used so there are no stitches to be removed. Occasionally the ends or "tails" of the stitches are outside the skin. At your follow up visit, we will check your wound and change or remove the steri-strips and dressing if necessary. If your dressing does get wet for some reason, please replace the dressing with a sterile piece of dressing gauze and medical tape as soon as possible. Please have supplies available so that someone can be prepared to change your dressing. When changing the dressing, replace the existing dressing with a sterile piece of dressing gauze, usually 2x2 inch or 4x4 inch type size, using medical tape to hold it in place: these supplies can be obtained at most drug stores. Typically, you need enough supplies to change your dressing about ten times after surgery, usually after showers.



IF ANY OF THE FOLLOWING SHOULD OCCUR, PLEASE CALL THE OFFICE:

- Drainage (continued or increased) from incision
- Opening up of the incision
- Fevers greater than 101degrees
- Flu-like symptoms
- Increased redness and/ or tenderness around your incision

SLEEPING:

You may sleep in any position that makes you comfortable. Many patients find comfort sleeping in a recliner chair. It is normal to have difficulty sleeping for the first several weeks following your surgery. We recommended trying Benadryl (over the counter drugs at Walgreen's or CVS).

WALKING:

Although it is important to minimize your lifting, carrying, and overhead activity, it is important to try to 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 this should increase so that by three weeks after surgery, you are walking up to one mile per day.

PRESCRIPTIONS:

You will be provided medications prior to your discharge from the hospital. This will include pain medications (usually Percocet or Lortab), muscle relaxants (usually Flexeril or Zanaflex), and some general medications to help with recovery from surgery (Dulcolax, aspirin, and Colace).

DO NOT take any anti-inflammatory type medications such as ibuprofen, Motrin, or naproxen, as their use may inhibit fusion progress and/ or healing. Only take Aspirin and Tylenol if instructed by physician. If you were taking any other medications prior to surgery, you will be informed which ones you can resume when you are discharged from the hospital.

STOCKINGS AND BLOOD CLOTS:

You will have TED hose stockings when you leave the hospital. These help prevent blood clots in your legs. Please wear them 23 hours a day for one week after surgery. They may be removed for brief periods of time for personal hygiene purposes or to wash and dry them. If you get significant swelling of either leg, especially if accompanied by pain in the calf, it is important to call our office.

INCENTIVE SPIROMETER:

Be sure to take your incentive spirometer home. This is the "breathing" machine that you used at your bedside. Use this at home on a regular basis for your first three weeks after surgery. This helps oxygen get to your lungs, and thus to your surgery site, and also helps to prevent pneumonia.



FOLLOW UP APPOINTMENT, POST OPERATIVE PHYSICAL THERAPY, RETURN TO WORK:

Please arrange a post-operative appointment approximately 2-3 weeks after discharge from the hospital. The first visit will include a post-operative wound check, dressing changes, physical exam. The physical therapist will teach you exercises you can do at home. Please perform these exercises on at least an every other day basis.

The next follow-up appointment will usually be 10-12 weeks after surgery. The second office visit will be for a symptom check.

If you have chest pain, trouble breathing, car accident. Or prolonged nausea/vomiting, then go to the Emergency Room.