

Lumbar Discectomy

Pre-Operative:

With a disc herniation, you should refrain from heavy lifting or impact activities. These activities may worsen your disc herniation prior to surgery. At your preoperative visit we will discuss whether you are a candidate for a minimally invasive tubular procedure or the more traditional open microdiscectomy procedure. Both procedures have similar outcomes and long term results.

Further instructions will be provided during the preoperative appointment.

Surgery:

A microdiscectomy surgery typically takes about 1-1.5 hours. Once your anesthetic has worn off, you will be able to walk around the postoperative area prior to discharge home that same day. In some circumstances you will spend a night in the hospital. Circumstances that will likely necessitate an overnight stay include difficulty with pain control or a history of sleep apnea.

Post-Operative:

The bandage that you go home with should be kept on for 2 weeks. It is ok to shower as long as your bandage remains clean and dry. If it gets wet or saturated it may require changing. Please give us a call if this occurs.

Most patients use post-operative pain medication only for several days. If you are finding that your pain is still significant following one week, you should let us know. Many patients find it helpful to use Tylenol and/or Ibuprofen or Aleve at any point following surgery, provided there is no other medical reason that you should be avoiding these medications. You may walk immediately and return to normal sedentary activities as soon as you are comfortable. Typically, this is within a few days.

Please refrain from any lifting > 10lbs, twisting, bending, or high-impact activities for the first six weeks.

Follow Up:

You will be given a follow-up appointment for two weeks following surgery. At this visit we will evaluate your incision and make sure it is healing appropriately.

Your second post operative visit will be at 6 weeks. At this appointment, activity restrictions will be liberalized. Return to full activity is expected between 8 and 16 weeks post-operatively, depending on the level of desired activity and the findings in surgery.

Constipation:

- To prevent constipation you should take the Colace 1 tablet twice a day (stool softener) until you have regular bowel movements, then can take once a day.
- You may also take over-the-counter Sennakot 1-2 tablets twice a day (gentle laxative)

- Take these medications until you have regular daily bowel movements, then decrease to once a day.
- You should hold these medications if you experience loose stool or diarrhea. It is also best to stay well hydrated to avoid constipation.

Smoking, Vaping, E-Cigarettes:

Spine patients should not smoke or use nicotine for 6 months after surgery. This is your time to quit. Do not smoke, as this interferes with bone healing. Smoking can also increase your risk of wound healing complications and infection. If you cannot quit – please refrain from smoking 1-2 months before and 6 months after your surgery.

CALL IMMEDIATELY IF YOU EXPERIENCE ANY OF THE FOLLOWING:

- Pain that is continually increasing or not relieved by pain medicine
- Any new weakness, numbness, tingling in your extremities
- Any signs of infection at the wound site: redness, swelling, tenderness, drainage
- Fever greater than or equal to 101° F
- Any change in your bowel or bladder function including inability to urinate or bowel or bladder accidents.
- New tenderness in your calf, redness or discoloration of the leg, new shortness of breath, coughing up blood, or chest pain. These may be signs of a blood clot.

Report to the local Emergency Department with chest pain, shortness of breath, difficulty breathing, or any other acute events.

You may not drive while taking pain medications and/or muscle relaxants.

Driving will be discussed at your first post operative appointment. Do not drive until cleared by your physician.