

Lumbar Discectomy / Microdiscectomy

Patient post-operative instructions

Typical hospital course

Many patients go home the same day. Some stay overnight depending on pain control, walking, medical issues, or sleep apnea history.

Key limits / reminders

No lifting more than 10 pounds, and avoid repetitive bending, twisting, or impact activity for the first 6 weeks.

Before surgery

- Until surgery, avoid heavy lifting and impact activities that may worsen the disc herniation.
- Your surgeon will review whether the procedure will be minimally invasive or open.

After surgery

- Back soreness is expected. Leg pain often improves quickly, but numbness and nerve irritation can take longer.
- It is common to walk the same day after surgery.

Incision and showering

- Keep the dressing clean and dry. Call if it becomes soaked, peels off, or you are unsure how to care for it.
- Showering is allowed if the dressing and incision stay dry. No soaking until cleared.

Activity

- Walking is encouraged immediately. Increase gradually as tolerated.
- Avoid lifting more than 10 pounds, repeated bending, twisting, or impact activity for 6 weeks.
- Return to full activity often occurs between 8 and 16 weeks depending on healing and the demands of the activity.

Medications, driving, and work

- Many patients only need opioid pain medication for several days, then transition to Tylenol and, when medically appropriate, NSAIDs.
- Do not drive while taking opioid pain medication or muscle relaxers.

Follow-up

- Typical follow-up is around 2 weeks and 6 weeks.

Constipation

- Opioid pain medication commonly causes constipation. Start a stool softener and/or gentle laxative if needed, drink fluids, and stop these medicines if you develop loose stools or diarrhea.
- If you go several days without a bowel movement despite over-the-counter treatment, call the office.

Smoking / nicotine

- Avoid smoking and nicotine while you are healing. It can increase the risk of wound problems and slow recovery.

Call right away for

- Increasing pain that is not controlled with the prescribed medication plan.
- New or worsening weakness, numbness, tingling, loss of balance, or new trouble using your arms or legs.
- Redness, swelling, warmth, drainage, or a bad smell from the incision.
- Fever of 101 F or higher.
- Inability to urinate, loss of bowel or bladder control, or new saddle numbness.
- New calf pain or swelling, chest pain, coughing up blood, or shortness of breath.

Questions or concerns: call the office. For chest pain, severe shortness of breath, or another emergency, call 911 or go to the nearest emergency department.