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.

At your preoperative appointment you will be provided a special soap to use on the specific area to be operated on starting 3 days before surgery. Further instructions will be provided during the preoperative appointment.

Surgery:

A microdiscectomy surgery typically takes about one hour or an hour and a half. Once your anesthetic has worn off, you will be able to walk around the postoperative area prior to discharge home that same day. In rare circumstances you will spend a night in the hospital.

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.

You will have a customized **Pain Plan** that will be formulated during your pre-operative clinic visit. 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 drive, walk, and return to normal sedentary activities as soon as you are comfortable. Typically, this is within a few days.

Please refrain from any lifting while bent at the waist, or high-impact activities for the first six weeks.

<u>You will be given a follow-up appointment for two weeks following surgery</u>. 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.

Blood sugars:

Your blood sugars were monitored prior to meals and 2 hours after dinner. Ideally, post surgery your blood sugars should be less than 130 to help reduce the risk of infection. You can simply decrease your blood sugars by reducing the number of carbohydrate or sugars you eat. At your next PCP appointment, you should discuss your blood sugar. You do not need to continue to check them daily or take insulin at home.

Smoking:

Do not smoke, as this interferes with bone healing.

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.