

Low Back Surgery

Table of contents

	Page
Why do I need low back surgery?	1
What kinds of low back surgeries are there?.....	2
Before your surgery	3
After your surgery	4
Healing and recovery process.....	4
When will I be ready to go home?	5
How will my pain be managed?	5
The Pain Scale	5
Pain medications	6
What activities can I do after my surgery?.....	7
In the hospital	7
At home	8
Practice proper posture and body mechanics	8
Ask your surgeon about	9
Questions I have for my doctor about my activity	9
How do I take care of my incision at home?.....	10
Before you leave the hospital.....	10
Once home, call your surgeon if you notice	11
Parts of the spine	12

Why do I need low back surgery?

Reasons for your surgery may include pressure on a spinal nerve by:

- a bulging disc
- a narrowing of the spinal canal
- worn out and injured discs can cause pain without pinching the nerve
- tumour

These may cause any of these symptoms:

- back pain
- leg pain, weakness and/or numbness
- bladder or bowel problems

Talk to your surgeon about why you need low back surgery.

What kinds of low back surgeries are there?

Discectomy

Part of a bulging disc, called a disc herniation, is removed to relieve pressure on a nerve root(s) or on the spinal cord.

Artificial disc

Disc replacement surgery involves removing a diseased cervical disc and replacing it with an artificial disc. It is done when the space between your vertebrae has become too narrow and part of your vertebrae or your disc is pressing on your spinal cord or spinal nerves. This causes pain, numbness and weakness. When these symptoms do not respond to nonsurgical types of treatment, disc surgery may be recommended.

In traditional disc surgery, the diseased disc is removed and the vertebrae above and below the disc may be fused together. Disc replacement surgery may have the advantage of allowing more movement and creating less stress on your remaining vertebrae than traditional disc surgery.

Laminectomy

A piece of bone that forms part of the spinal canal, called a lamina, is removed to relieve pressure on a spinal nerve or the spinal cord. This is a bigger operation than a discectomy. The purpose of a laminectomy is to take pressure off one or more nerves to help relieve pain and weakness.

Discectomy and laminectomy are both ways to relieve pressure on a nerve. Sometimes both are done together. Your doctor may use the word decompression, instead of discectomy or laminectomy.

Foraminotomy

The bony spinal canal around the spinal nerve, called the foramen, is enlarged to relieve pressure on the spinal nerve. This procedure is often done along with a laminectomy or discectomy.

Fusion

This procedure is usually done in order to make your spine more stable. It is done at the same time as a discectomy or laminectomy. With a fusion, the space between the vertebrae is refilled with substitute bone material. In addition, your surgeon may use metal plates, screws or wires at the fusion site to strengthen it. It can take months to 1 year to fully heal. In time, your vertebrae will fuse or join together permanently.

Before your surgery

- If you are having a fusion, you will need to quit smoking as it may prevent healing of your bones. Ask your surgeon about smoking cessation options.
 - Your surgeon or anaesthesiologist may tell you to stop taking certain medications as some may affect the results of your surgery. Tell your surgeon or anesthesiologist if you take:
 - aspirin and anti-inflammatory medications such as Ibuprofen, Advil, Motrin, Aleve or Toradol. These medications should be stopped at least 5 days before surgery.
 - blood thinners such as Plavix or Coumadin. You may need to attend a clinic for management of blood thinning medications, called the Thrombosis Clinic, before your surgery.
 - If you have a back brace, bring it with you to the hospital.
 - Bring shoes with no-slip soles such as running shoes and pyjama or track pants. Members of your health care team will get you up to walk the first day after surgery and you will need these items for your safety and comfort.
 - Arrange for someone to drive you home after your surgery. You may need help for transportation for several weeks after surgery.
 - Arrange for someone to stay with you or check in on you regularly when you go home. You will be able to walk, but you may need to arrange for help with some household activities such as cleaning, grocery shopping, laundry and cooking. You may want to stock up on groceries and prepare some meals in advance.
-

After your surgery ...

How long will it take for me to recover from my surgery?

It is important for you to recognize that everyone heals at different rate. The speed at which you will recover depends on your:

- general level of health
- overall physical fitness
- mental attitude
- use of tobacco products

Other factors include:

- the severity of spinal disease
- the type of surgery

Your healing and recovery process

Healing and recovery will not happen overnight. **It is a process.** You may find that much of your progress will be like taking 2 steps forward and 1 step backward. Try to accept this and do all that you can to make sure that your steps "forward" are large ones and your steps "backward" are small ones.

Generally, expect:

- to be quite good and sore for 2 to 3 days after your surgery.
 - to notice reduced pain over the next 1 to 2 weeks as healing continues to take place.
 - deep healing to take place in 4 to 6 weeks.
 - for fusion surgery, it will take 1 year for the bone to fully fuse.
-

When will I be ready to go home?

You may be discharged even though you still have some pain and feel somewhat uncomfortable. Your surgeon and health care team will determine when it is safe for you to go home.

You will need to urinate before going home.

How will my pain be managed?

It is normal to have pain in your back after the surgery. You may also have leg pain. Pain is caused by the incision and swelling around the nerve. It will decrease as your back heals. You may also have muscle spasms across your back and down your legs. This does not mean that the procedure was unsuccessful or that your recovery will be slow. If you have numbness or tingling, it may take several months for this to improve.

Remember these points:

- Everyone experiences pain differently.
- Most pain or spasm can be controlled or reduced.
- Tell the nurse when you are having pain or spasm.
- **Take pain medication before the pain becomes severe.**

The Pain Scale

Rating your pain on this scale helps us to know how much pain you are having.



Pain medications

The pain medication you are given will depend on the surgery you have and what medications you took before the surgery.

You will receive pain medication through your IV or by injection when you come back from the operating room. The doctor will order pain pills when you can eat and drink well. For the first few days you will probably have Patient Controlled Analgesia.

Patient Controlled Analgesia or PCA is another way to control and relieve pain after surgery. Using the pump is very safe. You give yourself pain medicine through your IV when you feel uncomfortable with the push of a button.

Only **YOU** can use the button.

Analgesia is another word for pain relief.

Pain medication often causes constipation. These things help prevent constipation:

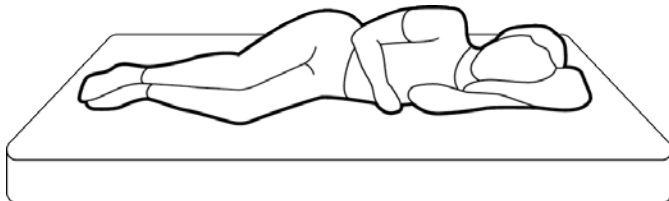
- you may need a stool softener or laxative. If you are not given a prescription for this, speak to your pharmacist.
- eat foods high in fiber such as whole grain cereal and bread, fruits and vegetables.
- drink extra fluids like water or juice.
- exercise such as walk on a regular basis.

If you have constipation, talk to your family physician or pharmacist.

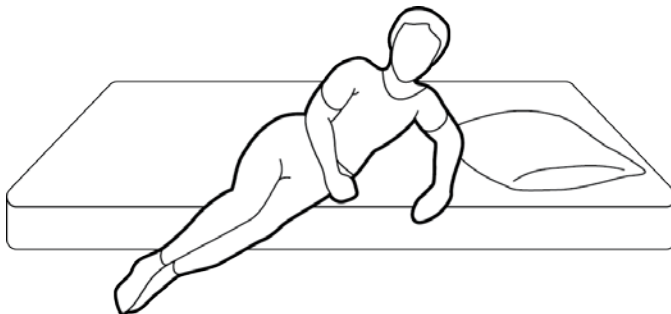
What activities can I do after my surgery?

In the hospital:

- You will start to walk the first day after your surgery. Have a nurse or physiotherapist help you the first time you get up.
- If your surgeon recommends a back brace, it must be worn when you are out of bed. It may be removed for bathing. **Braces are not paid for by OHIP.** If you have other health care insurance, check to see if that provider offers coverage.
- Do not sit for more time than you can tolerate. Try to change positions every 30 minutes.
- If you are concerned about how you will manage stairs, the physiotherapist will practice stairs with you.
- If you find bathing and dressing difficult, an occupational therapist, called an OT, will see you before discharge. The OT provides you with suggestions and helps you practice these activities to make them easier for you.
- You may move about in bed and rest in any position you find comfortable.
- You will be taught how to get out of bed:



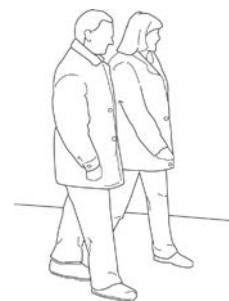
Roll onto your side.



Lower your legs over the edge of the bed while using your arms to push yourself into sitting position.

At home:

- Rebuild your strength gradually. Rest when you are tired, but do not spend all of your time in bed. Walk everyday to build up your tolerance for activity.
- Start your daily activities slowly. Begin with bathing and dressing and in time, household activities.
- Avoid sitting or standing for long periods of time. Change positions often to help prevent lower back muscle spasms and leg aching.
- When you have sex, avoid extreme positions or movement of your back. Lying on your side may be more comfortable.
- At 4 to 6 weeks discuss exercise with your surgeon. Continue with daily walking. With any activity, try to increase your distance a little each day. Set a pace that prevents fatigue or severe pain.
- "Listen" to your body. Discomfort is normal while you gradually return to normal activity, but pain is a signal to stop what you are doing, rest and proceed more slowly.
- **Physiotherapy is sometimes recommended by your surgeon. Please discuss this with your surgeon.**

**Use proper posture and body mechanics**

Speak with your surgeon about how much weight you should lift.

Proper posture and body mechanics include avoiding bending at your waist and repetitive twisting. For example:

- when lifting something up, bend at your knees, NOT your waist. Hold the item close to your body with both hands.
- when tying up your shoelaces, bend at your knees, NOT your waist.

Household tasks that may cause pain and put more stress on your back include vacuuming, sweeping and mopping. Return to these chores slowly. Use proper posture and body mechanics for at least 6 weeks or as advised by your surgeon.

Ask your surgeon about

- Driving a car. If you must travel long distances by car, stop frequently, get out of the car and walk around for a few minutes.
- Returning to contact sports, jogging, golfing and curling.
- Returning to work.
- When to restart the anti-inflammatory and blood thinner medications you take if you had a fusion.

Elastic hose/TED stockings

You may be given elastic hose also called, TED stockings, to wear while in hospital. These are prescribed to prevent blood clots in the veins of your legs or deep vein thrombosis (DVT). You will wear these until you are able to walk well or according to your doctor's instructions.

Questions I have for my doctor about my activity

How do I take care of my incision at home?

Follow these instructions unless your surgeon has given you specific instructions:

- Keep your incision covered with a dressing for 7 to 10 days or longer if it continues to drain fluid. If your dressing becomes wet or soiled, you should replace it with a new clean, dry dressing. Steri-strips will fall off with normal showering, do not replace them if they do.
- Keep your incision clean and dry. Wash your hands with soap and water before touching your incision.
- Take showers, not baths. Your incision should not soak in bath water as this may cause the wound to become infected.
- Wear loose and comfortable clothing.

Before you leave the hospital, you will receive instructions about getting your sutures or staples removed. Sutures or staples are usually removed 7 to 10 days after surgery by the surgeon or your family doctor.

If your family doctor is removing your staples, the nurse will give you a clip remover to take to the family doctor when you leave the hospital.

Before you leave the hospital

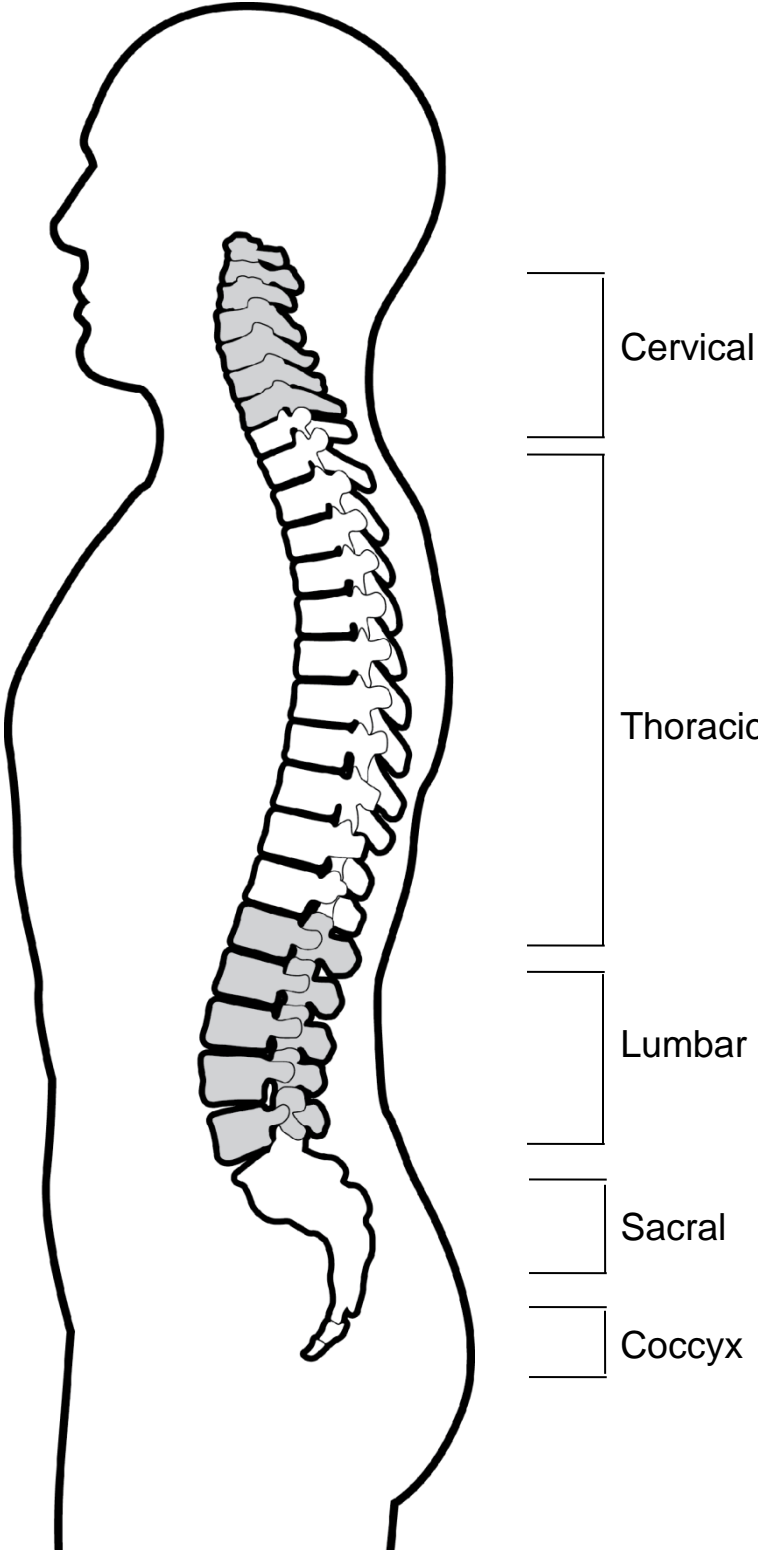
You will be given instructions about any appointments that have been made for you. If your surgeon orders medications or other treatments, you will be given a prescription.

When at home, call your surgeon or go to the Emergency Department if you notice:

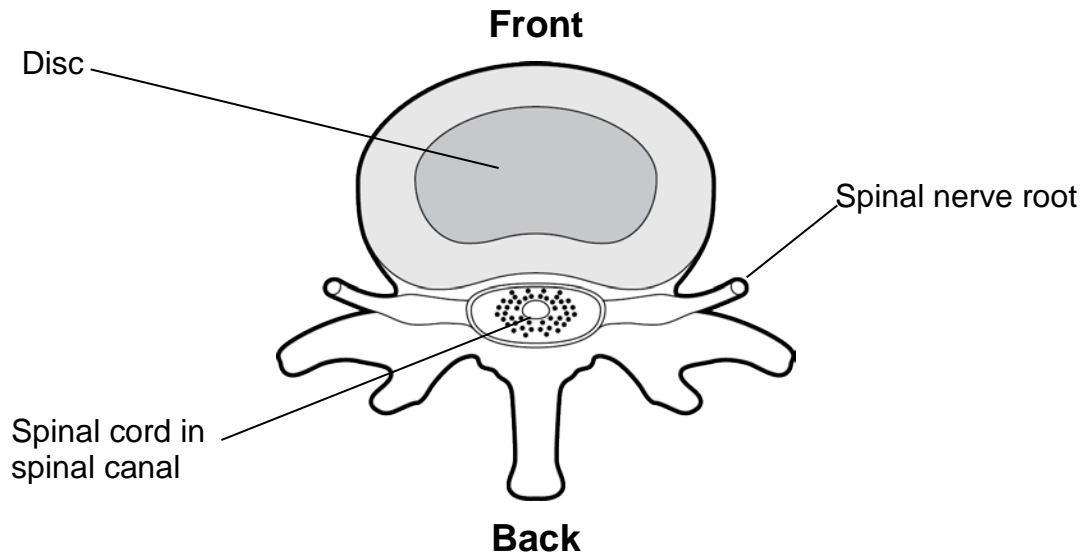
- These symptoms combined together:
 - a persistent headache that is worse when you sit up and better when you lie down
 - clear fluid draining from your incision
 - a swollen area that feels and/or looks like a fluid pocket under the skin near your incision
- Bleeding or increasing drainage from your incision.
- Increasing swelling, redness or tenderness around your incision.
- Increasing pain, numbness and/ or weakness in your back, arms or legs that is not relieved by the pain medication ordered by your surgeon at discharge.
- Problems urinating.
- A fever with a temperature greater than 38°C (100.4°F).

Questions

Parts of the spine



Top View of the Spine



Side View of the Spine

