

# Lumbar Discectomy

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## What is a discectomy?

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

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## Why do I need a discectomy?

The reason for your surgery is to relieve the pressure on a spinal nerve(s) caused by a bulging disc. Worn out and injured discs can also cause pain without pinching at all.

This may cause any of these symptoms:

- leg pain
- leg numbness and/or tingling
- leg weakness
- difficulties walking
- bladder or bowel problems

## Before your surgery

- You may be asked to stop smoking as this will delay your healing. Ask your doctor about smoking cessation products.
- 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.
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## After your surgery

You will be taken to the Post Anesthetic Care Unit (PACU) until you are stable and you are fully awake. There is no visiting in the PACU.

**If your surgeon is planning to send you home on the same day as your surgery,** you will be taken back to the Same Day Surgery Unit (SDS) and you will be sent home from there, later that day.

**If your surgeon is planning on keeping you in the hospital overnight,** you will be transferred from the Post Anesthetic Care Unit to the Co-ordinated Spine Unit on Ward 6 West.

## The Pain Scale

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



## When will I be ready to go home?

**You may go home on the same day as your surgery or you may stay in the hospital overnight.**

Your surgeon and the health care team will determine when it is safe for you to manage at home.

You will need to urinate before going home.

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

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

- general level of health
  - overall physical fitness
  - mental attitude
  - tobacco use
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## Your healing and recovery process

Healing and recovery will not happen overnight.

Generally, expect:

- to be sore for several days after your surgery.
- to notice reduced pain over the next 1 to 2 weeks as healing begins to take place.
- deep healing to take place in 4 to 6 weeks.

If you experienced numbness and/or tingling in your legs/feet before surgery, it may still be present after your surgery. These symptoms are usually the last to improve and may take months to improve. In some cases, this may not improve.

## How do I manage my pain?

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 surgery was unsuccessful or that your recovery will be slow.

Remember these points:

- Everyone experiences pain differently.
- Most pain or spasms can be controlled or reduced.
- In general, the more active you are, the less pain you will have. Muscles that are not used will become stiff and sore.
- You may be given a prescription for pain medications before you leave the hospital. **Take your pain medication as directed. Do not allow your pain to become too severe.**
- You may also use ice on your low back to relieve pain during the first week after surgery. Use crushed ice in a plastic bag, a bag of frozen peas or a frozen gel pack for 15 to 20 minutes at a time. From the second week on, you may use heat to relieve pain as the swelling in your back goes down. Moist heat such as a warm shower or gel pack is best. Leave heat on for 30 minutes at a time.

**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 fibre such as whole grain cereal and bread, fruits and vegetables.
- drink extra fluids like water or juice.
- walk on a regular basis.

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

**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.

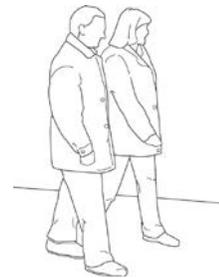
If your family doctor is removing your staples, the nurse will give you a clip remover to take to the family doctor when you leave the hospital.

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## What activities can I do after my surgery?

It is very important to remain active. “Listen” to your body and set a pace that prevents fatigue or severe pain. Discomfort is normal while you gradually return to normal activity but pain is a signal to stop, rest and proceed more slowly.

- Use caution when lifting. Speak with your surgeon to know how much weight you should lift.
- Physiotherapy is sometimes recommended by your surgeon. Please discuss this with your surgeon.
- If your surgeon advises you to wear a brace, wear the brace when up and sitting. You may remove the brace when lying down or reclining in a chair. When you recline, it should be less than 45 degrees.
- Rebuild your strength gradually. Rest when you are tired, but do not spend all of your time in bed.
- Start back into your daily activities as soon as possible. Begin with showering and dressing in the mornings and eat all of your meals at the table as usual. Slowly return to regular household activities. Use proper posture and body mechanics as described below.
- Walk everyday to build up your tolerance for activity. Some days you may be able to walk a far distance and tolerate it well. Other days you may only be able to go part way and feel tired and sore. You may need to divide a long walk into 2 to 3 shorter ones. **Do not get discouraged.** Regular walking will decrease muscle spasms and improve your energy level.
- When you have sex, avoid extreme positions or movement of your back. Lying on your side may be more comfortable.
- Avoid excessive forward flexion (bending forward) until instructed by your surgeon.



### **Use proper posture and body mechanics**

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.
- about returning to contact sports, jogging, golfing and curling.
- when you return to work.
- about when to restart the anti-inflammatory and blood thinner medications you take if you have had a fusion.

### **Questions I have for my doctor about my activity:**

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## **When will I see my surgeon again?**

Before you leave the hospital, you will be told when to make a follow up appointment with your surgeon.

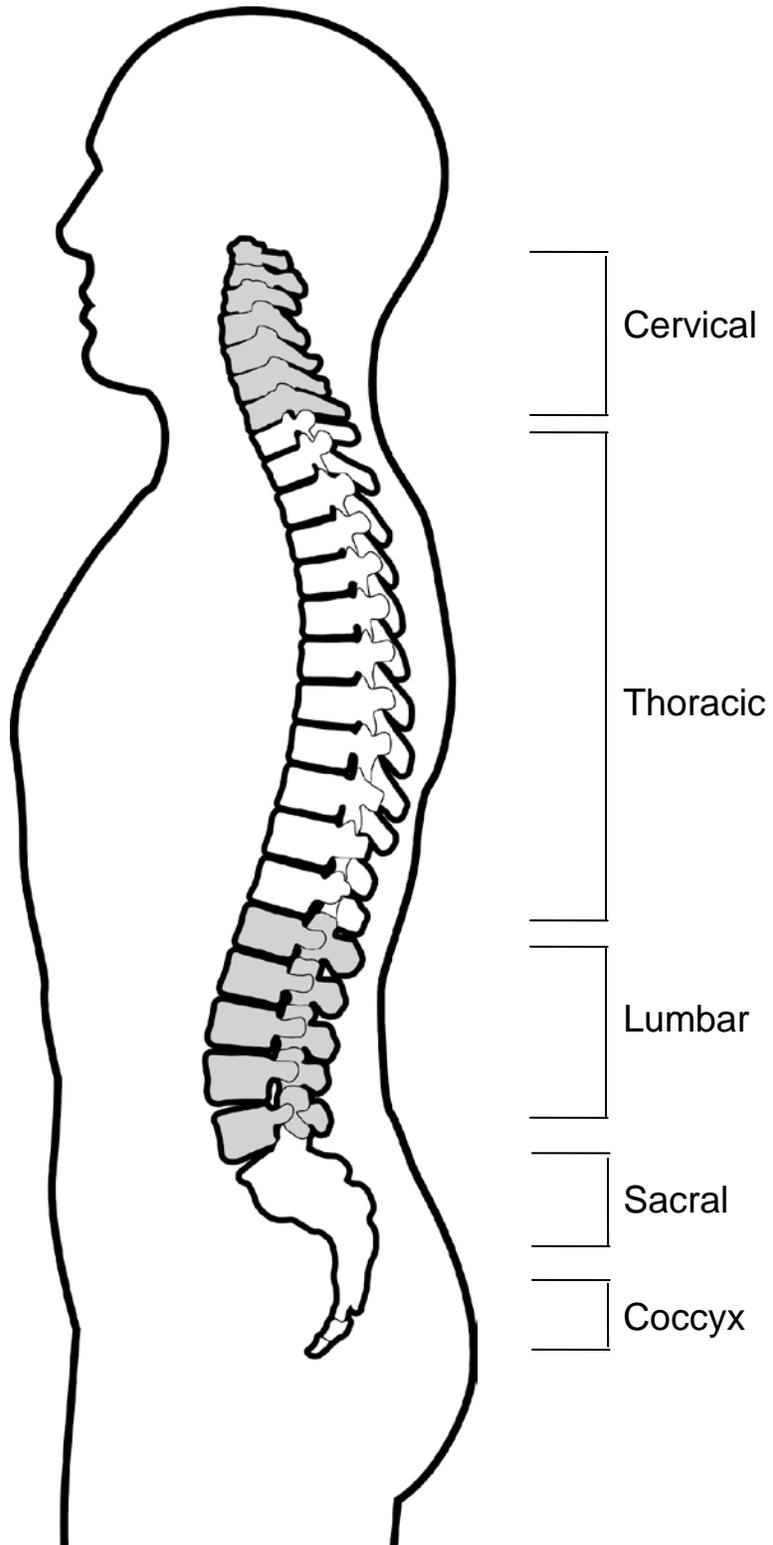
## **When you go home, call your surgeon if you notice:**

- 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 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.

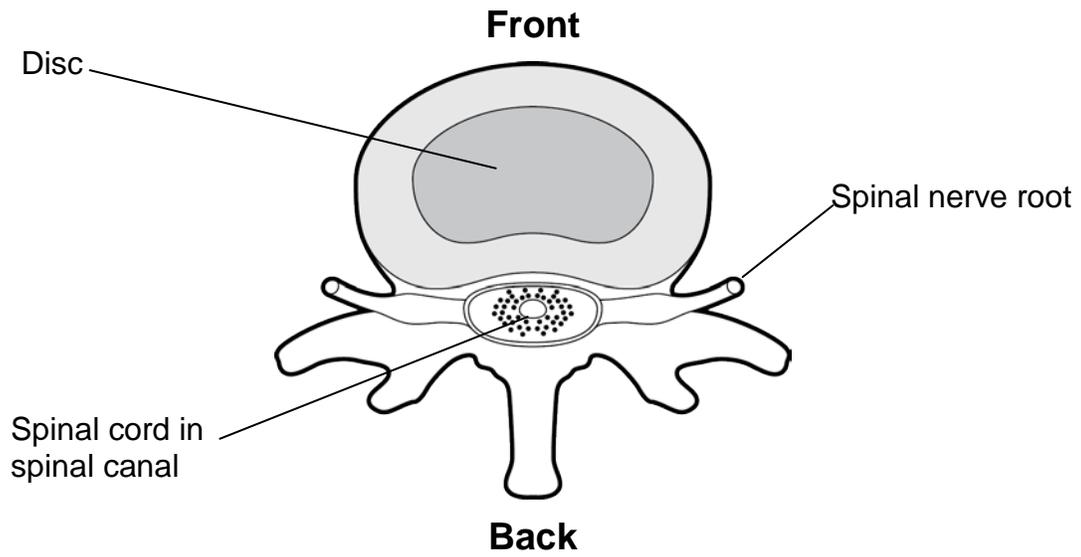
If you are unable to contact your surgeon, call your family doctor or go to the Emergency Department.

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### Parts of the spine



### Top View of the Spine



### Side View of the Spine

