



Frequently Asked Questions Lumbar Microdiscectomy

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WHAT DOES THE SURGERY ENTAIL?

This surgery is done with the patient under a general anesthetic. A small incision is made in the middle of the back after checking for the appropriate level using an x-ray machine. Muscles are retracted on the affected side of the spine. A small amount of bone and ligament is removed to expose the nerve being affected by the disc herniation. After the nerve is retracted to the side the disc material compressing it is then removed. Any bleeding is stopped and the incision is closed with dissolvable sutures.

WILL I NEED TO STAY OVERNIGHT AFTER SURGERY?

In most cases patients can be discharged shortly after the operation and do not need to stay overnight. Patients are observed in the recovery room to ensure that their pain is controlled, they can tolerate food and drink without nausea, can walk around comfortably and are able to empty their bladder. Patient's need to have someone with them to drive them home after surgery.

HOW LONG DOES THE SURGERY TAKE?

Surgery can take up 2 hours, but is variable depending on each individual patient's circumstances. I ensure that enough time is taken to accomplish the goal of surgery in a safe manner.

ARE THERE RISKS INVOLVED IN THIS SURGERY?

There are risks and benefits of every medical or surgical intervention. The risks of anesthesia are largely based on the patient's general physical health and usually investigated further at

your pre-operative evaluation with your primary care doctor and by the anesthesia provider prior to your surgery.

The risks of surgery include – but are not limited to – infection, bleeding, blood clots, pain that persists after surgery, recurrent disc herniation, nerve damage, tear in the sac around the nerves (dural tear). All possible precautions are taken to reduce these risks. If you are undergoing lumbar microdiscectomy, we will discuss these risks in further detail at your pre-operative visit.

WHAT IS THE FOLLOW-UP PROTOCOL?

The typical follow-up protocol is for patients to return to clinic 2 weeks after surgery to make sure the incision is healed. Further follow-up is usually scheduled at 6 weeks and 3 months post-surgery.

HOW LONG IS THE RECOVERY AFTER SURGERY?

It depends what one means by “recovery.” Patients are up walking around within hours after surgery and this is encouraged throughout the early post-operative period. Patients usually aren’t able to return to unrestricted activity until 3 months after surgery. Prior to this, patients will have post-operative restrictions to allow for healing and prevent re-injury. Post-operative pain is variable amongst patients and some people require very little pain medication at all. Some patients may take pain medications for several days after surgery.

WILL I HAVE ANY RESTRICTIONS AFTER SURGERY?

Patients have restrictions after microdiscectomy surgery to ensure that the surgical site heals and to prevent a recurrent disc herniation or other injury. Lifting is limited to no more than 10 pounds (roughly what a gallon of milk weighs) for the first two weeks. Forward-bending and twisting should also be avoided other than what is needed for basic activities such as getting in and out of bed/chairs or a car and taking a shower for example. When you return for subsequent follow-up visits, your restrictions are gradually lifted and patients are usually able to return to most activities unrestricted by 3 months after surgery.

WILL I NEED A BRACE AFTER SURGERY?

Patients do not need a brace after a lumbar microdiscectomy.

HOW MUCH PAIN WILL I HAVE, AND WILL I RECEIVE PAIN MEDICATIONS?

Everyone has a different pain tolerance. Some patients end up taking no pain medications other than over-the-counter Tylenol or NSAIDs and some patients take them for a couple weeks after surgery. You will receive a prescription for pain medications after surgery that is to be taken on an AS NEEDED basis and we encourage you to wean yourself off of them as your pain allows.

DO I NEED TO TAKE ANY OTHER MEDICATIONS AFTER SURGERY?

Patients receive prescribed narcotic pain medications for a short period of time. Additional prescriptions may include an anti-histamine for itching and nausea/vomiting, a short course of oral antibiotics and a stool softener or laxative to avoid constipation.

WHEN CAN I START TO DRIVE AFTER SURGERY?

Most people can start driving when they are off of narcotic pain medications. It is illegal to drive a car while taking narcotics. You must also be able to comfortably maneuver your foot from the gas pedal to the brake pedal quickly and be able to check your mirrors and blind spots prior to driving.

HOW DO I CARE FOR MY SURGICAL INCISION?

The incision is closed with absorbable sutures that are under the skin and small Band-Aid like dressings called steri-strips are placed on the skin. A sterile dressing is applied over top of these. I recommend keeping the post-op dressing on for the first two days after surgery. Prior to your first shower you should remove the overlying dressing. It is okay to get the incision wet in the shower, but you should not soak in a bathtub. The steri-strips should remain in place until they fall off on their own or they are removed at your first post-op visit. While showering you should not scrub the area directly and you should lightly dab the incision dry with a towel after. There may be small spots of blood on the dressing when you remove it for the first time, but it should remain dry thereafter. If you notice that you are having continued bleeding or if there is drainage from the surgical site then you should call our office to let us know.

DO I NEED TO DO PHYSICAL THERAPY AFTER SURGERY?

Walking is your main form of therapy in the immediate post-operative period and is encouraged to avoid deconditioning, blood clots and respiratory complications. You should take several short walks on a daily basis, even if it is just within your home. You can increase the frequency and length of walks as tolerated by your pain and comfort level.

Physical therapy is NOT recommended in the immediate post-operative period. Your need for physical therapy will be determined in future follow-up visits. You may not need any formal physical therapy at all.

Helps us improve our care: What other questions would you like to have answered regarding lumbar microdiscectomy surgery? Please contact my team for further information and we will address your questions.

During normal business hours (Monday-Friday 7:30AM to 5:00PM) you can reach my clinical assistant Lauren at (651) 275-2705