



**TWIN CITIES
ORTHOPEDICS**

**Post-Operative Instructions
Lumbar Microdiscectomy**

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WOUND CARE:

Your incision will be closed with absorbable sutures that are all under the skin. No sutures need to be removed. After surgery, the incision will be covered with steri-strips which help protect the skin edges as they are healing. You will have a gauze dressing taped over the incision site. The gauze dressing should be left in place until two days after surgery when you are about to take your first shower. It is okay to get the incision wet in the shower and let water run over it, but you should not soak in a bathtub or a pool. The steri-strips should remain in place until they either fall off on their own or they are removed in clinic. In order to help them stay in place while showering you should not scrub the area directly and afterwards gently dab the incision dry with a towel. It is not abnormal to have some small spots of blood on the gauze dressing when you remove it for the first time. It should remain dry thereafter and there is no need to replace the gauze. If you notice that you are having continued bleeding or if there is drainage from the incision, then you should call our office to let us know.

DIET:

After surgery, some patients experience nausea. This can be related to anesthesia or pain medication. It is best to begin with clear liquids and light food. You may progress slowly to your normal diet if not nauseated. You should also try to take a high fiber diet and/or fruit juice to aid with constipation that may result from post-operative pain medications.

MEDICATION:

- Pain medication can cause constipation. An over-the-counter laxative or stool softener may be helpful for this. If you've had problems with constipation related to pain medications in the past, then you should prophylactically take some an over-the-counter laxative or stool softener in the 2-3 days leading up to your surgery.
- Vistaril (hydroxyzine) will commonly be prescribed post-operatively for multiple reasons: anxiety, nausea, vomiting, itching. Take this medication as needed per the instructions.

- An antibiotic, commonly Keflex, will be prescribed upon discharge and is to be taken as prescribed over the course of 24 hours to prevent an infection.
- Most prior home medications may be resumed the evening of surgery or the following day unless specifically directed by your surgeon or your primary care doctor otherwise.
- If you usually take an anticoagulant or blood thinner (Plavix/clopidogrel, Coumadin/warfarin, Aspirin, Xarelto/rivaroxaban, Eliquis/apixaban, heparins, etc.), you should ask your surgeon when it is safe to restart this medication prior to taking it. Baby Aspirin (81mg) and Coumadin can generally be started the day after surgery.
- Typically, patients are given a prescription for narcotic pain medication. Please take this medication AS NEEDED and no more than instructed. Note that if you take more medication than is prescribed you will run out sooner than you are supposed to and your insurance company likely will not pay for a refill. If your current medication isn't adequately controlling your pain, please call the office.
- You can also place an ice pack on the surgical site with a cloth between the ice pack and skin several times daily to help with local pain.
- Try to take pain medication with food to help decrease nausea.
- Some prescribed pain medication may already have Tylenol (acetaminophen) mixed with it (examples: Percocet, Norco, Vicodin, Lortab). Do not take any medications that include Tylenol while taking these pain medications. Taking too much Tylenol can cause liver damage. As long as you have no medical contra-indication to taking NSAIDs (Advil/ibuprofen, Aleve/naproxen, diclofenac, Mobic/meloxicam, Celebrex/celecoxib, etc) okay to take these medications after surgery to supplement the pain medication you are given.
- Taking pain medication prior to bedtime may help with sleeping.
- Do not drink alcohol or drive while taking prescribed narcotic pain medication (hydrocodone, oxycodone, Percocet, Norco, dilaudid, etc.).
- Pain medication typically takes about 30-45 minutes to take effect. Don't wait until pain is severe to take pain medication.
- Pain medication likely will not take away all of your pain. It is okay and expected to have some discomfort.
- Because of the risks of prolonged narcotic use, we will plan to wean off these medications after surgery as soon as tolerated. The duration of need is variable between patients, but in most cases no more than two weeks of narcotic pain medications will be prescribed.

ACTIVITY:

- For the first two weeks after surgery (prior to your first post-operative follow up visit) you should limit your lifting to no more than 10 pounds (roughly what a gallon of milk weighs).
- Any lifting should be at waist-level and while holding objects close to your body. You should avoid forward-bending and twisting motions other than what is needed for basic daily activities such as getting in and out of bed, chairs, a car or taking a shower for example.
- If you must pick something up off the floor you should do so by bending at the hips and the knees.
- When putting shoes and socks on, bring your feet up onto the opposite knee to avoid bending over.
- The muscles supporting your spine had to be split and retracted out of the way for the surgery to occur, so strict activity restrictions above are necessary to make sure the muscles heal appropriately. It is also important to avoid forward bending and lifting anything heavy so you don't have a recurrent disc herniation.
- Walking is your main form of initial therapy after this surgery 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.
- Formal physical therapy is NOT recommended in the immediate post-operative period. Your need for formal physical therapy will be determined in future follow-up visits.

REASONS TO CALL THE OFFICE:

- Fever above 101.5°F
- Excess pain or swelling of the calf
- Drainage at surgical site – bloody, clear, yellow-green, malodorous
- Redness and swelling around the surgical site, especially if increasing with time.
- Worsening pain in the operative site that is not controlled with the prescribed medication
- Excess nausea/vomiting that is interfering with food and fluid intake

- Progressive numbness, weakness or pain in the legs should be evaluated emergently.
- Numbness in the “saddle region” around your anus or groin and incontinence of urine or stool should be evaluated emergently.
- Inability to empty your bladder.
- Any other questions or concerns that are not addressed above

FOLLOW-UP APPOINTMENT:

- In most cases we will call you in the days following surgery to check on you and see how you are doing. At that time we will make a post-operative follow-up appointment that will be for approximately 2 weeks after surgery.
- If you prefer to make this appointment at the time of scheduling your surgery that is fine as well.
- The typical follow-up intervals for lumbar microdiscectomy are: 2 weeks, 6 weeks and 3 months post-op. Activity restrictions will be progressively lifted over that time and will be discussed at your follow-up appointments.

During normal business hours (Monday-Friday 7:30AM to 5:00PM) you can reach my clinical assistant Lauren at (651) 275-2705 and after hours you can reach the on-call physician at (651) 439-8807. In an emergency you should call 9-1-1.