

Lumbar Microdiscectomy or Decompression

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Recovery after spine surgery entails controlling pain and discomfort, healing both at a skin and muscular level, nerve recovery, and gradual return to activities. The following instructions are intended as a guide to help you achieve these individual goals and recover as quickly as possible after your spine surgery.

COMFORT

Position – It is okay to sit or lay in a position that is comfortable for you. Using a pillow between your legs or under your knees when laying down can help you to get more comfortable. While resting is important after surgery, we recommend getting up and taking small walks around the house to stretch your legs and prevent your back muscles from getting stiff.

Icing –Apply the ice your back 3-4 times a day for 20-30 minute intervals. Once the initial dressing is removed place a thin towel between your skin and the ice.

Medication –

- **Pain Medication-** Take medications as prescribed, but only as often as necessary. Avoid alcohol and driving if you are taking pain medication.
 - If you are prescribed narcotic pain medications (Oxycodone, Norco, Percocet, Tylenol #3, Dilaudid, etc) then you should try and wean off of them as tolerated. These are AS NEEDED for pain. If you are not having significant pain then you should try to take fewer pills at time and spread the doses out over a longer period of time than is written on your prescription
 - Example of pain medication schedule – if you are prescribed 1-2 pills of pain medication every 4 hours AS NEEDED for pain, begin by taking only 1 pill every 4 hours as your pain tolerates. If one pain pill is giving you good pain relief, try and spread doses out longer than 4 hours apart if you can tolerate it.
 - Narcotic pain medications can increase your risk for constipation – take with stool softening agents
 - You should avoid taking more pain medication than is written on the prescription. In the event that you are in need of more pills prior to when your prescription would allow, it is possible that your insurance will not approve an earlier refill
- **Pain Medication Supplementation** (between pain medication doses)
 - You can take up to 1000mg of Tylenol every 8 hours for additional pain relief. However, if your prescription pain medication contains Tylenol (ie. Percocet, Norco, Tylenol #3) and you are also taking additional Tylenol (acetaminophen) for pain relief, ensure that you are not taking too much Tylenol. Over the counter medications have a variable dose of Tylenol. Prescription narcotic pain medications with Tylenol typically have 325mg of Tylenol per pill. **You should not exceed 4,000 mg of Tylenol in a 24 hour period from all sources.**

- **Nonsteroidal anti-inflammatories** (ibuprofen, Aleve, Celebrex, meloxicam, etc) are **NOT recommended** after a spine fusion as it can hinder bone fusion. Would not recommend taking these medications regularly until you are three months out from surgery.
- **Anticoagulation/Antiplatelet Medications** – if you take a blood thinner medication such as Aspirin, Plavix, Coumadin/Warfarin, Lovenox, Xeralto, or other similar medications, please discuss when these can be restarted if it is not indicated on your post-operative/discharge paperwork.
- **Driving** – Driving is not permitted while on narcotic pain medicines or muscle relaxers.

ACTIVITIES

Brace – wear lumbar brace full-time when standing, walking, or transferring from bed to chair. If resting in one place for a period of time, it is okay to take brace off. Remember to put brace back on before getting up from position.

Restrictions – In the acute post-operative phase we recommend the following:

- No lifting greater than 10 lbs (approximately what 1 gallon of milk weighs) – lifting restrictions will be reviewed at your first post-operative visit
- Avoid bending through low back. Try bending at hips and knees instead.
- No excessive twisting of the torso or spine
- No impact aerobic activities such as running or cycling

Exercises – Walking is your main physical therapy for now. Walk around for short distances in the house or outside on a flat surface as tolerated regularly throughout the day. Otherwise, hold off on physical activity until your first post-operative visit in clinic. In some cases, formal physical therapy will be prescribed at your first post-operative visit

Return to work – Return to work status is dependent on a number of factors including your level of discomfort and how labor-intensive your position at work may be. If you have any questions, please call your doctor.

WOUND CARE

1. Please wait until you are 3 days out from surgery to shower or bathe for the first time.
2. Under your postoperative site dressing, there are steri-strips (small band aids that go over the incision site). You may remove your postoperative dressing three days after surgery prior to your first time showering. Leave steri-strips in place and let them fall off their own.
3. When you shower, it is okay to get your wound wet, just do not let the water spray directly on your incision.
 - If there is any drainage from the incision, place a new dry gauze dressing over the top after you shower.
 - If the incision and/or steri-strips are dry with no drainage, you can leave it without a dressing over the top

4. Do not soak in a bathtub or swimming pool until you are told it is okay to do so when you return to clinic. Soaking can increase your risk for post-operative infection and can disrupt the wound healing process.
5. The sutures used to close the wound are buried under the skin and will dissolve on their own with time.

EATING

Your first few meals, after surgery, should include light, easily digestible foods and plenty of liquids, since some people experience slight nausea as a temporary reaction to anesthesia.

CALL YOUR PHYSICIAN IF

1. Increasing drainage from the incision, foul smelling or malodorous drainage from the incision
2. Increasing pain not controlled by your prescription pain medications
3. Inability to urinate
4. New onset weakness, numbness, or severe pain in the extremities
5. Bowel/bladder incontinence
6. Fever greater than 101.5 degrees
7. Nausea/vomiting causing inability to eat food, drink water, or take medications

RETURN TO THE OFFICE

Your first return to our office should be within 14-21 days after your surgery. Your post-op visit date and time is found on your post-operative visit card in your discharge paperwork.