



Nathan Wanderman, MD

Care Coordinator Phone: 651-351-2612

Lumbar Discectomy

WHAT IS THE SURGERY?

- A discectomy is used to treat a disc herniation, the part of the disc that is herniated and causing spine or nerve pain is removed.
- A small 1-2-inch incision is made over the affected level.
- Dr. Wanderman then spreads the muscle fibers to get down to the spine.
- A small amount of bone (laminotomy) may be removed. The nerves are moved out of the way and the disc is exposed. The herniated disc material is then removed, leaving the healthy disc material in place.
- Usually, a discectomy is done as an outpatient procedure or overnight in the hospital. The procedure takes approximately 1 to 1 1/2 hours for a single level. It is performed under general anesthesia (patient is asleep).
- At the time of the procedure, we may put a steroid (anti-inflammatory solution) over the nerves to reduce nerve irritation. Most people see relief of their leg pain shortly after the surgery, but it may take days, weeks or months for full recovery of nerve function.
- After your surgery you will have instructions on how to care for the incision.

POST-OPERATIVE COURSE

- It is very common to get a minor recurrence of pain 1-7 days after surgery. This is caused when the nerve swells as its first stage of healing (bounce-back radiculopathy). This typically resolves within a few days. If the pain is severe, notify Dr. Wanderman, and he can start you on a short course of steroids to calm the nerve down.
- Your first post-op check is approximately 2-3 weeks after surgery. You must limit bending, lifting and twisting at the waist to prevent re-herniation of the disc. No lifting greater than 10 -15 pounds until we see you back.
- You are able to walk immediately after surgery and you may walk as much as you like letting your comfort be your guide.
- Postoperatively, patients typically return to sedentary jobs (1-3 weeks), light jobs (2-4 weeks), and medium jobs (4-6 weeks).
- At 2-4 weeks after the surgery you are able to exercise on a stationary bike or treadmill. At 4-6 weeks you may do abdominal crunches to strengthen your stomach and you are able to do some light weight lifting, with the exclusion of dead lifts, military press, squats, or other exercises which load the spine. You should wait at least 3 months before resuming golfing, running, rollerblading and 6 months before playing contact sports.

RISKS OF SURGERY

- Blood loss: blood loss is minimal with this type of surgery.
- Infection: also a small risk, less than 1 or 2%. You will receive antibiotics before and after your surgery.
- Injury to nerves: less than risk of infection but may cause weakness or decreased sensation. These are usually temporary. Often these are present before surgery.
- Dural Tear (spinal fluid leak), small risk slightly more than infection, but occurs more commonly in patients with previous surgery at the same level. If a dural tear occurs it is repaired at the time of surgery and usually results in a short hospital stay, you would have to lie flat for 24-48 hours in the hospital.
- Other risks include anesthesia, recurrent disc herniations (15% lifetime risk), residual spine or nerve pain, and others discussed in the office.