

Lumbar Microdiscectomy or Decompression

For patients and families

Read this booklet to learn:

- How to prepare
- What you can do when you get home
- How to care for your incision
- What activities you can do
- What problems to look out for
- About your follow-up appointments

You will be going home the same day as your lumbar spine surgery.

For 24 hours after your surgery:

- Do not travel alone. Someone must pick you up from the hospital and take you home.
- Do not drink alcohol.



Preparing for surgery

How can I prepare for my surgery?

- Let your family and friends know that you may need some help when you get home. You will probably need help for a few weeks with things like cooking, grocery shopping, and housework. If you live alone, see if you can stay with family or friends for a while after surgery.
- **Some medicines may increase your risk of bleeding during or after your procedure. Tell your doctor or health care provider if you are taking:**
 - medicines such as acetylsalicylic acid (Aspirin), clopidogrel (Plavix), prasugrel (Effient), ticagrelor (Brillinta), ibuprofen (Advil, Motrin, Nuprin), naproxen (Naprosyn) or indomethacin
 - medicines such as warfarin (Coumadin), dalteparin (Fragmin), enoxaparin (Lovenox), tinzaparin (Innohep), fondaparinux (Arixtra), dabigatran (Pradaxa), rivaroxaban (Xarelto) or apixaban (Eliquis)

Your doctor or health care provider may tell you to stop taking these medicines for a certain number of days before your procedure.

- Stop taking anti-inflammatory medicines (for example, Ibuprophen, Celebrex, Aleve) 7 days before your surgery. If you have any questions or concerns about stopping these medicines before surgery, please call your surgeon's office.

Do not eat or drink anything, including water, after midnight the night before your surgery. If your surgical team gave you different instructions, please follow them.

What should I bring to the hospital?

Please bring:

- your health card (OHIP card)
- clothes you will wear when you go home

Please do not bring too many other items or anything valuable to the hospital, so they will not get lost.

After surgery



What can I eat and drink after my surgery?

You may not feel very hungry after your surgery. Eating a large meal may make you feel uncomfortable. Start with clear fluids, for example, apple juice, clear tea, and ginger ale and then move to soft and/or solid foods.

Try eating smaller meals more often.

If you have an upset stomach or are vomiting, take anti-nausea medicine such as Gravol. You can buy this from your pharmacy without a prescription. Follow the directions and drink lots of fluids until your nausea goes away. Then gradually start eating solid food again.

If this problem continues, see your family doctor.



When can I have a shower?

- Do not shower until 4 to 5 days after your surgery. Use a damp cloth to wash yourself during this time. If your surgical team gave you different instructions, please follow them.
- When you do take a shower:
 - Allow soapy water to gently run over your incision (cut). Do not scrub.
 - Gently pat your incision dry with a clean towel.
- Do not take a bath, swim or use a hot tub for at least 2 weeks. Do not soak your wound until it is completely healed.



How do I care for my incision (cut)?

Dissolvable stitches were used for your surgery, so they will not need to be removed. Follow these instructions when caring for your incision:

- Keep your dressing dry. Change it if needed.
- Keep your incision covered with dressing (bandages) for 4 to 5 days and remove them after this time. If your surgical team gave you different instructions, then follow them.
- If you have steri-strips (small paper strips along your wound), they will usually fall off by themselves after 7 to 10 days. If they are still on after 10 days, gently peel them off.
- Do not use lotion, powder or oil on your incision for 4 weeks.
- After 4 weeks, you can use vitamin E cream around the sides of the incision as long as it is dry and healed. This will help if you have dry skin.

How can I manage my pain?

Feeling back pain, muscle spasms or cramping around the area of your incision is common. You may also feel spasms that go down to your legs.

Cutting and moving your skin, muscles and bone during surgery has caused this pain. It will decrease with time.

You may also continue to feel a throbbing, burning or tingling kind of pain. This is nerve pain. Some people feel sudden sharp shooting pains or spasms. This is common after this type of surgery. It is normal for your nerves to be irritated and sensitive for many weeks or longer after your surgery.

Your feeling of pain will fluctuate (go up and down) depending on your activity. After a few weeks, let your surgeon know if your pain continues to increase.

To manage your pain:

- You will get a prescription for pain medicine. Follow the directions when taking it.
- If you need a refill, ask your family doctor to renew your prescription. Your surgeon will not refill your pain medicine.
- Do deep breathing exercises often to relax your back muscles.
- Change your position often. If you start to feel pain, change your position.
- Listen to your body. If you feel too much pain, stop what you are doing and rest. Pace yourself.
- As you feel less pain, reduce your pain medicine. It is better to slowly reduce your medicine than to suddenly stop taking it. Your family doctor can help you with this.

Your prescribed pain medicine (narcotics) may cause you to become constipated. Eating foods high in fibre (for example bran, fresh fruit and vegetables) and drinking lots of fluids will help.

Take a stool softener such as Colace every day while you are taking narcotics. You can buy this from your pharmacy without a prescription. If you have not had a bowel movement after 1 or 2 days, you can take a laxative. You can also buy this type of medicine without a prescription. Contact your family doctor if you have not moved your bowels in 3 days.

Safely store and dispose of your pain medicine

Pain medicine that is not stored or disposed of safely could be stolen or taken by mistake.

Safe storage

- Store pain medicine in a locked drawer or cabinet.
- Do not share your pain medicine. Pain medicine prescribed to you can be dangerous to others.

Safe disposal

It is dangerous to keep unused or expired pain medicine that you no longer need.

- Take unused or expired pain medicine to a pharmacy for safe disposal.
- Do not flush medicine down the toilet.
- Do not throw medicine in the garbage.



Other medicines

After you get home, you can usually take other medicines you were taking before surgery (for example, heart or blood pressure pills). If your surgical team gave you different instructions about your medicines, then follow them.

If you are taking blood thinners (for example Aspirin, Warfarin, or Plavix) and/or anti-inflammatory medicines, talk to your surgeon about when you can restart taking them.



What activities can I do after surgery?

When doing an activity, listen to your body. Always stop what you are doing and rest if you feel too much pain. Also, follow your surgeon's instructions about what you should and should not do. At your follow-up appointment, your surgical team can answer any questions you have if you are not sure.

Walking

Go for short walks a few times each day, as your body can manage. Going for short walks more often is better than going for a long walk once a day. Rest when you begin to feel uncomfortable.

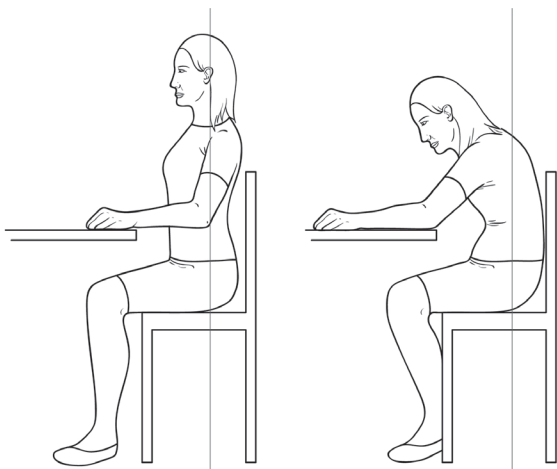
Physical therapy (physiotherapy) will usually begin about 4 to 8 weeks after your surgery, or when your surgeon tells you. We will give you a referral for physiotherapy before you go home or in the clinic. The therapy will help your recovery by improving your movement, flexibility and the strength of your arms. The therapist will also teach you about proper posture.

Lifting

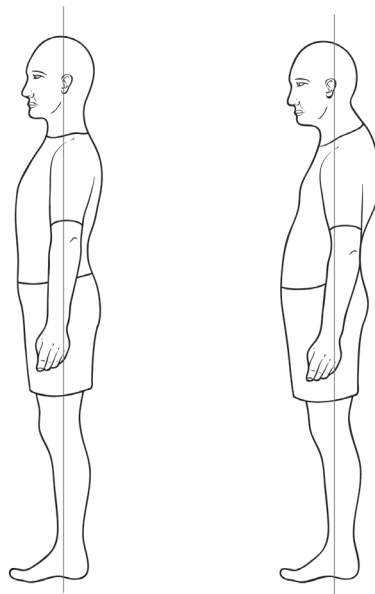
- Do not lift anything heavier than 10 pounds while you are healing. Lifting more than 10 pounds can cause your back pain to become worse.
- Do not do any repetitive bending, twisting or reaching while you heal.
- Pick things up by bending your knees. Do not use your back or bend at your waist.
- Keep the things you use often in places where you can easily reach them.
- When you must lift, push, pull or carry something, keep it close to your body and between your hip and shoulder.

Keeping your back straight (posture)

Try to keep yourself as straight as possible when you are in bed, sitting and walking.



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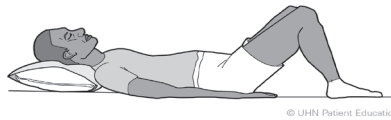
Sitting

- Sit with your back supported and your feet on the floor. This will take the strain off your back. Using a chair with a straight backrest will help.
- Using a chair with a higher seat will help you get up with less pain. If the chair is too low, you can put a firm pillow on your seat.
- Use a chair with arm supports. It will make it easier for you to sit down and get up.
- Place a small towel or pillow between the chair and your lower back if you need to. This will help keep your normal lumbar (lower back) curve.
- Stand up and change positions when you begin to feel any pain in your back.

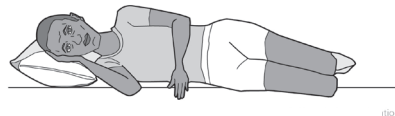
Sitting up from lying down

Always roll on to your side first before you sit up from lying down. Follow these steps:

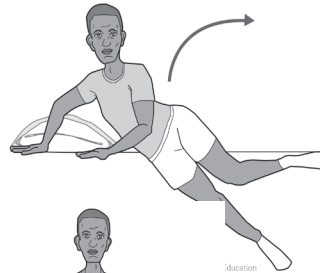
1. Lying on your back, bend your knees up.



2. Turn to one side.



3. Bring your feet and legs off the bed.



4. At the same time, push your body off using your arms.



Sports

Wait until your follow-up appointment to talk to your doctor about when you can play sports again.



When can I drive?

Talk to your surgical team about when you can drive again. When you can start driving will depend on many things, like the amount of pain you are in and the pain medicine you are taking.

When it is ok to start driving, put your seat back until you feel comfortable. If you have to travel a long way, take lots of breaks to stretch your legs.

When can I go back to work?

Talk to your surgical team about when you can go back to work. Your team will consider many different things, like what kind of work you do and how you are recovering.

What problems should I look out for?

Problems after a lumbar microdiscectomy/decompression are rare. If you notice any changes, the lists below can guide you:



Call your family doctor if you:

- Need to renew or change your pain medicine prescription
- Have not had a bowel movement in 3 days
- Notice swelling or have pain in your leg or legs
- The pain in your back or leg gets worse or fluctuates (your pain comes and goes)



Call your surgeon's office if you have:

- Signs of infection like:
 - a fever higher than 38°C (101°F) for more than 24 hours
 - increased pain, redness, swelling and drainage (yellowish liquid) from your incision
- Difficulty urinating
- A new feeling of weakness in your legs
- Pain in your back or leg that continues to increase and becomes severe



Call 911 or go to your nearest emergency department if you:

- Have chest pain
- Have shortness of breath
- Cannot urinate for 8 to 12 hours the night after surgery
- Have sudden and severe new weakness in your legs



When will I have my follow-up visit?

Family doctor

Call your family doctor during the first week you are home to make an appointment for a check-up.

Surgeon

To schedule your follow-up appointment with your neurosurgeon or orthopedic-spine surgeon, call their office or clinic.

Neurosurgeons

Dr. Mark Bernstein	416 603 6499
Dr. Michael Fehlings	416 603 5463 (The Spinal Cord Clinic)
Dr. Fred Gentili	416 603 5250
Dr. Mojgan Hodaie	416 603 6441
Dr. Suneil Kalia	416 603 5866
Dr. Paul Kongkham	416 603 5428
Dr. Andres Lozano	416 603 6200
Dr. Eric Massicotte	416 603 5675
Dr. Ivan Radovanovic	416 603 6207
Dr. Mike Tymianski	416 603 5896
Dr. Taufik Valiante	416 603 5460
Dr. Gelareh Zadeh	416 603 5679

Orthopedic-spine surgeons

Dr. Steve Lewis 416 603 5851

Dr. Raj Rampersaud 416 603 5463 (The Spinal Cord Clinic)

Your follow-up appointment will be in:

- 6 to 8 weeks
- 4 to 6 weeks
- Other_____

Doctor_____

The Spinal Cord Clinic

Toronto Western Hospital

West Wing – 4th Floor

Phone: 416 603 5463



Special instructions for you

For more information, please visit our website at www.uhn.ca or
www.uhnpatienteducation.ca

