

Lumbar Discectomy Frequently Asked Questions

This procedure is normally recommended to resolve low back and leg pain resulting from a herniated disc. A herniated disc may be referred to as one of the following by a variety of medical practioners and/or laypersons:

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|-----------------|---------------------------------|
| Pinched nerve | Sciatica |
| Ruptured Disc | Bulging (extruded) Disc |
| Slipped Disc | Disc Disease |
| Protruding Disc | Degenerative Disc Disease (DDD) |

Diagnostic Tools

Patient History
Physical Exam
Confirmed by X-Rays, Magnetic Resonance Image (MRI) or CT Scan.

Treatment Alternatives

Medications
Continue to live with the condition
Physical therapy (Exercises and stretching)
Chiropractic Manipulation
Epidural Steroid Injections (ESI)
TENS Units

Purpose of Procedure

The primary purpose of this procedure is to surgically remove a part of the disc that is pushing on the nerve and thus, causing the pain. The goal is to take pressure off of the nerve but still retain as much of the disc as possible. The entire disc is not removed, only the herniated fragment.

Who will be involved in procedure?

Surgeon - The orthopedic spine surgeon that you have been seeing in our office will be your primary surgeon, in charge of your surgery

Assistant Surgeon - Another orthopedic spine surgeon, usually from our office, will assist your surgeon with the procedure. This is done to minimize the length of time you are under general anesthesia and to provide the necessary assistance with the actual surgical procedure.

Anesthesiologist - The doctor who actually administers and monitors the anesthesia is a critical part of the surgical team. You will normally meet with the Anesthesiologist during your Pre Op appointment at the hospital.

Length of Surgery

A typical lumbar discectomy takes approximately 1 hour.

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Hospital Stay

With most spinal surgeries, patients are up and walking within hours after their procedure, although the walking is very limited. It is no longer necessary, or recommended, that you lie in bed for days or weeks after spine surgery. Nurses who are experienced in working with spinal surgery patients will assist you during your first few efforts at getting out of bed and walking.

Your doctor will tell you when it is safe to shower, usually 1-2 days after surgery. The nursing staff will show you how to keep the dressing dry and in place to protect the incision while showering. Soaking in a bathtub is not allowed. The wound should not be submerged in water (pool or tub) until it has healed and has been cleared by your doctor. The nurse will change the dressing after your shower, and again later if necessary.

Incision Care

Your surgical incision will be checked during your first Post Op appointment. However, should your incision become red, tender or drainage occurs, prior to your first scheduled Post Op visit, you should contact our office for instructions.

Nutrition

Liquids are allowed right after surgery. Solid foods are allowed thereafter, as tolerated. Your doctor will give you specific instructions.

How much pain should I expect and how is it treated?

Your doctor's goal is to keep you as comfortable as possible. Almost all strong pain medications are narcotics that tend to make you sleepy and can depress your breathing. We must balance the side effects with our goal to relieve pain. In the hospital (IV) patient controlled medications are given the first day. We then switch to oral medications. You will have pain pills for home use, also. We continue home medications as needed, with the goal of weaning them as you recover. It is important to tell your doctor of any allergies to medicines and to only use pain medications as directed. Mixing medications can be dangerous. We do not refill pain medications after hours or on weekends. You must ask ahead 1-2 days if you are going to run out of pain pills. Refills of medications are at your doctor's discretion.

Return to Routine of Normal Daily Living

During the rehabilitation process it is important to recondition the muscles with exercise, stretching and aerobic conditioning. Your doctor will give more specific instructions during the course of your post-operative care during your office visits. Early return to normal activities is encouraged

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with three exceptions. Heavy lifting, bending from the waist and prolonged sitting are discouraged for the first 6 weeks after surgery.

Driving is not allowed until after your first post-op visit (usually 1 - 2 weeks). Most patients are able to go up and down stairs when they go home from the hospital. Some patients may require additional assistance.

Return to Work

Return to work is determined for each individual patient based upon several factors. The doctor's goal is to help you return to work as soon as you can do so safely. If you have a light or sedentary job or if light duty restrictions are available, then return to work could occur in 10-14 days. If you are able to work from home by phone, fax and computer, very early work may be realistic. If your job is very heavy and strenuous, return to work can take several months. Other factors that play a role in return include your overall physical condition, tolerance of pain and need for additional therapy.

Even the best results of surgery do not mean that you will necessarily be able to return to your prior type of job. Some patients are advised to go through job re-education or find a lighter job for future back safety.

Risks and Potential Complications

Infection

Continued Pain

Numbness

Weakness

Loss of Sexual Function

Infertility

Death

Need for further surgery. (The disc can re rupture or go on to degenerate. The risk of re rupture is usually less than 5%.)

No Guarantees

No guarantees can be made as to the success of this procedure.

Other Educational Resources

www.spine-health.com

www.spineuniverse.com

www.spine-surgery.com