



What to Expect During Your

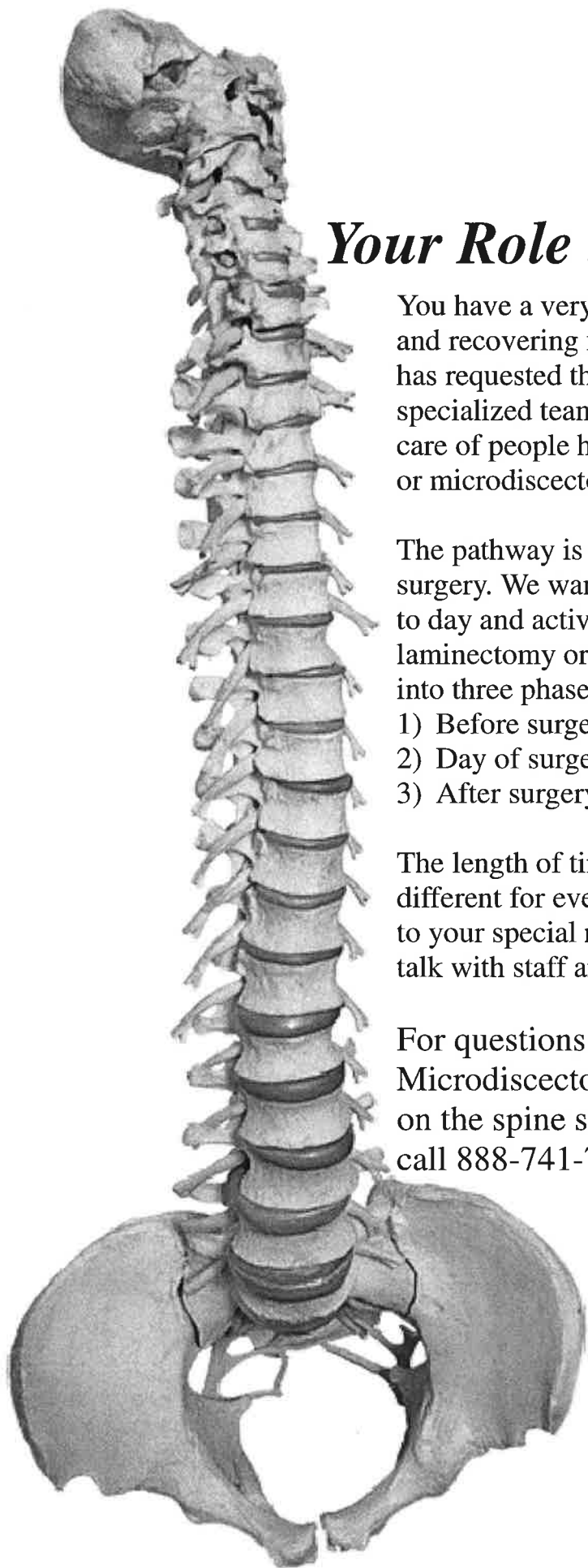
Laminectomy or Microdiscectomy

Your Pathway to Healing

princetonbrainandspine.com

**PRINCETON
BRAIN & SPINE**

The art and science of care.™



Your Role in Recovery...

You have a very important role in preparing for and recovering from your surgery. Your physician has requested that this process be coordinated by a specialized team of healthcare professionals who take care of people having neck surgery. This lumbar laminectomy or microdiscectomy pathway was written for you by that team.

The pathway is a map of activities before and after your surgery. We want you to know what to expect from day to day and actively participate in your recovery. The laminectomy or microdiscectomy pathway is divided into three phases:

- 1) Before surgery
- 2) Day of surgery
- 3) After surgery

The length of time it takes to complete each phase is different for every patient. Your path may be tailored to your special needs at any point. Please feel free to talk with staff and your doctor about your concerns.

For questions regarding your Laminectomy or Microdiscectomy Fusion pathway or more information on the spine services of Princeton Brain & Spine call 888-741-7272.

WHAT TO EXPECT DURING YOUR Laminectomy or Microdiscectomy

Phase I: Before Surgery

Preparation for Surgery

- Discuss current medications with your surgeon.
- Stop aspirin, anti-inflammatory medications, supplements or any blood thinners as instructed by your surgeon.
- Quit use of all tobacco and nicotine products.
- Eat healthy and increase your protein intake.
- Review online and written educational material regarding your condition as directed by your surgeon.
- Arrange for a family member or friend to drive you home from the hospital when you are discharged. You will not be able to leave the hospital unless you have a driver.
- Arrange for a family member or friend to stay with you when you go home from the hospital. You will require help cooking, walking and caring for yourself for at least a few days.

Surgeon's Office for Preoperative Visit

- Discuss surgical procedure with surgeon and ask questions regarding the surgery.
- Discuss postoperative care such as pain management techniques and activity level.
- Review and sign the consent for surgery.

Date/time: _____

Night Before Surgery

- DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT, unless directed by surgeon or anesthesiologist.

Day of Surgery

- Arrive at hospital at requested time.
- Intravenous lines will be started in the preoperative holding area.
- Medication may be given to help you relax and become sleepy prior to surgery.
- Your family may wait in the main lobby. A patient representative will keep them informed about the progress of your surgery.

WHAT TO EXPECT DURING YOUR Laminectomy or Microdiscectomy

Phase II: Day of Surgery – Postoperative

Tests	<ul style="list-style-type: none">• Vital signs (blood pressure, pulse and temperature).• Neurovascular Checks (arm and leg strength, movement, numbness, tingling).
Treatments	<ul style="list-style-type: none">• Deep-breathing exercises every two hours while awake with an incentive exerciser (IBE).
Possible Equipment/Tubes	<ul style="list-style-type: none">• Surgical drain at incision site.• Dressing over incision on back.• Back brace – soft or hard.• IV (intravenous) pump for fluid and medications.• Finger probe to monitor oxygen levels.• Patient-Controlled Anesthesia pump for pain medicine.• Sequential compression device (SCD) or tight hose to prevent blood clots in legs.
Medicine	<ul style="list-style-type: none">• IV (intravenous) fluids for hydration.• Antibiotics to prevent infection.• Pain medicine may be given by an injection in the muscle, through your IV or orally.• Pain medicine may also be given via a Patient-Controlled Anesthesia (PCA) pump in which you control the delivery of your pain medicine, if ordered by your surgeon.• Medication for nausea and muscle spasm will be available, as ordered by your surgeon.• Stool softener to prevent constipation provided, as ordered by your surgeon.• Your routine home medications will be restarted as directed by your surgeon. (The nurses will administer these. Do not take your own medications without first discussing it with the nurse.)
Food	<ul style="list-style-type: none">• After surgery – ice, clear or full liquids as tolerated; advance diet as tolerated.• Increase protein and fiber in your diet to promote healing and prevent constipation.
Activity	<ul style="list-style-type: none">• Out of bed as tolerated per surgeon's order. It is best for your recovery to sit at the side of bed or in a chair and/or walk to bathroom and in the hallway as tolerated.• Log roll side to side with help every two hours, keeping back straight.• May elevate the head of bed slightly.• Minimize bending or twisting at the waist.
Need to Know	<ul style="list-style-type: none">• How to call the nurse.• Tell the nurse if you need medications for pain, nausea or muscle spasm.• Tell the nurse what you drink and when you urinate so it can be measured.• How to log roll to get in and out of bed.• How to order food.
Feeling and Sensation	<ul style="list-style-type: none">• Uncomfortable, but pain should be bearable with medications.• May have residual numbness and tingling.

WHAT TO EXPECT DURING YOUR Laminectomy or Microdiscectomy

Phase III: After Surgery – Postoperative Day 1

- Tests**
- Vital signs, neurovascular checks.
 - Routine morning blood tests.
 - Evaluations by physical therapy and/or occupational therapy.

- Treatments**
- Continue deep-breathing exercises.

- Possible Equipment/Tubes**
- Surgical drain will be removed.
 - Hard or soft back brace is to be worn as directed by your surgeon.
 - IV pump will be discontinued.
 - PCA pain pump will be discontinued if used.
 - Sequential compression device (SCD) or tight hose will remain until walking regularly in hallway.

- Medicine**
- Continue IV fluids until eating and drinking well.
 - Complete antibiotics.
 - Pain medicine given in the muscle or through the IV will be converted to oral pain medicine.
 - Medication for nausea and muscle spasm available as ordered by your surgeon.
 - Stool softener to prevent constipation provided as ordered by your surgeon.

- Food**
- Advance to regular diet as tolerated. Increase protein and fiber in your diet to promote healing and prevent constipation.
 - Drink liquids to avoid dehydration and constipation.

- Activity**
- Continue walking in hospital room and hallway with clinical partner, nursing staff, physical therapy or family member if allowed.
 - Minimize bending and twisting at the waist.

- Need to Know**
- Tell the nurse if you need medications for pain, constipation, nausea or muscle spasm.
 - Get in and out of bed without difficulty.
 - Spine Center nurse available to answer questions, if needed.
 - Review spine precautions, proper body mechanics, mobility and any questions or concerns with your physical therapist.
 - Review discharge instructions with your nurse and surgeon.

- Feeling and Sensation**
- Tired and sore. Hurts to move.
 - Moving better and progresses to moving with minimal help.
 - You are ready to go home.

Discharge Instructions

SURGEON SPECIFIC INSTRUCTIONS

- Do not lift more than 10 Pounds for 2 weeks.
- Do not drive until you are seen in the office. You may not drive, if you are taking narcotic medication.
- Limit sitting to 45 minutes per 1 hour period. Walk or lie down between sitting periods. You may sit for meals.
- You may remove the dressing over the incision on post-surgery day five.
- You may get the incision wet on post-surgery day seven.
- If there is no drainage, you may leave the incision open to air. This facilitates healing.
- Post-operative follow-up appointment with _____ . Phone number _____ .

EXPECTATIONS

1. Recuperation may take from a few weeks to a few months, depending on the extent of your surgery.
2. Minimize bending or twisting at the waist – it is better to bend your knees.
3. You may ride in a car, bus or airplane as long as you are comfortable. Reclining the passenger seat may be the most comfortable for you.
4. Avoid sexual intercourse for four weeks after surgery.
5. Use a bed mattress of your choice.
6. Do not smoke – smoking slows healing.
7. Do not drink alcohol while taking prescription pain medications.

FOLLOW-UP APPOINTMENTS

1. Upon discharge, if you do not already have a postoperative follow-up appointment scheduled, please call your surgeon's office to schedule an appointment.
2. Your surgeon may order X-rays prior to the appointment.

PAIN

1. You will be sent home with a prescription for pain medicine if you do not have already some at home. Please call your surgeon if the medicine is not relieving your pain so adjustments can be made.
2. Take the pain medicine as directed and only if you are experiencing pain, not in anticipation of pain.

3. You may continue to experience low back pain, which should improve with time. You also may notice the return of some of your preoperative symptoms a few days following surgery or after increased activity. These symptoms should resolve by taking it easy. The symptoms should gradually improve over time with increased activity.

MEDICATION

1. Review medication instruction sheet given by the nurse.
2. Resume all medications you were taking before surgery unless specifically discontinued by your surgeon.
3. Taking a multivitamin each morning for three months is encouraged.

INCISION

1. Remove the dressing on your incision, as directed by your surgeon. If you have steri-strips, these will generally fall off by themselves within 10 to 14 days. If the steri-strips have not fallen off in that time, you may remove them.
2. If you have sutures or staples at the incision, you will need to have those removed 10 to 14 days after surgery.
3. Keep the incision as clean and dry as possible. Ointments are not needed.
4. It is normal to experience some numbness around your incision.

(continued on next page)

Discharge Instructions CONTINUED

SHOWER

1. Wait to shower until your surgeon allows it. Do not soak your incision in water. No tub baths, pools, hot tubs or Jacuzzis for one month.
2. If instructed to keep the incision dry, apply a plastic covering over the incision during your shower. Plastic covering should be removed after showering.

BRACE

1. In most cases, you will not be given a back brace to wear after your surgery.
2. If you are instructed to wear a brace postoperatively:
 - a. Wear the brace as directed by your surgeon.
 - b. Do not wear your soft corset while showering.
 - c. The brace should be worn whenever you are up and out of bed except for showering. It should not be worn at night while sleeping unless instructed differently. If you need to go to the bathroom in the middle of the night you do not need to put your brace on.

ACTIVITY

1. Walking is the best activity you can do for your recovery. It is the only exercise that you may do until the follow up appointment with your surgeon. Do not lift weights!
 - a. You should begin walking at a pace and distance that is comfortable for you.
 - b. Gradually increase the amount of walking based on how you feel until you are able to walk 45 minutes per day, five days per week. Let your comfort level be your guide.
 - c. You may also use a treadmill to walk if your surgeon allows, but no running on the treadmill. You may also use an exercise (recumbent) bike.
2. You may go up and down stairs if needed, but please try to limit the amount of time each day that you go up and down the stairs.

NUTRITION

1. Maximize your nutrition to allow your incision to heal.
 - a. Eat healthy.
 - b. Maximize protein intake.
2. Many of the pain medicines cause constipation as a side effect. To prevent constipation:
 - a. Increase the amount of fluids you drink.
 - b. Eat fruits and vegetables.
 - c. Increase fiber in your diet. Add prunes and bran to your diet.
 - d. Take an over-the-counter stool softener such as Colace or Metamucil.

CALL YOUR SURGEON IF THESE SIGNS AND SYMPTOMS DEVELOP:

A. INFECTION

- Swelling and/or drainage from the incision site. Often yellow or green in color with a foul odor.
- Temperature higher than 101 degrees.
- Redness around the incision.
- Incision is hot to touch.
- Chills or night sweats.
- Opening of the incision.
- Uncontrolled pain not relieved by pain medication.

B. BLOOD CLOT

- Calf is painful or feels warm to the touch and tender on pressure.
- Persistent swelling of the foot, ankle or calf that does not go away with elevation of the leg.
- Chest pain or shortness of breath.

C. OTHER

- Bad headache.
- Any changes in your condition, concerns and/or questions.

