

Lumbar Surgery

Your Day Surgery and Recovery at Home

I am having:

- A disc removed (discectomy)
- The bony arch of a vertebra removed (laminectomy)
- A vertebra repaired (kyphoplasty)

You are having surgery on your lumbar part of your spine. This surgery is usually done to relieve back or leg pain, numbness, and/or tingling in the back or leg, to repair broken vertebra, or treat other problems with the spine.

The surgeon makes a small cut (incision) along your back over the area needing surgery (sometimes on your abdomen, depending on the type of surgery).

For a discectomy, all or part of the disc is removed to relieve pressure on a nerve root or on the spinal cord.

For a laminectomy, the small part of the bone from the back of a vertebra is removed.

For a kyphoplasty, a tiny balloon is inserted into the vertebra and inflated to create a space. The space is then injected with a cement-like substance.

You usually go home the same day or 1 day after the surgery. This will depend on your recovery and your health before the surgery.

Appointments after surgery

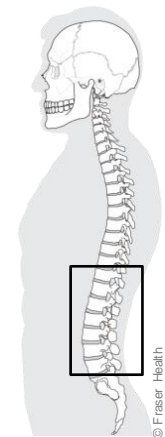
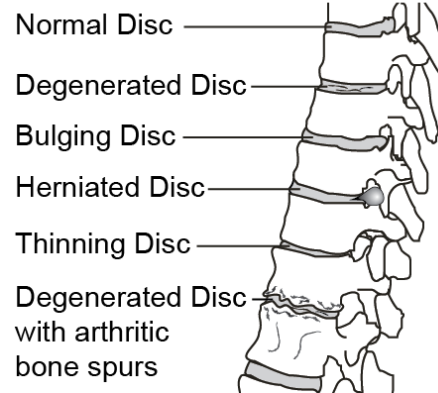
See your family practitioner.

My appointment is on: _____

See your neurosurgeon.

My appointment is on: _____

Examples of disc problems



Going home checklist

- You have a ride home and someone to stay with you for 24 hours or longer, if needed.
- You know what medicine(s) to take, as well as when and how to take them.
- You know what you cannot do for 24 hours (because of anesthetic) including:
 - × **No** driving or operating hazardous machinery
 - × **No** drinking alcohol or using any substance or street drug
 - × **No** making important decisions or signing legal documents

Family Practitioner: Refers to family doctor or nurse practitioner

www.fraserhealth.ca

This information does not replace the advice given to you by your healthcare provider.

Caring for Yourself at Home

Drinking and Eating

Return to your normal diet. You might feel sick to your stomach (nausea) or throw up (vomit). This should not last long. It is important to stay hydrated.

If you feel sick or throw up:

- Drink 'flat' ginger ale, clear soups, and clear fluids, and eat mild foods until you feel better. Other good choices include dry toast, crackers, popsicles, and gelatin dessert (such as Jell-O). Stay away from caffeine, carbonated soft drinks, and acidic fruit juices while feeling sick.
- Drink and eat small amounts often.
- Rest in bed until you feel better. Place a cool, damp cloth on your face and neck.
- Try not to smoke or be around smoking. Smoke can make your nausea worse.

You might get constipated because you are less active or eating less fibre. To prevent constipation:

- Drink plenty of liquids each day (unless you have been told differently).
- Eat high fibre foods such as bran, prunes, whole grains, vegetables, and fruit.
- Walk and move around as much as you can.

If you continue to be constipated, talk with a pharmacist or family practitioner about taking a laxative.

Activity and Rest

If you go home the same day as your surgery, rest for the remainder of the day.

For the first few days, balance your activity and rest. Take rest breaks as needed. Try to get 8 hours of sleep each night.

When getting up from lying down, turn onto your side first. Use your arms to push yourself up to sit and then to stand.

Try to keep your back in a neutral position. No bending forward or twisting.

For 2 to 3 weeks after the surgery, or until you see your surgeon:

- * **Do not** lift, push, or pull anything over 5 kilograms (10 pounds), including carrying children and groceries.
- * **Do not** vacuum, rake leaves, or do any other reaching activity.
- * **Do not** play any sports.

You cannot drive or return to work until approved by your surgeon or family practitioner. **Do not drive or drink alcohol** if you are taking an opioid medication.

Your incision

Always wash your hands before and after touching around your incision.

You can shower 24 hours after the surgery. Try not to let the shower spray directly on your incision. Gently pat the area dry.

Until the incision is healed:

- * No soaking in a bath tub or hot tub
- * No swimming
- * No creams, lotions, or ointments on the incision (unless directed by your surgeon).

Managing pain

If you had numbness and/or tingling in your arms or hands before surgery, it could still be there after. It can take a few weeks for this to go away.

If you have been living with pain before surgery, be sure to tell your surgeon how you manage this pain, such as with medicines, herbs, supplements, cannabis products, other substances, massage, yoga, meditation, etc. This helps your surgeon create the best plan with you for managing pain after surgery.

Your surgeon gives you instructions to take pain medicine. This might include a prescription for an opioid (narcotic).

Your pain should be at a comfortable level that allows you to move, take deep breaths, cough, and to do every day activities. Take your pain medicine regularly for the first day or so, even if you have just a little pain.

Do other things to help ease your pain or distract you from the pain, such as slow breathing, listening to music, or watching T.V.

You might also have muscle spasms. Your surgeon lets you know what medication to take to ease the spasms.

Non-prescription pain medicines:

- acetaminophen (Tylenol®)
- non-steroidal anti-inflammatory drugs (NSAIDs)
Examples: ibuprofen (Advil®, Motrin®)
naproxen (Naprosyn, Aleve®)

NSAIDs are not for everyone after surgery. If you have (or have had) health problems such as stomach ulcers, kidney disease, or a heart condition, speak with your surgeon or family practitioner before using NSAIDs.

Prescription pain medicines with opioids (narcotics):

- Tramacet® (tramadol and acetaminophen)
- Tylenol #3® (codeine and acetaminophen)
- Oxycocet® / Percocet® (oxycodone and acetaminophen)

Note: These medications also have 300 to 325mg acetaminophen in each tablet. All total, **do not** take more than 4000mg of acetaminophen in 24 hours (too much can harm your liver).

Safe use of opioid pain medicines

If you are using any medicines that have opioids (narcotics) in them, take note of the following safety information.

- Tell your surgeon if you have sleep apnea. Opioids can make your sleep apnea worse.
- Your pain should lessen over the first week. You should not need to take opioid pain medicine for more than 1 week.
- Always use the least amount possible for the shortest amount of time.
- Common side effects include constipation, feeling sick to your stomach (nausea), a dry mouth, sweating, dizziness, and feeling drowsy.

- **Do not** crush, cut, break, chew, or dissolve opioids before taking. Doing this could cause serious harm, even death.
- While taking opioid pain medicines, **do not** drive, drink alcohol, or start taking any new sleeping pills.
- Store opioid medicines in a secure place. Keep out of sight and out of reach of children, teens, and pets.
- Never share your opioid medicine with anyone else.
- Take any unused opioid medicines back to your pharmacy to be safely disposed.
Do not keep unused medicines at home.

Always read the label and/or information from the pharmacist about how to take medication safely.

Questions about medications? Speak to your local pharmacist. After-hours, call 8-1-1 and ask to speak to a pharmacist.

When to get help

Call your surgeon or family practitioner

if you have any of the following:

- pain that does not ease with pain medicine
- a fever over 38°C (101°F)
- warm, red, swollen incision, or blood or pus (yellow/green fluid) draining from the area
- a new numbness, tingling, or weakness in your back or legs
- trouble urinating (peeing) or having a bowel movement (pooping)

Can't contact your surgeon or family practitioner?
Have any questions about your recovery?

- **Call Fraser Health Virtual Care**

10:00 a.m. to 10:00 p.m., daily

1-800-314-0999

fraserhealth.ca/virtualcare

- **Call 8-1-1** (HealthLinkBC) to speak to a registered nurse any time - day or night.

HealthLinkBC is available in 130 languages.

For an interpreter, say your language in English. Wait until an interpreter comes on the phone.

- **Call 9-1-1** if you have any:

- trouble breathing or shortness of breath
- chest pain
- sudden severe pain

Questions you might have:
