

# Lumbar Surgery

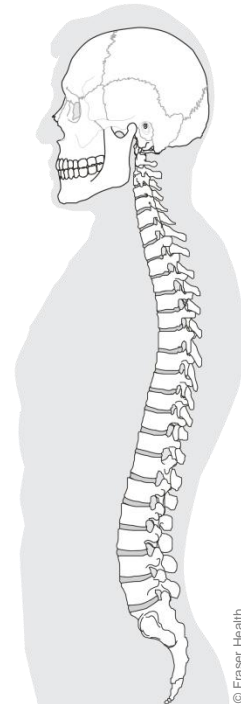
## Your surgery and recovery at home

I am having:

- Discectomy
- Laminectomy
- Foraminotomy
  - With fusion
  - With instrumentation

The way the surgery will be done:

- Open incision surgery
- Minimally invasive surgery



This booklet belongs to: \_\_\_\_\_

We also give you 'Preparing for Your Surgery' booklet.

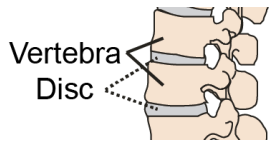
**Read both booklets carefully.**

**Bring both booklets** to every hospital visit before your surgery.

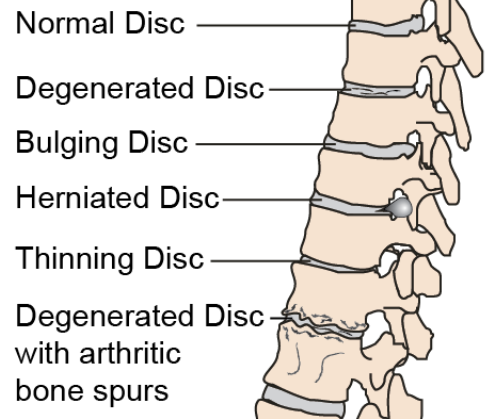
# Lumbar Surgery

This surgery is usually done to relieve pressure on the spinal nerves or the spinal cord. This could be caused by:

- a bulging disc
- a narrowing of the spinal canal
- worn out or injured disc(s)
- a tumor
- a broken vertebra



## Examples of disc problems



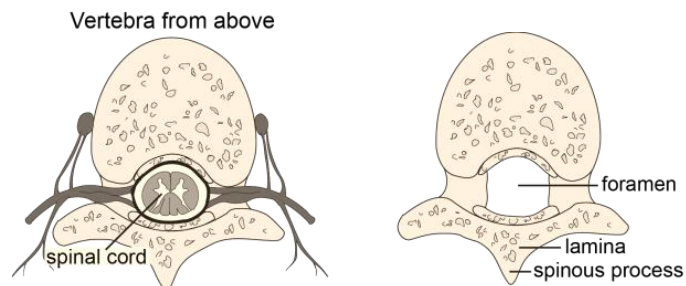
This pressure can result in:

- pain in the buttocks and/or in one or both legs
- numbness and/or tingling in the leg(s)
- weakness in the leg(s) or foot drop
- problems walking
- problems controlling the bladder or bowel

## Types of surgeries to relieve pressure on a nerve or spinal cord

Discectomy	Remove all or part of a bulging disc
Laminectomy	Remove the back part of the vertebra, called the lamina
Foraminotomy	Increase the size of the opening within the spine that holds the spinal column, called the foramen
Fusion	Use bone to make a bridge between vertebrae that are next to each other (called a bone graft). This helps the area grow and fuse together. Sometimes metal implants are used to hold the bones together while the bone graft heals.

A discectomy, laminectomy, and/or foraminotomy could be done in the same surgery.



Your surgery can be done one of two ways:

1. **Open incision:** The surgeon makes one long cut through the skin (an incision) and does the surgery through that opening. You will have a 10 to 20 centimetres (4 to 8 inches) long incision either on your back or abdomen. This surgery usually takes about 3 hours. It could be longer if a fusion is done.
2. **Minimally invasive:** The surgeon makes one or more small cut(s) in your lower back over your spine. The surgeon uses a tiny camera to magnify the area on a video monitor. The surgery is done using special tools. This surgery usually takes about 1½ to 2 hours.

You and your surgeon choose what is best for you.

Read '**Preparing for Your Surgery**' booklet for instructions on how to prepare for your surgery.

**Note:** If your surgeon wants you to wear a back brace after surgery, make sure you have organized to get one before your surgery.

Ask someone to bring the brace to the hospital right after surgery.

## Path to Home Guide: Lumbar Surgery

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This gives you an example of a person's recovery in hospital after surgery.

Category	Surgery Day After surgery	After Surgery	
		Day 1	Day 2
<b>Nutrition</b>	Diet as tolerated	Diet as tolerated	Diet as tolerated
<b>Activity</b>	Stand at side of bed Walk short distance Leg exercises	Walk 3 or more times Progress to sitting as tolerated Leg exercises	Getting ready to go home Leg exercises
<b>Deep Breathing Exercises</b>	10 times every hour	10 times every hour	10 times every hour
<b>Pain Control</b>	Medicine by intravenous (*PCA)  Pain at a level comfortable for you	Medicine by intravenous (PCA) Pills  Pain at a level comfortable for you	Pills  Pain at a level comfortable for you
<b>Tubes and lines</b>	Intravenous Urinary catheter Surgical drain tube	Intravenous taken out Urinary catheter taken out Surgical drain tube removed	

\* PCA – Patient Controlled Analgesia is a pump connected to your intravenous that lets you give yourself pain medicine when you need it.

# After Your Surgery

## Going home

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How long you stay in the hospital depends on:

- your health before the surgery
- the type of surgery
- how you recover from the surgery

Most people can go home 1 to 3 days after open incision surgery (maybe 4 days if you have an abdominal incision).

You are ready to go when:

- ✓ You are eating and drinking regular food and drinks.
- ✓ You can move around safely.
- ✓ Your bladder and bowels are working (can pee and pass gas).
- ✓ Your pain is well controlled with pills.
- ✓ Your incision is healing.
- ✓ You know what medications (including new ones) you are taking, how to take them, and why you need them.
- ✓ You have prescription(s) for your medications, if needed.
- ✓ You have a ride home from the hospital.
- ✓ You have arranged for some help at home for the first few days, if needed.

## Caring for Yourself at Home

### Managing pain

It is normal to have some discomfort or pain when you return home. This should steadily improve but might last for a few days to a couple of weeks.

Your pain should be at a comfortable level that allows you to move, deep breathe, cough, and to do every day activities.

The level of pain and type of pain medication you need depends on:

- The type of surgery you had
- How the surgery was done (open or minimally invasive)
- If you were taking pain medicine before surgery

If you had numbness and/or tingling in your legs and or feet before surgery, it could still be there after surgery. These are usually the last to go away. It can take a few weeks. You might also experience muscle spasms.

When you are ready to go home, your surgeon will give you instructions to take pain medicine. This might include a prescription for an opioid (narcotic).

For the first few days:

If your pain is at an uncomfortable level, take your pain medicine as directed. As your pain improves, take your pain medicine less often and/or a smaller amount until you have little or no pain, then stop.

At first, you might have to take a prescription medication. After a short time and as your pain improves, a non-prescription pain medicine should be enough to manage your pain.

You might find using an ice pack helps with the pain. Put the ice pack over the painful area for 15 to 20 minutes at a time, 3 to 4 times a day. Always wrap the ice pack in a towel. Never put ice directly on your skin.



#### Questions about medicines?

Call your local pharmacy and ask to speak to the pharmacist.

For after-hours help, call 8-1-1. Ask to speak to a pharmacist.



**Non-prescription pain medicines** (also called 'over-the-counter' medicines) are ones you can buy at the pharmacy without a prescription. You might only need to take this type of medicine if you don't have much pain after surgery.

Examples of non-prescription medicines (and brand names):

- acetaminophen (Tylenol®)
- ibuprofen (Advil®, Motrin®) ★
- naproxen (Naprosyn, Aleve®) ★

★ **Note:** These non-prescription medicines are called **non-steroidal anti-inflammatory (NSAIDs)**. **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, check with your surgeon or family practitioner before using NSAIDs.

**Opioid (narcotic) pain medications** are only meant to be taken for a short time, if needed, to manage pain after surgery.

**Do not drive** or drink alcohol if you are taking opioid medications.

Examples of opioids:

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

★ **Note:** These medications also have 300 to 325mg acetaminophen in each tablet. It is important to know because you should not take more than 4000mg of acetaminophen in a day from all sources (too much can harm your liver).

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

## Drinking and eating

It might take some time before your appetite returns to normal. To heal, your body needs extra calories and nutrients, especially protein.

To get the nutrients you need:

- Drink at least 6 to 8 glasses of liquid each day (unless you have been told differently because of a medical condition).
- Eat foods high in protein such as meat, poultry, fish, eggs, dairy, peanut butter, tofu, or legumes.



### Remember

You can do other things to help ease your pain or distract you from the pain:

- ✓ Slow breathing
- ✓ Listen to music
- ✓ Watch T.V.

### Family Practitioner:

Refers to either a family doctor or nurse practitioner

Need help with food choices?

Call 8-1-1.  
Ask to speak to a dietitian.

## Keeping your bowels regular

You can get constipated because you are less active, eating less fibre, or are taking opioid pain medication.



To prevent constipation:

- Drink at least 6 to 8 glasses of liquid each day (unless you have been told differently because of a medical condition).
- Eat high fibre foods such as bran, prunes, whole grains, vegetables, and fruit.
- Increase your activity.

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

## Caring for your incision

**Always** wash your hands before and after touching around your incision site(s).

Before you leave the hospital, your nurse will teach you how to care for your incision(s). If you have white skin tapes (steri-strips) over your incision(s), leave them on until they fall off on their own.

Showering:

- You can shower starting 3 days after surgery.
- Continue to take only showers for at least 2 weeks after your surgery.
- Try not to let the shower spray directly on your incision(s) or bandage if still covered. Gently pat the area dry.

For at least the next 2 weeks or until the incision is healed:

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

Doing any of these things could delay healing.



## Getting rest

It is very common in the first few weeks to feel tired and have low energy. Rest and sleep help you heal.

Try to get at least 8 hours of sleep each night. Take rest breaks and naps during the day, as needed.

If you have trouble sleeping, talk to your family practitioner.

## Being active

Activity and exercise help build and maintain your muscle strength, give you more energy, and help with recovery. You need to find a balance between rest and activity. Pace yourself for the first few weeks.

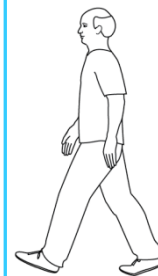
If your surgeon asked you to use a back brace, we will show you how to wear the one you brought. (**Remember** to arrange for one before surgery and to have someone bring it in right after the surgery.)

Before you leave the hospital, our physiotherapist might give you specific instructions for activity and exercise at home.

You can sit as long as is comfortable. Over the next few days, gradually sit for longer periods if your comfort level allows.

Slowly increase how much you do each day (your activity level). Increase the distance and time you walk. Only increase your activity level as much as you comfortably can.

If you are still having pain, exercise 30 minutes after you have taken your pain medication.



At your appointment after surgery, your surgeon will tell you when you can increase your activities.

For the next 4 to 6 weeks or until you see your surgeon:

- ✘ **Do not** twist your spine.
- ✘ **Do not** lift, push, or pull anything over 4 to 5 kilograms (10 pounds). This includes carrying children and groceries.
- ✘ **Do not** reach for things, vacuum, rake leaves, paint walls, or do any other reaching activity.
- ✘ **Do not** play any sports, do high intensity exercise, or weight training.



A 4 litre milk jug weighs 4 kg (9 pounds)

You can return to **sexual activity** when you feel ready and your pain is well controlled. Try to not to let your back move or twist. Lying on your side might be the most comfortable position.

**You cannot drive** until approved by your surgeon or family practitioner. Driving requires shoulder checking. Shoulder checking involves twisting of the spine

**Remember: Do not drive** when you are taking opioid pain medication.



**Questions you might have:**

Examples: ‘When can I go back to work?’ ‘When will I be able to return to my regular activities?’ ‘When can I return to my sports?’

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## When to get help

### Call your surgeon or family practitioner if:

- Your pain does not ease with pain medicine, or it stops you from moving and recovering.
- You have a **new** or **worsening** numbness, tingling, or weakness in your legs or pelvis.
- You notice changes in how your bladder or bowel works (such as leaking, no control, or cannot go).
- You have a fever over 38°C (101°F).
- Your incision is warm, red, swollen, or has blood or pus (yellow/green fluid) draining from it.
- You notice stinging, burning, or pain when you urinate (go pee) or your urine smells bad.
- You have a cough that continues to get worse.
- You have redness, tenderness, or pain in your calf or lower leg.
- You are throwing up often.
- You feel increasingly tired or dizzy.



Cannot contact the surgeon or family practitioner?

Have any questions about your recovery?

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

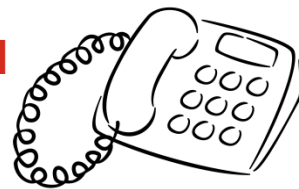
Available in 130 languages.

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

**Call 9-1-1** if you have any of the following:

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

**9-1-1**



## Appointments after surgery

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If you have staples or sutures (stitches), arrange for them to be removed 10 to 14 days after the surgery, or as instructed by your surgeon.

**I have an appointment with:** \_\_\_\_\_  
(surgeon or family practitioner)

**My appointment is on:** \_\_\_\_\_

See your family practitioner 7 to 10 days after going home from the hospital.

**My appointment is on:** \_\_\_\_\_

Go for a back x-ray \_\_\_\_\_ weeks after surgery.

See your surgeon 6 to 7 weeks after leaving the hospital.

**My appointment is on:** \_\_\_\_\_

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

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