

MICROLUMBAR DISCECTOMY

PROCEDURE

A herniated disc typically occurs when a degenerative disc breaks down, causing the disc to herniate, or protrude. This may result in pressure on or inflammation of the adjacent nerves. This frequently causes buttock and leg pain.

A Microlumbar Discectomy is the surgical removal of a disc protrusion. Your surgeon will make a vertical incision, about 1 inch (or less) long, over the lower spine. Then, the surgeon will use a microscope to see the disc. This magnified view allows for a smaller incision, which helps reduce damage to the surrounding tissue. Most Microlumbar Discectomies can be done with a minimally invasive approach.

During this procedure, the entire disc will not be removed. Only the disc protrusion will be removed; the remainder of the disc will be left in place.

Most often, this surgery lasts 1-1½ hours and is typically an outpatient procedure.

NON-SURGICAL OPTIONS

Surgery is not always necessary. Although most lumbar problems are painful, they are usually not dangerous. Even though your physician has offered you the option of surgery, the decision is yours. Some alternatives to surgery include the use of anti-inflammatory medications, physical therapy, weight loss, smoking cessation, activity restriction, pain medication, injections, and time.

RISKS OF SURGERY

There are risks associated with every surgery, and no surgery is risk-free. Because surgery is most effective for leg pain while standing or walking, one risk is the failure to obtain adequate pain relief after surgery, especially regarding back pain. There is no guarantee this surgery will provide the pain relief you want.

As you and your surgeon discuss this procedure in the office, your condition and any risks for surgery complications will be assessed and fully explained to you.

While complications from surgery are uncommon some can be serious and may include:

- Heart or lung problems from general anesthesia, which could be fatal;
- Bleeding, which could require a transfusion;
- Infection, which could require IV antibiotics and another operation;
- Damage to the covering of the nerve, which causes spinal fluid leakage, and which could require a drainage procedure or another operation;



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(Risk of Surgery, continued)

- Damage to the nerves, causing paralysis or permanent nerve damage, although this is rare; and long-term risks include a change from leg pain to a disabling low back pain. At times, the disc that remains after surgery is severely degenerated and becomes a source of back pain. If this occurs, a fusion may be necessary. Also, the same disc may re-herniate, causing recurrent leg pain and another operation; and
- Deep vein thrombosis (DVT), or postoperative complications.

SURGERY DATE AND TIME

When you decide to have this surgery, you will receive a surgery date and tentative surgery time. Then, on the working day before your scheduled operation date (on Friday for a Monday surgery, for example), you will receive the exact time of your surgery. Your surgeon's office will call you by 3-5 p.m. to give you this time and make you aware of the time you need to arrive at the hospital. **Because confirmed surgery times are unavailable to us until the day before your scheduled surgery, we appreciate your patience and understanding with this timing.**

Before your surgery, preoperative testing will need to be completed. To ensure medical clearance and testing such as blood work and EKG are completed, the surgical facility will contact you and will schedule an appointment. If your surgery is scheduled at an outpatient surgery center, you may receive an order for preoperative testing to be done at your primary care office or local hospital.

BEFORE SURGERY INSTRUCTIONS

This important checklist will help to ensure that you are prepared and ready for your surgery. Please read it and ask your surgeon if you have any questions.

- If you take any blood thinners, for example Coumadin, Aspirin, Plavix, Xeralto, Eliquis, or Ticlid, **make sure your surgeon is aware of this medication, as soon as possible.** You will be given specific instructions regarding any need to discontinue or modify your current use of any blood-thinning medication. If necessary, your surgeon will get clearance from your cardiologist or other physician to ensure that this medication change is safe and appropriate for you, based on your heart history, including prior heart attack, stent placement, or open-heart surgery.
- Stop taking aspirin-based products 1 week before surgery. Also, stop taking non-steroidal anti-inflammatory drugs, such as ibuprofen, Naprosyn, Naproxen, Advil, and Motrin, at least 1 week before surgery.
- **Please do not eat or drink anything after midnight the day of your surgery.** This includes water, coffee, chewing gum, and hard candies. You may brush your teeth with toothpaste the morning of surgery.



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(Before-surgery Instructions, continued)

- Some daily medications may be taken the day of surgery with a sip of water. Medications that are appropriate to take (the morning of surgery) will be discussed with you by the hospital staff or your surgeon's nurse.

DAY OF SURGERY

Please review all of the information in your patient folder, including the map with directions regarding parking locations and outpatient registration in the hospital. This will help you arrive at the hospital for check-in at the designated time provided by your surgeon's office.

Your family may stay with you in the preoperative room until your scheduled surgery time.

AFTER SURGERY

After your surgery, you will be in the recovery room for at least 30 minutes to 1 hour. When you first wake up from the anesthesia, your throat will feel sore, and you will feel cold, thirsty, and groggy. Intravenous (IV) lines will be connected to supply your body with fluids.

After time in the recovery room, you will be transferred to the outpatient recovery area. Your family can return to spend time with you.

You will most likely be discharged to return home 1-2 hours after your surgery. However, if you have a more complicated medical history, you may require an overnight or longer hospital stay.

After you return home and are fully mobile, you may remove the support hose worn on your legs.

MANAGING YOUR PAIN

You can expect significant incision pain during the first several days after surgery. Typically, any leg pain will improve first. You may also experience numbness and tingling because of nerve damage caused by nerve compression; this will typically subside after a few weeks or months as the nerve heals. Please note, nerve damage does not always resolve after surgery.

Back discomfort and stiffness are common after surgery. To help you manage the pain, you will be given a prescription for pain medication when you leave the hospital or surgery center. As the pain improves, you may change to Tylenol or Advil to help with pain control. An ice pack along the incision line will also help with any discomfort you feel.



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INCISION CARE

You will leave the hospital with a waterproof dressing on your incision site. This dressing should remain in place for 2 days after you return home. Under the dressing will be steri-strips, which are small adhesive strips across the surgical incision. Leave these steri-strips on the incision and allow them to fall off naturally; this usually occurs within 2 weeks. If after 2 weeks the steri-strips have not fallen off, you should remove them.

After removing the dressing, your incision can be open to the air. It is important for a family member to examine your incision each day for 1 week after surgery to monitor it for any changes as the healing process continues.

If staples or sutures were used to close your incision, they will need to be removed 10-14 days after your surgery. Please call your surgeon's office at (317) 396-1300 to schedule an appointment for this removal.

Some surgeons may use surgical skin glue that does not require incisional care.

BATHING

You may shower any time after surgery, but pay attention to your body and don't shower if you are feeling lightheaded or tired. Simply pat your incision dry after your shower and leave the incision open to the air under your clothing.

Do not take tub baths or Jacuzzi baths, and do not go swimming for the first 3 weeks after your surgery.

CONSTIPATION

General anesthesia, inactivity after surgery, and pain-relieving prescription narcotics may cause constipation after surgery. It may be helpful to take a stool softener and/or laxative after surgery. These medications, which include Colace, Miralax, and Senokot, may be purchased over the counter at your local pharmacy.

EXERCISE

After leaving the hospital, physical therapy is usually not necessary for most patients. Your best therapy is walking, which increases blood flow to the spine and assists in the healing process. Try walking on a structured basis, beginning slowly at first and progressing on a regular basis as your pain begins to lessen.

If your recovery is slower, you may need additional therapy after surgery. If needed, physical therapy will be discussed with you at your follow-up appointment.



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RESTRICTIONS

To protect your health and help you feel better as soon as possible after surgery, your surgeon suggests these important restrictions:

- **Do not drive for at least the first 1–2 weeks after surgery.** We recommend you drive only when you are no longer taking pain medications and when you can comfortably turn your body far enough to drive safely using the car's mirrors.
- **Do not lift anything heavier than 10 pounds** until you see your surgeon at the follow-up appointment 4–6 weeks after your surgery.
- **Do not do things that require repetitive bending, twisting, or lifting.** Such activities include laundry, sweeping, vacuuming, shoveling, or yard work. When you are moving, remember to use good body mechanics, which includes using your legs instead of your back when lifting.
- **Do not smoke:** it is not healthy for your back or your body's healing abilities.

FOLLOW-UP APPOINTMENT

If you do not have a postoperative office appointment when you leave the hospital, call your surgeon's office to schedule one. The appointment should be made for approximately 4–6 weeks after your surgery.

If you have questions before your postoperative appointment, please do not hesitate to call your surgeon's nurse or secretary.

CALL THE SURGEON IF YOU EXPERIENCE ANY OF THESE SYMPTOMS:

- Signs or symptoms of infection, including redness, wound drainage, worsening pain, or a fever of more than 101 degrees;
- New or worsening leg weakness, pain, numbness, or tingling as compared to before surgery;
- Difficulty with bowel or bladder function; or
- Calf or leg swelling, tenderness, or redness.

If you have any questions or problems, please do not hesitate to call our office at (317) 396-1300 or Toll Free at (888) 225-5464.

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