MELBOURNE NEUROSURGERY

POST OPERATIVE INFORMATION LEAFLET

# Lumbar Microdiscectomy

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## WHAT IS A MICRODISCECTOMY ?

This is when one of your lumbar discs is removed via a small incision in the back. This is done with the aid of a Microscope. (SEE MICRODISCECTOMY LEAFLET)

## HOW LONG WILL IT TAKE TO GET OVER A MICRODISCECTOMY ?

This depends on:

1. How sore you were before your surgery
2. If you had any weakness/numbness before or after the operation
3. Any complications from either the disease or the surgery.
4. Your age.
5. Other medical conditions.
6. Any other problems that you have with your back.

There are lots of different things that effect recovery so it is hard to put an absolute time on it. It is important to remember that the type of person that you are will also have some effect as different people recover at different rates.

Allowing that everything is straight forward in your surgery and recovery there is a path that you will follow. It can be divided up between the visits to your doctor.

Period 1
( Post operative recovery )

The initial period is the first six weeks from the time of the operation to the time of the first postoperative visit.

Period 2
( General recovery )

This is from the time of the first postoperative visit until the next visit in three months.

Period 3
( Late recovery)

This is from the last visit in period 2 (at about four and a half months post operatively



The First Six Weeks(POST OPERATIVE RECOVERY)

This is the time that you will make the fastest recovery. Initially when you leave hospital you may feel as though you will be able to do quite a lot. While you have been in hospital you have been resting and most things are taken care of for you. When you go home you will have more to do and may find that you may get tired and sore.. This is normal and it is common to need a rest in the middle of the day.

The basic rules that will now apply to your back for the next six weeks are:

No Bending or Twisting

Do not lift more than ONE kilogram
(standard1 litre carton of milk)

Sit only for short periods as comfortable

LISTEN TO YOUR BACK !

This first six weeks can be further divided into three periods of 2 weeks each. In the first period you are really just getting over the surgery and are not able to do much. The pain in your leg may return in this period but usually will respond to anti inflammatory medication or simple analgesia. In the second period of two weeks you realy feel that you are starting to improve. You are more mobile and able to do more. This is when the soreness may return again. This is usually related to the increased exercise that you are doing. You will notice at this stage that even with the soreness you are able to achieve more each day. The third period shows a noticable change. By the end the soreness starts to go and you are back to doing most things with comfort.

The Following Three Months (GENERAL RECOVERY)

This is the time that you are turning the corner and are looking to return to work and other pursuits. When you return for your first post operative visit all of these things will be discussed with you. You will be assessed at this visit and a plan will be put in place as to the next steps of recovery. You may have required some rehabilitation and if so your neurosurgeon will have a report of your progress. Some people are able to get back to doing things quicker than others and this will need to be assessed.

After About Five Months (LATE RECOVERY)

By this time you will have been back at work for some time working normal hours and starting to increase your work load. You will be comfortable in most tasks.

## DRUGS ?

You will be on certain drugs on discharge. Some you will need to stay on and others you will be reducing or stopping. It is important to be sure which drugs you will need to continue on and what the doses are. When you see your local doctor make sure you have any repeat scripts. Just because your drugs run out does not mean you should stop these.

COMMON DRUG TYPES

Anti Inflammatory Medication

This is to reduce any swelling in the tissues of the back and around the nerve. These have some side effects, the worst being gastro-intestinal bleeding. If you have a history of ulcer you may not be able to take them. We will try and reduce these at you first post-op visit.

General Analgesia(Panadol/Panadeine?Panadiene Forte)

These are normal pain killers and should be taken as directed. If they are not working contact your doctor to adjust the dose.

Muscle relaxants (Valium)

This is to reduce any cramps in the back. Usually you will only be on these for on eto two weeks. These can be addictive.

## CARE OF THE WOUND

Different surgeons manage this in different ways. After discharge from hospital we like the wound to be kept dry and covered. If it gets wet dry it and replace the dressing. Keep it covered for 5 days. The dressing does not need to be changed more than every 2nd day unless it gets wet or soiled. If the wound looks red or is weeping contact your doctor.

## FOLLOW UP APPOINTMENTS ?

| | |
|---|---|
| NEUROSURGEON | At about six weeks |
| LOCAL DOCTOR | Within two weeks |

## REMOVAL OF STITCHES ?

Most patients have no stitches and some may have metal staples. Your surgeon decides when they should be removed and this is normally at about day 5-7 post operatively. If this is a second procedure then tey are removed at about day 10 . These may be removed by the surgeon, the ward or your local doctor or nurse. If you have staples it is important to take a staple remover with you from hospital.



## WHAT IS NORMAL TO EXPECT ?

OVERALL

All patients are tired and a little sore when they get home and need a rest in the middle of the day. Somebody will need to help you with some things. Gradually you will be able to do more and more on your own.

THE WOUND

This is sore for about 5 days .

This may be raised slightly compared to the surrounding tissse.

At the end of the day the area can get a little swolllen, this will be gone by the next day after a nights rest.

It starts to itch as it heals.

Initially it is pink but fades to white over a few months.

THE BACK

There is always some stiffness in the back for some time after the surgery. This is worst in the morning when you get out of bed. By the time you have had a shower, breakfast and a small walk this will be improving or have disappeared.

The back stiffness will reappear towards the end of the day and as the days go by will slowly reduce. Walking seems to encourage this to improve. Some patients will need to take some anti-inflammatory drugs to help this discomfort. Some times you will twist and the back will catch you, this improves over a month or so.

Bending at the waist can increase any back discomfort in the first 6 weeks.

## BACK PAIN

This is variable and different people are affected in different ways. Most will respond to anti inflammatory drugs in the short term while recovery occurs.

As a general rule it is not troublesome and responds to panadol /panadiene/ panadiene forte.

It can be worse towards the end of the day and may be linked to increasing tiredness.

There can be some spasm in the muscles around the spine and this will repond to drugs like valium. You will only need this for a few weeks.

Long after the surgery you may have occasional episodes of back pain. These settle in most cases.

## NEUROLOGICAL DEFICIT

This is any problem that you have such as weakness, or numbness. As a general rule the pain ion the leg should dissapear early or immediately after the surgery.

The extent of recovery of any weakness or numbness will depend on the severity of the pre-operative damage to the nerve.

In most cases the weakness will start to improve early after the surgery and this is slow and progressive. Normal strength may not be obtained. Any thinning of the muscles is slow to improve and usually does not completely return.

Any numbness is the last to improve and is often the most likely to be incomplete.

Any recovery can be quick initially then progressively slows, it may continue at a very slow rate for years.

## YOUR DAILY ROUTINE(Do's and Do not's)

### Sleeping

The bed is a place to sleep in these 6 weeks do not sit in bed. It bends the back and causes pain at the best of times.
If your mattress is soft, a board underneath the mattress may help.

### Dressing

Wear comfortable easy to put on clothes
Slip on shoes that fit well are easier to get on are advised

### Getting in and out of bed

Try not to spend to much time in bed as this will slow your recovery.
The back stiffens with immobility.
1. Bend up the knees
2. Cross the arms on chest
3. Roll the knees and body to the side you wish to get out.
4. Swing your legs over the side of the bed as you slowly push yourself up with your arms.(see illus)
5. Now stand up using your legs !

### Sitting

The couch is not recommended !
Use a firm chair like a typical kitchen or office chair. If it has arms and adjustable height this would be an advantage.
Try to keep legs uncrossed and in a neutral position.
Initially try for 15 minutes at a time and see how you go.
Increase this slowly as tolerated there is no absolute amount you can or cannot sit.
When getting in or out of the chair do not twist
Use your legs and not your back to get in and out.



### Toilet

This is like getting in and out of a chair.
It is important if you have a low toilet to consider loaning a plastic extension or over toilet seat.

### Showering

The number one aim is to keep the wound dry for 7 days if no sutures, and otherwise until sutures are removed.
Use the shower and do not try to get down into the bath until at least six weeks.
Use a special non slip mat in the shower
A shower chair can be used if needed.
A normal chair that can get a little wet will help to make drying yourself easier. Try not to bend over to dry your feet.

### Travel

If you have a long way to travel home it is recomended that you break the journey at regular intervals. you should strectch your legs for 5 minutes every 30 minutes.

### Getting in and out of the car

This is like getting in and out of a chair.
Have the seat back to a comfortable position to sit in with plenty of leg room.
Hold on to door frame to get in and gently lower your bottom into the seat.
Try to avoid twisting.
Move your legs into the car after this. Place the seat back at an angle that suits and place roll in the lumbar region of your back.

### Walking

Try to do as much of this as possible
Initially short distances to see how you go (slowly increase this as you are able)
You are likely to wake in the morning with stiffness in the back. As you get mobile in the morning this disappears. At the end of the day the back and any symptomatic leg may be sore again.

### Lifting

We generally advise no heavy lifting for a period of at least 12 months post surgery. A lifting limit of about 10 Kg is aimed for by the end of the first year.

Remember that if you lift something holding the weight away from your body that this increases the effect on you so always lift close to you.

Initially on discharge we suggest lifting only 1 Kg until at least the end of the 6 weak period and we slowly increase the weight limit over time.

At Home

Remembering that bending /twisting / lifting are all out !

NO Vacuuming/sweeping
Gardening
Do not make the bed
Home repairs
Do not carry Heavy shopping
Loads of wet laundry(using a trolley OK)
Children(they are heavy and unpredictable)
Luggage/heavy handbage
Firewood

YES Washing the dishes
Cooking (no large saucepans)
Ironing (only in short bursts)
Hang washing out (only on line that is not too tall)

If you live alone and are not able to go directly home rehabilitation may be required. When you do go home Council help may be possible.

## DRIVING ?

You should not drive until told that you can do so by your Neurosurgeon.

Usually this is not before the 6 week follow up appointment.
This is for many reasons,
1. You will be sore and not able to respond quickly in the case of an emergency.
2. You may have some weakness or other problem that will impair driving.
3. You may be on Medication that impairs your judgement.
4. If you are not safe to drive and you do have an accident your insurer may not cover you.

The exact time will depend on your Neurosurgeon and you should ask this before discharge.

When you do return to driving we initially suggest:
Short trips
Stay out of peak hour.
Stick to familiar routes.
Use a lumbar support(towel rolled up will do).
When backing use mirrors.



## AIR TRAVEL

Check with your neurosurgeon.
In most cases this is alright
Some airlines may require a letter from your doctor.
In the early stages we would recommend against overseas trips.
Remember sitting for long periods can be uncomfortable.

## PHYSIOTHERAPY/EXERCISES/SPORT

You may need physiotherapy for any neurological deficit. This may mean inpatient admission to a rehabilitation centre. Once you are at the point where you can manage at home you will be discharged. You will have some exercises to do and may need outpatient physiotherapy.

The main exercise we recommend is walking. This should start slowly with a distance that you are comfortable with and then increased in small increments. Avoid any heavy lifting. Do not be concerned if the first walk tires you out.

You may have been given some exercises on discharge from the acute hospital and it is important to continue these.

Sport
Initially we recommend against any rigorous sport and this includes any contact sport. We suggest the avoidence of all contact sports for at least 12 months after surgery to avoid unexpected twisting

After 3 months you can start to play non competetive non contact sports starting slowly. Depending on your recovery bowls may be played at 6 weeks. Training is usually allowed depending on the sport. Golf is not recommended for at least the next 3 months. Swimming and walking in water (if walking emerse yourself to the level of the nipples and this will decrease the weight on your spine) helps but you need to be careful at the beach because of the sudden wave. Walking long distances on sand is advised against.

The General Rules
Avoid doing awkward tasks, if it looks too heavy it probably is.
You will need to change the way you do certain things to avoid straining yourself.
Plan your recovery by trying not to walk 30 miles in the first day, pick a distance that you are comfortable with and slowly increase it as tolerated.
Some stiffness and ache in the back is expected as you recover and increase your workload.
Sitting in the one place will typically make the back ache so it is important to keep moving when ever possible.

## RETURN TO WORK

Discuss this with your Neurosurgeon

This depends on:

1. Occupation
2. How quickly you recover initially in hospital.
3. Selected patients can go back to some duties at 2 weeks.

You will normally need at about 4 weeks completely off work. After this you may be able to go back on reduced hours doing the equivalent of light duties.

The return to work will depend on your recovery and is usually discussed at your first post op visit It depends to a large degree on your occupation.

If you are not involved in heavy manual work you will start back at your normal duties keeping in mind that you may have problems sitting for long periods. We may start you back on reduced hours for the first few weeks to ease you back in.

If you are a manual worker then you will start on lighter duties until we feel you have recovered enough to get back to your previous employement. Some people cannot go back to their old job.

Some patients will have a return to work co-ordinator organised by their employer. We will discuss with you the things that you can and cannot specifically do related to you job.

If you have a neurological deficit this will not stop you returning to work but you may need retraining

Remember that even if you can return part time after2 weeks you will not be able to drive until 4-6 weeks.



## WHAT IS IMPORTANT TO NOTIFY MY DOCTOR ABOUT ?

Wound
- Increased Redness
- Discharge
- Increased fluid below/swelling
- Fluid Leakage

Increased
- Back pain
- Weakness/numbness
- Leg pain
- Falls

Nausea / Vomiting
Rash
Pain or swelling in leg/calf
Fever/sweats/neck stiffness/light intolerance
Chest pain or shortness of breath
Numbness around bottom and genitals

## IF I HAVE A PROBLEM WHOM SHOULD I CALL ?

Some problems are urgent and require immediate treatment, this will mean presenting to the nearest emergencey department. For others you need to contact your local doctor. Your Neurosurgeon is usually available most of the time and can be contacted by any emergency department or your local doctor. During the day we can be contacted through the main office and after hours by pager for emergncies. If you see your local doctor he will contact us if he has any concerns.

For general questions our practice nurses are able to help in most cases. If they are unsure they will contact your neurosurgeon.