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POST OPERATIVE INSTRUCTIONS FOR PATIENTS WHO HAVE HAD LOW BACK SURGERY FOR A HERNIATED DISC OR SPINAL STENOSIS

(Lumbar discectomy or spinal stenosis decompression without fusion)

HOSPITAL STAY:

The average hospital stay for a lumbar discectomy or spinal stenosis decompression is 1 day. Some patients may stay longer. This decision is made during the hospitalization (while in the hospital).

THINGS TO AVOID AFTER SURGERY:

During the first three weeks of the postoperative period you will want to avoid the following:

1. Bending and twisting at the waist.
2. Lifting or carrying of anything more than 5-10 pounds.

Bending, twisting and stooping at the waist, and lifting and carrying put extra stress on your healing disc and back muscles and should be avoided.

Sitting for prolonged periods of time puts extra stress on your healing disc and back muscles and should be avoided. Change your position frequently to avoid pain.

SITTING AND LYING:

The hospital therapist will teach you how to get in and out of lying and sitting positions. Any lying down position is okay, if it is comfortable for you. When going from lying to sitting or standing, roll to your side and bend your hips and knees. Have your feet just dangling barely over the side of the bed. Then use your arms to push yourself upright from this side lying position. Try to use minimal twisting force. Now you are in a sitting position. To get into a standing position, scoot or slide yourself to the edge of the bed, and push yourself up using your arms and legs trying to lean forward and trying not to use your stomach or back muscles. Again, minimize your bending or twisting. Reverse the above steps when changing from a standing position to sitting or lying positions.

When you sit in a chair, lower yourself with the assistance of another person if needed and by using your leg muscles more than your stomach and back muscles.

If the chair has arm rests, use your arms and hands to support the weight of your upper trunk as you lower yourself into the seat. If possible, sit on the edge of the seat first and then slide backward into the full sitting position.

When getting out of a chair, reverse the above procedure: move yourself to the front edge of the chair using your arms and legs, and then use your arms and legs to push yourself up into a standing position.

Recliners provide a very good position for your post operative back, in that they do support your entire back without you being in a strictly sitting position. However, recliners can put a lot of stress on your back when you try to get out of them. If you plan to use a recliner, please have someone nearby to help push the recliner into an upright position, so that you do not have to strain your stomach and back muscles by leaning forward in order to get the recliner out of its reclined position. After this you may get out of the recliner in the same way described above for chairs.

DRIVING:

For the first two to three (2-3) weeks following surgery, you should avoid driving, as your driving reflexes (such as in accident type situations) are decreased secondary to pain that you may incur with sudden movements of your legs or back. In addition, narcotic medications used for pain can also significantly dull your driving reflexes.

Try to minimize your time in a car as a passenger to avoid prolonged sitting and road vibration.

At the time of your discharge, you will be brought to your vehicle in a wheelchair by one of the hospital staff. Gently get into your car, minimizing your bending and twisting as much as possible. Once you are seated, put the seat back to your comfort level (close to a lying position). This will be the easiest on your back. Be careful of the shoulder harness, as you do not want this to lie across or catch your neck in case of an accident.

When you get out of the car, have someone else push the seat back into its upright position, and help you swing your legs to the side of the seat and out of the door. Slide or scoot to the edge of the seat, and stand up primarily using your leg muscles and the assistance of another person.

DRESSING AND WOUND CARE:

It is important to keep the dressing on your back dry. Absorbable stitches are used to close the skin at surgery. Occasionally the ends or “tails” of the stitches are outside of the skin and covered with a steri strip (small tape)

At your follow up visit, we will check your wound, change the steri strips and dressing if necessary, and clip the ends of the “tails” of the suture if necessary.

If your dressing does get wet for some reason, have the supplies available so that someone can be prepared to change your dressing immediately. Please replace it with a sterile piece of dressing gauze, usually 2x2 inch or 4x4 inch size, which can be obtained at the drug store. Use medical tape to hold it in place.

When you take a shower, securely tape plastic (such as a sandwich bag or saran wrap) over the wound/dressing so that it does not get wet. If the dressing does get wet, be prepared to change it immediately. Please have somebody around to assist you when you shower. If you drop the soap or shampoo bottle, squat to pick it up keeping your back straight or better yet have someone retrieve this for you. Please do not take a bath before your follow up visit, as soaking the wound may promote infection.

If your wound bothers you, or you notice any fresh fluid of any sort on the dressing or leaking from the skin edges notify your doctor. Also, redness, warmth and increased swelling may be signs of infection and should be reported to your doctor.

STOCKINGS AND BLOOD CLOTS:

You will have TED hose type stockings on at the time that you leave the hospital. These help prevent blood clots in your legs. Please wear them 23 hours a day, until you are more active with walking. They may be removed for personal hygiene purposes or to wash and dry them. Discontinue use of the TED hose only at a time when you can be up and around, in a similar fashion as before surgery. The best way to prevent blood clots is to do the “ankle pumps” that the therapist showed you in the hospital, and to walk frequently. If you do get significant swelling of either leg, especially if accompanied by pain in the calf, it is important to call our office. Pain in the calf can also be due to residual sciatica or swelling of the nerve root in your back after surgery, and this pain should settle down with time.

INCENTIVE SPIROMETER:

Be sure to take your incentive spirometer home. This is the “breathing” bottle with the hose stuck on it. Use this at home on a regular basis while you are lying down for at least one week after surgery. Use it longer than a week if you require more lying down time during recovery.

WALKING:

It is important to try to stand and walk in increasing amounts every day. Please make a determined effort to walk at least three times per day. Your initial walking time may only be five to ten minutes at a time, but should increase so that by three weeks after surgery, you are walking up to one mile per day. Walking more than 20-30 minutes at a time within the first few weeks may aggravate your back and leg pain.

PRESCRIPTIONS:

You will receive a prescription for a narcotic medication to take after surgery. This may be Percocet, Vicodin or Tylenol with Codeine. Vicodin and Tylenol with Codeine can be refilled over the phone if necessary by calling your pharmacy for a refill. The pharmacy will then call our office for verification. You should need diminishing amounts of these medications over time, such that by three weeks after surgery, most people are no longer using any narcotics. Over the counter Tylenol Extra Strength, or an alternative prescription medicine from our office, may be useful as an alternative to narcotics as your pain improves. In some cases, a muscle relaxant such as Soma is also provided. Avoid large amounts of Aspirin or other anti-inflammatories (Ibuprofen,

Advil, Nuprin, Aleve, etc.) as their use may inhibit healing in the initial week or two after surgery.

FOLLOW UP APPOINTMENT, POST OPERATIVE PHYSICAL THERAPY, AND RETURN TO WORK:

At the time of your pre-operative visit, you should have made an appointment to follow up in our office three weeks after surgery to check your wound and evaluate your back and leg pain. (At that time we will determine your subsequent activity level: more sitting, driving, physical therapy exercises, and return to work based on how well you are doing). For those with sedentary jobs, a return to work is possible. For those with heavier lifting and carrying jobs, where work restrictions or light duty are not possible, return to work takes place about six weeks after surgery.

Frequent position changes are helpful for the muscles in your back. Smoking has been shown to contribute to degenerative changes in the discs, and should be avoided.