

## Home Care Instructions

### LUMBAR DECOMPRESSION SURGERY MICRODISKECTOMY, LAMINECTOMY, OR LAMINOFORAMINOTOMY (NO SPINAL FUSION PERFORMED)

You are recovering from a posterior lumbar decompression in which your surgeon removed the pressure on your spinal nerves in an attempt to reduce pain and/or improve function. Below are guidelines that your doctor requests that you follow after you are discharged from the hospital.

#### **PAIN MANAGEMENT**

At first, you will be aware of pain and soreness directly related to your surgery. Surgical soreness and numbness over and near your incision is expected and will gradually decrease. Your doctor will give you a prescription for a narcotic oral pain medication based on what you were taking prior to leaving the hospital. Follow the directions on the bottle. *Do not drive or drink alcohol while taking narcotic pain medications.* Most narcotic pain medications contain tylenol (acetaminophen); please do not take any extra tylenol (acetaminophen) or products containing tylenol in addition to the narcotic pain medications. If a refill is needed, please call the office and request a refill for each medication you will need. Your doctor may decrease the strength of your medication as your discomfort and need for medication decreases. Please note: Refills are not processed on weekends or holidays and require a minimum of 48 hours to process. Narcotic pain medication prescriptions must be picked up at the office, and cannot be called into a pharmacy.

**If you are able to take non-steroidal anti-inflammatory medications (NSAIDs), you make take over-the-counter Aleve or ibuprofen (Motrin or Advil) in conjunction with the prescribed narcotic pain medication.**

**It is recommended to use an ice pack over your incision for pain control. Please be careful to only apply ice for short periods of time (15 to 20 minutes) to prevent tissue freezing and injury.**

**Please call your doctor's office in the unlikely event that your postoperative pain suddenly increases, or, if you develop any of the following symptoms: wound drainage from your incision, new weakness, loss of sensation or severe pain in your legs, or loss or change in bowel or bladder control.**

#### **DIET**

You may resume your normal diet as tolerated. Please be sure to eat when taking pain medication as it can cause nausea. Drink plenty of water and fluids; eat fruits and vegetables every day, which are encouraged to naturally prevent constipation. A high fiber diet is recommended. Please know that pain medication and lack of activity can be a major reason for difficulty with bowel movements. A healthy diet with plenty of water and fluids helps to manage this. Take a stool softener daily while on pain medication. Laxatives may also be needed. These medications can be purchased at your local

pharmacy. Call your doctor's office if you have any questions or refer to the postoperative bowel management regimen given at your preoperative visit.

## **INFECTION / WOUND CARE**

Infection is not expected after surgery, but it can occur. It is important for you or someone else to look at your incision every day until your first office visit. The incision should look deep pink and the edges should be together. Some swelling around the incision or drain site is normal. Fluid can accumulate under the skin, which can be bothersome. This area of swelling should be watched daily. Over time, it should slowly decrease. If the swelling worsens, or if the incision begins to drain, please call your doctor's office immediately.

Also call if the incision becomes "angry looking", such as: very red, swollen and hot to the touch, or if a fever greater than 101.0° by mouth occurs. This may be a sign of infection and may need to be evaluated and treated right away. If you need to call after office hours or on the weekend, your doctor's answering service will provide instructions on how to reach your doctor or his associate on call.

In most cases, incisions are closed using special suture (stitches) that dissolve over time and do not require removal. Protective glue is applied over the incision. It will often look like a scab and can be left in place and will eventually fall off as the incision(s) heals. If steri-strips are present, leave them on until they fall off (usually about 2 weeks). **You can remove the bandage on the day after surgery.** A new bandage does not need to be placed but some patients like to replace the bandage so the incision does not rub against their clothes.

**Patients are allowed to begin showering following surgery on postoperative day # 2; your incisions do not need to be covered while showering. Tub baths, Jacuzzi's, whirlpools and swimming pools should be avoided for 3-4 weeks, until all incisions are completely healed to reduce the risk of infection.**

Please call your doctor's office if you have any questions or concerns regarding your incision.

## **ACTIVITY**

At first, you will limit yourself due to stiffness and soreness from your incision. After the 1-2 weeks, however, you will want to become more active. Therefore, you should be aware of the following to limit pain, prevent injury and to assist with the healing process.

- 1) **For the 1-2 weeks after surgery avoid prolonged sitting greater than 30 minutes at a time as it may cause discomfort.**
- 2) **Avoid: bending, lifting (nothing over 10 pounds), twisting, pushing, and pulling for 4 weeks.**

3) **Walking is encouraged, and you can walk as much as tolerated.** You should be walking approximately 1 mile per day within 1 month of surgery. **Stair climbing, riding as a passenger in a car or taking public transportation is permitted in most cases.**

4) Driving is usually allowed approximately 1-2 weeks after surgery, as long as you can drive safely and without a significant amount of pain. **DO NOT** drive while taking narcotic pain medication. If you are taking much less pain medication and can function, call your doctor about driving sooner.

5) **RETURN TO WORK:** This will vary for each patient. Your doctor will make this decision based on the reason for surgery, the outcome of the surgery, and the type and length of work required. Return to work will only be allowed if the patient can return with restrictions (generally no lifting greater than 10-15 pounds and no prolonged sitting). Check with your employer about returning to work with these restrictions.

6) Please note physical therapy is not needed for the first month following surgery. Your doctor will assess your recovery at your first follow up appointment, and determine if physical therapy is necessary.

### **SCAR CARE**

Exposure of a healing incision to sunlight or tanning beds can be potentially harmful and bad sunburn may occur. It is recommended to apply a sun block over the incision during the first year unless otherwise advised by a doctor. After the first year, the scar can have the same sunscreen as used elsewhere for UVA/UVB sun protection.

### **FOLLOW-UP**

Follow-up is very important after lumbar decompression surgery. Your cooperation in returning to see your doctor at the listed times is appreciated.

In general, no x-rays are required prior to seeing your doctor, unless there is a concern. The doctor will be able to update you on your activity allowances at each office visit.

The follow-up schedule is as follows: **2 and 6 weeks after surgery**

If a problem occurs, please call your doctor's office to determine if an office appointment is necessary.

This instruction sheet has been written to give you useful information following lumbar decompression surgery. If you have any questions, please call your doctor's office.

Justin B Ledesma, MD

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### **Postoperative Bowel Management Regimen**

Constipation is a common problem many patients face after surgery. If left untreated, constipation can cause significant pain, nausea, vomiting, and lead to injury or re-hospitalization. For this reason, we recommend you follow a bowel regimen while you are on the pain medications used after surgery (i.e. Norco, Percocet, etc.), which are known to cause constipation.

*If you develop any abdominal pain, nausea, vomiting, or have not had a bowel movement by the 5<sup>th</sup> postoperative day, call spine surgery office for further instructions.*

The following medications are non-prescription, over-the-counter drugs generally thought to have a high degree of safety and efficacy. If you are allergic to any of the below medications, or have had a bad experience with them, do not use them.

If you have a prescription of narcotic-containing pain medications, please follow this regimen:

1. The day you arrive home from the hospital, begin **docusate sodium with senna (Pericolace or Sennakot-S)**: Take one tablet by mouth twice per day with plenty of water.
2. If you have not had a bowel movement by the second day home, continue #1 and take **polyethylene glycol (Miralax)**, one capful in 6-8 ounces of fluid every morning.
3. If you have not had a bowel movement by the third day home, continue #1 & #2, and take **bisacodyl (Dulcolax)** suppositories, one rectally every twelve hours.
4. If you still have not had a bowel movement after the above treatments, continue #1, #2, & #3, and drink one full bottle of **magnesium citrate**, undiluted.
5. If all of these measures have failed to induce a bowel movement, call the spine surgery office.

\*If you develop loose, frequent, or watery bowel movements, reverse these steps.