

## **Comprehensive Spine Care, P.A.**

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### **Post Lumbar Laminectomy Information and Instructions**

You are probably wondering what to expect in the next few weeks following your low back surgery. This information will help guide you through your upcoming recovery period. Below you will find clear and simple answers to most of your questions, though you should always feel free to call the office with any questions or concerns.

#### **Was my surgery successful?**

The ultimate success of the surgery depends on the improvement of your symptoms over time. You may have already noticed a reduction in your leg pain and/or numbness, and if you had leg weakness before the surgery, you may have started feeling stronger already. If you cannot appreciate any difference in your leg symptoms, do not be discouraged. This usually means that the nerve is still inflamed, or you had no symptoms at rest to begin with. The majority of patients appreciate a difference by two-three weeks after the surgery as they are able to stand and walk for periods long enough to provoke symptoms they had prior to surgery. The majority of patients continue to gradually improve over the course of weeks and months after their surgery.

#### **How long will the surgical pain last?**

The back pain from your surgical incision should gradually improve over the next few days to the point where you may not require narcotic pain medications such as Percocet or Vicodin. Occasionally, you may feel jolts or episodes of shooting pain down the leg. These episodes are not uncommon in the first couple of weeks after the surgery, particularly as you increase your walking and other activities. The shooting pain usually represents irritability of the nerve which was un-pinched during the surgery. These episodes are expected to diminish in frequency and intensity over time.

#### **How should I control the pain?**

Prior to the surgery you were given a prescription for a strong pain killer such as Percocet or Vicodin. Take the pain killer as instructed on an as-needed-basis to control the pain particularly when you are out of bed. Remember that it takes time for the medication to kick-in so take it when you start feeling the pain intensifying and do not wait until the pain is extremely severe. Pain killers will often constipate you so drink lots of fluid, and add a stool softener (such as Colace 100mg twice a day) if needed. Stool softeners can be obtained from any pharmacy over-the-counter. You should avoid driving or operating heavy machinery while taking these strong pain killers that can make you sleepy and drowsy.

Take an over the counter anti-inflammatory medication (such as Advil, Motrin, or Alieve) every day as needed, preferably with food. This medication when taken regularly will help reduce the inflammation around the nerve that has been un-pinched.

## **Do I have stitches that need to be removed? How do I change the dressing? When can I shower and get the wound wet?**

All of the sutures are under your skin and will dissolve on their own over time. You may have a loop of suture sticking out on each end of the incision. These loops will be removed during your follow up visit. You may start showering the day you get home but try and avoid having the shower spray directly on your back for the first 3 days following the surgery. Leave the original bandage on your back for these first 3 days. If you notice drainage on your bandage, please remove the outer adhesive and place a new gauze dressing on the incision as needed. If you have strips of tape that are directly on your skin, leave them alone until your first office visit.

## **What activities am I allowed to do at home?**

You are encouraged to get out of bed and walk on a regular basis. In general it is better to be moving around while taking pain medication as needed rather than lying in bed most of the day to avoid discomfort. You should use your judgment as to when to rest and avoid over-doing it in the first few days after surgery.

## **What are my restrictions?**

In general, you should avoid any strenuous activity for the next 12 weeks. In particular you are advised to avoid:

- lifting more than 5 Lbs.
- repetitive bending or twisting.
- Any activity that reproduces severe back or leg discomfort.

## **What about driving?**

We recommend that you avoid driving until your first follow-up visit, particularly if you are taking strong pain medications such as Percocet or Vicodin. You should arrange for a person to drive you to your first post operative visit.

## **What symptoms should I inform the surgeon about?**

Signs of surgical wound infection (occurs in about 1 of every 100 patients):

- Your surgical wound becomes more rather than less painful over time.
- The wound appears swollen, red, or feels warm and tender to touch.
- The wound drains a yellow- greenish discharge or continues to drain any fluid for longer than 4 days after the surgery
- You have an elevated temperature  $> 100.5$  two-three days after the surgery.

Signs of re-herniation:

- You start feeling constant leg pain of similar intensity to what you experienced prior to the surgery.
- You are unable to urinate or have lost urinary or bowel control. This does not mean constipation, which was discussed above.

## **When is my follow-up appointment?**

Your follow-up appointment has already been scheduled. If you are not certain of the date and time, please contact our office (201 634-1811) to find out.

We looking forward to seeing you soon and wish you a smooth and speedy recovery.

Your signature below indicates that you have received a copy of these instructions on the date listed below:

Patient Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

