

PREPARING FOR SURGERY

ANSWERS TO THE QUESTIONS MOST FREQUENTLY ASKED BY PATIENTS REQUIRING LUMBAR SURGERY

WHAT IS WRONG WITH MY BACK?

You have one or more damaged discs and/or arthritis in your back. This produces back pain, and may produce abnormal motion (instability) or misalignment of your spine. In addition you may have a 'pinched nerve,' which can be the result of a ruptured disc and/or bone spurs. Discs are like rubbery shock absorbers between the vertebrae, and are close to the nerves that travel down to the legs. If the disc is damaged, part of it may bulge or even burst free into the spinal canal, putting pressure on the nerve and causing leg pain, numbness, or weakness. Bone spurs, usually the result of arthritis, can also put pressure on the nerves.

WHAT IS REQUIRED TO FIX IT?

An incision is made in the middle of the lower back. Muscles supporting the spine are pushed aside temporarily, and a 'window' is made into the spinal canal. The spinal nerve is retracted out of the way and the ruptured part of the disc or the bone spur is removed to 'free-up' the nerve. To correct the instability in your spine, bone is placed on either side of the spine which when healed and fused immobilizes that level. The source of the bone for this fusion can either be strips of bone removed from the back of your pelvis, either through the same or possibly a separate incision, or bone substitutes such as coral or bone bank material. Sometimes additional stability is needed to hasten the fusion. In this case metal screws and plates or rods would be inserted into the spine. Anterior or 'front' approach is also a possibility. Fusion and stability is accomplished with use of Bone Dowels and supported with your bone, donor bone, bone matrix or a combination.

IS THIS OPERATION NECESSARY?

In almost all cases, the major indication, or reason for spine surgery is pain. Often non-surgical measures can control the pain satisfactorily. However, if the pain persists at an unacceptable level, if you cannot function because of pain, or if weakness or other neurologic problems develop, then surgery may be necessary to relieve the problem. Your surgeon will discuss this in more detail with you.

HOW LONG WILL I BE IN THE HOSPITAL?

Overall health, age and surgical procedure performed greatly affect this. Most laminectomy and discectomy patients leave the hospital in one (1) to two (2) days. Most fusion patients leave the hospital in two (2) to five (5) days.

WILL I NEED A TRANSFUSION?

You may need a transfusion. We will ask you to donate one or more units of your own blood prior to surgery in case a transfusion should be necessary. This will reduce the chance that you will need to be transfused with someone

else's blood.

SHOULD I TAKE MULTIVITAMINS PRIOR TO DONATING BLOOD FOR SURGERY?

Yes. In addition, you should continue to eat a healthy diet and take a multi-vitamin dietary supplement to maintain your health.

HOW SHOULD I TAKE CARE OF MY SURGICAL INCISION?

Basically, you must keep the wound clean and be sure to call your doctor if you have any fever, drainage from the wound or weakness.

WHEN CAN I WALK?

Most likely we will have you up and walking by the first postoperative day.

WILL I REQUIRE THE USE OF A WALKING AIDE?

This will depend on how strong you are and how good your balance is prior to being discharged from the hospital.

WHAT CAN I DO AFTER SURGERY?

Activities are based on each individual's ability and will be discussed at length with you and your family.

WHAT IS THE APPROXIMATE TIME IT WILL TAKE FOR ME TO RECUPERATE?

It depends on the procedure. To return to your previous level of activities after a laminectomy and discectomy it will take approximately two to three months. A lumbar fusion will take approximately three to six months.

HOW LONG BEFORE I CAN DRIVE A CAR?

Approximately two to four weeks and when you are no longer taking pain medications.

WHEN CAN I GO BACK TO WORK?

That depends on what kind of work you do and how far you have to drive

WHAT ARE MY CHANCES OF BEING RELIEVED OF MY PAIN?

If this is a primary operation, 90% of patients get relief of their nerve symptoms or leg pain. Relief of back pain is less predictable, occurring about 75% of the time.

COULD I BE PARALYZED?

The chances of neurologic injury as a result of spine surgery are very low. The possibility of catastrophic injury such as paralysis, impotence, or loss of bowel or bladder control is highly unlikely, but not impossible. The possibility also exists for injury to nerve root, which results in isolated numbness and/or weakness in the leg.

WHAT OTHER RISKS ARE THERE?

The general risks of surgery and anesthesia include the possibility of wound infection, uncontrollable bleeding, collection of blood clots in the wound or in the veins of the leg, abdominal problems, pulmonary embolism, heart attack and death. The chances of any of these happening, particularly in a generally healthy patient, are low. Your surgeon will discuss these and other risks in greater detail with you.

WILL MY BACK BE NORMAL AFTER SURGERY?

No, even if you have excellent relief of pain, adjacent discs and other tissues may be abnormal. Furthermore, a fusion eliminated motion within part of the spine, which may be apparent to the patient and which may increase stresses on nearby discs. However, motion loss is usually not apparent if one participates in an active physical therapy program postoperatively.

WHAT SHOULDN'T I DO AFTER RECOVERY?

You should avoid lifting heavy objects (over 35lbs for most women and 50lbs for most men), especially if the list is awkward. Our trainers and therapists will review proper lifting techniques with you. Twisting and repetitive bending is also stressful to the back. Even if internal fixation (screws, plates, or rods) are used, months are required for the fusion to heal completely and your spine must be protected during this period.

WILL I NEED THERAPY AFTER SURGERY?

Yes. Therapy will begin in the hospital and continue for at least six to eight weeks after discharge.

FOR A HERNIATED DISC, IS MY ENTIRE DISC REMOVED?

No, only the ruptured part and any other obviously abnormal disc material. This generally amounts to no more than 10-15% of the whole disc.

COULD THIS EVER HAPPEN TO ME AGAIN?

Unfortunately, yes. As mentioned previously, only part of the disc is removed and since there is no way to make the disc normal again, recurrent herniations do occasionally occur. Also, adjacent discs may be abnormal and could rupture in the future. Creating a fusion can transfer extra stresses to the levels above and below your fusion, possibly causing future problems. Also, fusion does not always heal spontaneously, even with internal fixation. If the fusion does not become solid, all of your symptoms may recur, the metal screws may break, and additional surgery may be required.

SHOULD I AVOID VIGOROUS PHYSICAL ACTIVITY?

No. Exercise is good for you. You should engage in some sort of vigorous, low impact aerobic exercise at least three times a week.

WILL I BE ABLE TO HAVE SEXUAL RELATIONS AFTER SURGERY?

Yes, however, we suggest that you wait approximately two to four weeks and then use a dependent position, which will be explained to you at a follow-up.

HOW LONG BEFORE I CAN TAKE A PLANE TRIP?

You can fly in a plane as soon as you are discharged from the hospital. Metal implants may alarm security detectors.

HOW LONG BEFORE I CAN TAKE A BATH AT HOME?

We would like simple laminectomy and discectomy patients to wait approximately seven days postoperatively before you being to bathe in a tub. For patients with fusions we like to wait 14 days. Prior to this you may take sponge baths to maintain personal hygiene.

DO I NEED TO BE ON A STOOL SOFTENER?

This is not necessary unless constipation develops while in the hospital, or if you have problems with constipation prior to surgery. Medications may cause constipation. If this occurs, you will be prescribed a bowel program.

IS IT ALRIGHT TO SLEEP ON A WATERBED?

Yes. Just be sure to follow any movement precautions, which are given to you at the time of discharge from the hospital.

WILL I BE ABLE TO WALK UP AND DOWN STAIRS?

Yes.

WILL I BE ABLE TO GO SWIMMING?

Swimming is permissible approximately 14 days after surgery, once the wound has healed superficially.

WHEN WILL MY PAIN IMPROVE?

Most patients get marked relief of the leg pain early postoperatively. Sometimes during the first four months you can have episodes of leg pain secondary to inflammation around the nerve. This will pass.

WHAT ABOUT THE NUMBNESS?

Numbness is usually more prominent after surgery and for the first one to two months before it fades. Usually as the pain decreases the pins and needles feeling will be accentuated.

WHEN WILL MY SUTURES COME OUT?

We use absorbable suture material that does not require removal. Your body will break the suture down as the wound heals.