

Your Low Back Surgery

Introduction

It is normal to have questions about your surgery. This handout gives you information about what will happen to you before, during and after your surgery. If you still have questions, ask your nurse or doctor for more information.

General Information About Surgery

Before Your Surgery

Before your surgery, a nurse will ask you questions about your health and your surgery. These questions may be asked during pre-admission testing, in your hospital room, or in the Ambulatory Surgery Unit.



Day Of Your Surgery

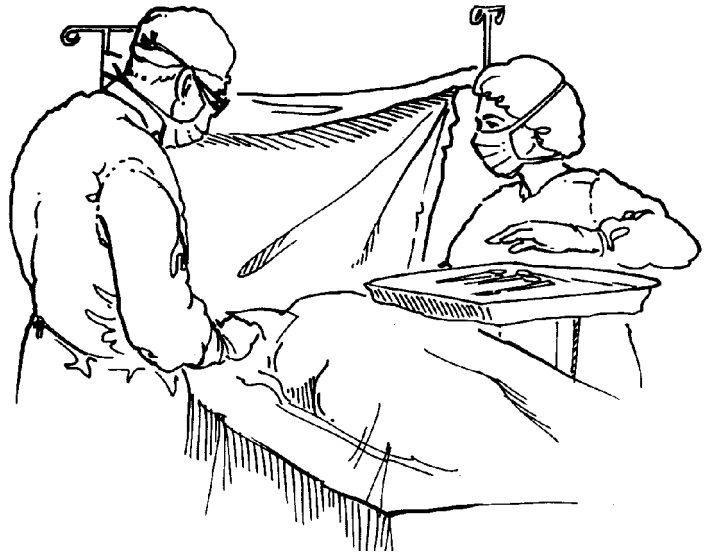
On the day of your surgery, a nurse will talk with you either in the Ambulatory Surgery Unit or in your hospital room. Your vital signs (blood pressure, pulse, temperature and breathing rate) will be taken at this time. Blood tests will be done, if needed. The nurse may put a needle into your vein (IV or Intravenous) to give you fluid. Dentures or partial plates, contact lenses, eyeglasses, hearing aids, and any other prothesis must be removed before going to surgery. Nail polish, make-up, jewelry, and hair clips also will be removed.

Your family will be allowed to stay with you until you go to the Pre-Operative Holding Area. The nurse will answer any questions and tell your family where to wait while you are in surgery.

You will leave the Ambulatory Surgery Unit (ASU) or your hospital room on a cart. It is common to stop in the Pre-Operative Holding Area before going to surgery. While there, your anesthesiologist may talk with you. An IV will be started, if you do not already have one. Your hair will be covered with a paper hat, like the operating room staff wear.

During Surgery

All staff in the operating room wear special scrub clothes, caps, and masks. You will notice that the room has bright lights and is quite cool. Many pieces of special equipment and tables are set up with supplies and instruments. A scrub nurse or operating room technician gets the instruments and supplies ready for your surgery. The staff will explain what will happen to you before they are done.



A nurse will be there to greet you and check your identification (ID) bracelet. You will be asked about allergies. Then you will be made comfortable on the operating room table. A safety strap will be put over your knees so you stay on the table. You will be covered with an extra blanket if you are cold and your arms may be tucked in at your sides or put on an arm board.

During your surgery your vital signs will be closely checked. Three leads used to monitor your heart will be put on your chest. They will be connected to a monitor that counts your heart rate. As the monitor counts your heart rate it makes a beeping noise. Your heart beat also may be seen on a screen. A small clip (pulse oximeter) is placed on your finger to measure your pulse and the amount of oxygen in your blood.

The time it takes for your surgery is estimated. Your surgery may take a longer or shorter time than you and your family were told. If your surgery takes longer than you were told, it does not mean that anything is wrong. Your family will be told how you are doing. After your surgery is over, the surgeon or an assistant will call or come to the waiting area to talk to your family.

After Surgery

After your surgery you will be moved on a cart and taken to the Post Anesthesia Care Unit (PACU). As you come out of anesthesia, a PACU nurse will watch you closely and will take your vital signs frequently. Your pulse and the amount of oxygen in your blood will be checked. If you need oxygen after your anesthesia, you will feel a tube on your face. When you first wake up, you may feel cold and you may shiver. This is normal if you have had general anesthesia. There will be other patients and a lot of activity and noise in the PACU. The nurse will try to wake you up during your time in PACU. If you have pain, ask your nurse to give you pain medicine.

When you are awake and your vital signs are normal, you will be taken to the Ambulatory Surgery Unit (ASU) or to your hospital room. Your vital signs, IV fluids and any drainage tubes and dressings will be checked. At this time, your family will be allowed to visit.

Planning For Discharge

Information on how to care for yourself at home and your medicines will be explained to you before you leave.

Information About Your Low Back Surgery

Low Back (Lumbar) surgery is an operation done most often to relieve pain in the hips and legs and sometimes the back.

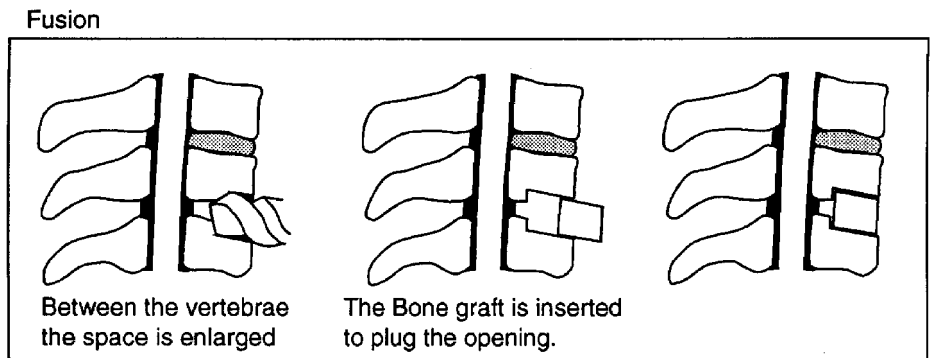
Types Of Surgeries:

You may have one or more of the following types of operations.

- **Laminectomy:**
Removes the portion of the bone over the spinal nerves.
- **Hemilaminectomy:**
A portion of the bone over spinal nerves is removed on only one side.
- **Discectomy:**
A part of the disc that is in front of the nerve is removed. Usually done with a laminectomy or hemilaminectomy.
- **Microdiscectomy:**
Part of the disc is removed through a smaller incision using a microscope.

- **Fusion:**

Fuses or joins bones together. The doctor uses a small piece of bone usually taken from your hip or from the bone bank. Wire, rods, plates or screws may also be used to hold the bones in place while they fuse together.



Possible Complications Of Surgery:

- Increased pain
- Loss of sensation or numbness
- Need for further surgery
- Inability to move your legs
- Bleeding around the area of surgery
- Leakage of fluid around the spinal nerves
- Scarring / inflammation around the nerves
- After a fusion, it may not take and the bones may not grow together
- Infection
- Loss of bowel or bladder control
- Death

Care After Surgery

The nurse will frequently check your blood pressure, heart rate, breathing, and temperature for several hours after surgery.

- You will be asked to move your arms and legs and if you have any numbness or tingling. Let the nurse know if you have any changes from before surgery.

Your Incision

You will have an incision on the lower part of your back. The incision will be covered with a dressing. The dressing will stay on for 24 hours or longer and will be removed by the doctor. You may have a drainage device in your incision to collect excess blood. The nurse will check your incision often.

Intravenous Fluids (IV)

You will have an IV in your hand or arm. Your IV will be used to give you fluids, antibiotics and other medicines if necessary. The IV will be removed when you can eat and drink without feeling sick to your stomach.

Pain

It is not unusual for you to experience pain and / or numbness and tingling after surgery. This does not mean that surgery was unsuccessful. Pain medicine will be given to control the pain. The medicine will be given in your IV, by a pill or by a shot. Let the nurse know if the medicine is not working or your pain gets worse.

Activity

Lying in one position for longer than 2 to 3 hours may slow your recovery. You may turn any way that is comfortable. You can get out of bed as soon as you are awake. Please ask for help the first time. When out of bed, spend time walking. Do not sit for more than 1 hour at a time.

Respiratory Care

The nurse will teach you how to use a breathing device called an incentive spirometer. You must use the incentive spirometry at least 10 times every hour.

Bowels and Bladder Care

The nurse will monitor your ability to urinate and move your bowels. Getting out of bed will help.

Nutrition

You will receive sips of water and ice chips after surgery until you are fully awake. You will be able to eat when you are able to tolerate food and fluids.

Feelings About Your Surgery

Surgery can be an emotional and stressful time for you and your family. We hope that you feel comfortable talking about your concerns. Please ask any questions that you and your family might have. We will do our best to answer your questions and help you find any resources you may need.

Discharge Planning / Home Care Concerns

Activity:

Avoid:

- Sitting long periods of time
- Bending, heavy lifting (more than 10 lbs), or twisting

You Can:

- Ride in car
- Drive a car after 1 week
- Lift less than 10 pounds (a gallon of milk weighs about 10 pounds)
- Take a shower
- Have sex again
- Go back to work when your doctor says it is okay
- Go shopping
- Vacuum after 1 month
- Mow grass after 3 months
- Dig / weed the garden after 3 months
- Other: _____

Incision Care

- Keep your incision clean and dry at all times
- If your stitches or steristrips are in place, cover them with saran wrap before taking a shower. Do not take tub baths until the stitches or steristrips are gone. The steristrips can come off after 10 days.

Medications

- You will be given a medicine to ease the pain that may last for 2 weeks after surgery. The times you take this medication should decrease over the 2 weeks. Decrease the amount of medicine that you take after this time.

Call Your Doctor For The Following Signs Of Infection:

- Fever greater than 101 degrees
- Incision becomes red or warm to touch or you notice any drainage
- Increase in incisional pain
- Increased pain, numbness or tingling

If the office is not open, call 293-8000 and have the operator page the Neurosurgery Resident on call. Office hours are Monday through Friday 8 AM until 4:30 PM

Follow-up Appointment:

- You should return for follow up appointment with your doctor in 4 - 8 weeks.
- Call the office to schedule this appointment.