

## PATIENT INSTRUCTIONS:

# Posterior Lumbar Laminectomy and Decompression

### Surgical Technique

A lumbar laminectomy or laminotomy is a surgical approach performed from the back of the lumbar spine. It is usually done through an incision in the middle of the back. Using minimally invasive techniques a small window of bone is drilled in the lamina to allow the surgeon to unpinch the underlying nerves (laminotomy), or in more severe cases the bone is removed completely on both sides to allow nerves on both sides of the spinal canal to be decompressed (laminectomy). It is done using an operating microscope and microsurgical technique. It is used to treat spinal stenosis or lateral recess stenosis and alleviate the pain and/or numbness that occurs in a patient's lower back or legs. It can many times be performed on an outpatient basis without the need for an overnight stay in a hospital. Please visit [www.bch.org/bnsa](http://www.bch.org/bnsa) for more information.

### Before Surgery

- Seven days prior to surgery, please do not take any anti-inflammatory NSAID medications (Celebrex, Ibuprofen, Aleve, Naprosyn, Advil, etc.) as this could prolong your bleeding time during surgery.
- Do not eat or drink anything after midnight the day before surgery. This means nothing to drink the morning of surgery except you may take your normal medication with a sip of water if needed. This includes your blood pressure medicine, which in general should be taken. Consult your surgeon or primary care doctor regarding insulin if you take it.
- Please do not be late to check in on the day of surgery or it may be canceled.
- Please bring your preoperative folder with you to the surgery and have it when you check in.
- If you have a copy of your MRI or x-rays please bring these with you to the surgery even if your surgeon has seen them already or might even have a copy. Surgery may be canceled if we do not have your radiographic images.
- Please be aware that smokers are recognized to have a significantly higher risk of postoperative wound healing problems, as well as operative and postoperative bleeding. Smoking disrupts the normal function of basic body systems that contribute to bone formation. Smokers must understand and agree to discontinue smoking for at least two weeks before and after surgery. Although it helps to stop smoking for several weeks before and after surgery, this does not eliminate the increased risk resulting from long-term smoking.

## After Surgery

### Activity Level

- Walking is the best exercise after the surgery. It strengthens muscles, increases endurance, relieves stress and most importantly - helps to keep proper blood flow, the bowels moving and keeps fluid from building up in the lungs. Soon after surgery, a patient is encouraged to get up and walk and gradually increase the distance. The sooner a patient becomes active, the sooner he/she will resume their normal routine.
- Do not lift more than 5-10 pounds for the first few weeks after surgery. This may be increased to approximately 20 pounds after 4-6 weeks. Do not lift anything greater than 20 pounds for the first 3 months.
- Avoid prolonged upright sitting on hard surfaces or long car rides (more than 2 hours) for 2-4 weeks.
- You may drive as soon as it is comfortable to do so, which is usually after about one week following discharge from the hospital. You should not drive while under the influence of pain medications.
- Limited bending or twisting of the cervical or lumbar spine is advised.
- Avoid activities where there is the potential for a fall or physical contact until cleared by your surgeon.

### Bandage

- Bandage (if present) may be removed the second day following surgery.
- Depending on your surgeon preference, you will have steri-strips or a liquid skin adhesive (Dermabond) in place over your incision.
- Steri-strips should be left intact on the incision until returning to clinic or for your postoperative follow-up 7-14 days following surgery.
- Liquid skin adhesive (Dermabond) holds the edges together. This should be left in place and will usually fall off naturally over the next 1-2 weeks.

### Drain

- If you are discharged with a drain, you will need to track the daily output of the drain. You will be instructed prior to hospital discharge how to care for the drain and empty it. Almost all drains are removed within 7 days after surgery, but individual cases vary.

### Bathing

- You may shower on third day following surgery.
- Try to limit showers to no more than 5-7 minutes.
- Do not scrub the wound. Let water run over the incision, then pat dry with clean towel.
- Do not soak in a bathtub, hot tub or pool for at least 2 weeks.

## Diet

- Narcotic pain medications are very constipating; be proactive with stool softeners and laxatives
- A high fiber diet is recommended.
- Avoid straining on the toilet. Keep stools soft with a high fiber diet and/or use of prune juice, Metamucil, Fiber One cereal, etc.
- We encourage lots of fluids to avoid getting dehydrated which significantly increases the chances of blood clots and other problems. Do not load up on water because you will get hyponatremic (low sodium) and end up back in the hospital. Drink things with salt in them for the first few days after surgery like Gatorade or other sports drinks or any kind of juice (apple, tomato, grape juice, etc.), all of which have salt in them.

## Pain Medications

- Tylenol can be taken as needed.
- Narcotic pain medications are prescribed if Tylenol is inadequate
- You should not let pain get out of control before taking medication or it will be less effective.
- We will not refill pain medications over the weekend or after hours. Anticipate the need for medication refills
- We strongly advise against driving while on narcotics. Please do not drive until you are off all narcotics.

## Follow-up

- Call Boulder Neurosurgical Associates' (BNA) office (303-938-5700) to schedule your routine post-surgical visit for 7-14 days after surgery. Other follow-ups will be scheduled as needed.
- **Please call your physician's office immediately with any problems or go to the emergency room if:**
  - Drainage and/or pain increases at the incision site
  - Fever greater than 101.5° F
  - Swelling and tenderness develops in your legs
  - New, persistent pain and weakness or numbness in your back/neck and legs/arms
  - Problem controlling your bladder and bowels

## Other FAQs

**How long will I be in the hospital?** This varies depending on the type of surgery performed, but you will likely go home the day of the surgery. Otherwise, you will go home the following day. We have found that patients generally prefer the comforts and support that home offers. The sooner you go home, the lower your risk of complications such as hospital- acquired wound infections, blood clots and urinary tract infections.

**How much time off from work?** The amount of time needed for recovery prior to returning to work varies depending on the surgery, your job and you as an individual. Typically, 1-2 weeks for jobs that are at a desk or sedentary is sufficient, but patients should ask their surgeon for an individual recommendation. To return to physically demanding jobs will be at the discretion of your surgeon.

**When can I resume driving?** Driving is acceptable approximately one week after surgery depending on the use of pain medication. We strongly advise against driving while on narcotics. Please do not drive until you are off all narcotics.

**Will I need pain medications?** We will prescribe pain medications and other peri-operative medications on the day of surgery or prior to your discharge from the surgery center or hospital.

**Will I need Physical Therapy?** We usually recommend physical therapy and will refer you to a therapist at your first postoperative visit. Limited bending or twisting of the spine is advised. Refrain from high impact activities such as running, horseback riding, or any radical side-to-side motions. A good rule of thumb is 'If it hurts don't do it'.

**What kind of follow-up is required?** Patients return to our office for routine follow up appointments at intervals that are determined on a case-by-case basis. We typically see patients back in the office within a couple weeks following surgery and then increase this to several months followed by an annual exam. Your individual needs will be determined by your surgeon at each follow-up visit.