

Lumbar Microdiscectomy

DO NOT TAKE ANY ASPIRIN PRODUCTS OR NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (ie NSAIDs, Advil, Celebrex, Ibuprofen, Motrin, Naprosyn, Aleve, etc) FOR 2 WEEKS BEFORE SURGERY. These medications can increase bleeding during surgery. If you absolutely need to be on these medications until the date of surgery, check with Dr. Park.

Your problem

Intervertebral discs can be thought of as the “shock absorbers” or “cushions” between the vertebral bodies (bones) in the spine. The disc is made up of a fibrous, tough, outer rim (the annulus) surrounding a central core of gelatinous, soft material (the nucleus). If the annulus tears, the nucleus can then extrude through the hole in the annulus and place pressure on the nerve root. It is like what would happen if a jelly doughnut is crushed- the jelly will leak out through the side of the doughnut. This is what is called a “herniated disc”. The pressure on the nerve roots caused by the herniated disc can result in pain, weakness, or numbness/tingling of the buttocks and/or the lower extremity.

Description of the surgery

The surgery (lumbar microdiscectomy) is done to relieve the pressure on the nerves and help treat your symptoms.

After making a small incision over the area of the disc herniation in the lower back, Dr. Park will remove the portion of the disc that is creating pressure on the nerve roots. Some additional loose disc material is also removed, but the entire disc is NOT removed because doing so is unnecessary. Only the damaged disc is removed. Currently, we do not have the technology to replace the damaged disc with a new disc.

Going home

Most patients either go home on the same day of surgery, or stay overnight in the hospital then go home the next day.

You can go home when:

- 1) Your pain is controlled by oral pain pills
- 2) You can eat and drink enough to sustain yourself (don't worry – most people will not feel like eating and drinking too much after surgery, and that is OK)
- 3) You are able to get out of bed and walk around
- 4) you can urinate on your own

Wound Care

When you are discharged from the hospital, there are a few things to remember about your surgical wound.

1. keep your incision clean and dry
2. there are no stitches to remove, unless you have been told otherwise. Special “glue” was used to seal the wound, and all of the stitches are “inside”

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3. if the wound is dry, no further dressings are needed and the incision can be left open to air. If there is some drainage, the wound can be covered with a clean dressing as needed
4. you may shower on day 2 after surgery if there is no drainage from the wound
5. do not soak the wound in a bathtub or pool
6. gently clean your wound- do not scrub it vigorously until it is completely healed
7. do not put any ointment or antibacterial solutions over the incision
8. if you notice any drainage, redness, swelling, or increased pain at the incision, call the office

Activities

Walking is the best activity. Walk as much as you like. It is good for you and will help you recover more quickly. Avoid the BLTs: bending, lifting, twisting of your lower back. However, you may exercise your arms and legs with light weights if you desire as soon as you feel it-as long as those activities do not cause you to perform BLTs on your lower back. Do not try to do too much too early. Use your common sense.

Do not drive a car until you see Dr. Park in the office 6 weeks after surgery. Dr Park's office will call you 2-3 weeks postop and driving can be discussed then; however, you should not drive till discussing it with Dr Park's staff.

Medications

You will be given pain prescriptions upon discharge from the hospital. Typically, it is the same pain pills that worked while in the hospital. Please call the office during business hours to get a refill.

Try to take the appropriate medication for the level of pain you are having. Pain medications are helpful around the time of surgery, but they can cause problems if taken for too long. **The goal is to try to get you off of the medications by 4-6 weeks or earlier, if possible.** Some people may need medications for longer than 4-6 weeks, and that's ok.

If you find that your pain is really mild, try taking plain extra strength Tylenol instead. You may want to take over the counter pericolace or milk of magnesia to keep your bowels regular. You may find the pain medication, constipating. Do not take any non-steroidal anti-inflammatory drugs (ie, NSAIDS, advil, celebrex, ibuprofen, motrin, naprosyn, etc) or aspirin products for 6 weeks after surgery. These medicines can cause bleeding inside the wound. If you have any questions about whether you can take a medication or not, call the office.

Diet

Eat whatever you like. You may not feel like eating too much for a few days, and that's ok. Food high in fiber (fruits and vegetables) are good in that they can help reduce constipation. Drink plenty of fluids.

Follow up

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Call Dr. Park's staff at (248) 663-1900 within the first few days after you get home. Tell her that you had surgery and need six week follow up appointment.

Questions

Feel free to call Dr. Park's office with any questions (248) 663-1900. If you are having an emergency, call (248) 663-1900. Tell the operator it is an emergency. During business hours, you will be connected to Dr. Park's staff who reports emergencies to Dr. Park. After business hours, you will be connected to the surgeon on call who can help you or contact Dr. Park if necessary.

Things to be aware of

If any signs of infection are observed while changing the dressing, call your doctor.

These signs include

- Fever - a body temperature greater than 101°F (38°C)
- Drainage from the incision(s)
- Opening of the incision(s), and
- Redness or warmth around the incision(s)

In addition, call Dr. Park's office if you experience chills, nausea/vomiting, or suffer any type of trauma (e.g., a fall, automobile accident).