

Lumbar Laminectomy (Decompression)

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 spine

You have spinal stenosis, a condition in which the spinal nerve roots are compressed by degenerated (“worn out”) portions of the lumbar spine. The compression of the nerve roots can cause symptoms such as pain, numbness, tingling or weakness of the buttocks and legs.

Your surgery

Your surgery is done to treat spinal stenosis. During this procedure, Dr. Park will remove the portions of the lumbar spine that are causing the compression. The entire spine is not removed – only the areas compressing the nerve roots are removed. The decompression helps to free up space for the nerve roots.

The goal of the operation is to help improve the buttock and/or leg pain. Low back pain may or may not improve after surgery.

Incision

An incision will be made down the middle of your lower back in order to access your spine. The size of the incision depends on many factors including the number of levels requiring decompression and your body weight. There will generally not be any stitches to remove.

There may be a small plastic drain that comes out near the wound. Its purpose is to keep blood clots from pooling in the wound. Usually, Dr. Park’s team will remove the drain on day 1-2 after surgery, but it may be pulled out earlier or later depending on how much comes out of it. If the surgery is 1 level decompression, a drain usually is not needed.

Recovery

As you prepare yourself mentally to undergo spinal surgery, you also need to prepare yourself for the recovery period that will follow your operation. While the surgery entails work on the part of the surgeon, after that, the brunt of the work is in your hands. To ensure a smooth and healthy recovery, it is important that, as a patient, you closely follow the set of instructions that Dr. Park gives you.

Your Hospital Stay

After the operation, you will be brought to the recovery room for observation. When you wake up from the anesthesia, you may be slightly disoriented, and not know where you are. The nurses and doctors around you will tell you where you are, and remind you that

Daniel K. Park, MD

Orthopedic Spine Surgeon

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you have undergone surgery. As the effects of the anesthesia wear off, you will feel very tired, and, at this point, will be encouraged to rest.

Members of your surgical team may ask you to respond to some simple commands, such as "Wiggle your fingers and toes" and "Take deep breaths." When you awaken, you will be lying on your back, which may seem surprising, if you have had surgery through an incision in the back; however, lying on your back is not harmful to the surgical area.

When you have satisfactorily awakened from anesthesia (usually about 2 hours later), you will then go to your hospital room. There, your family and friends will be able to see you. If the plan is for you to go home the same day, your family and friends will come and see you in the anesthesia recovery unit. Many patients are able to go home the same day.

Diet

Proper nutrition is an important factor in your recovery. Initially, you will only be given ice chips to eat. This is because it is common for your GI tract not to function normally immediately after surgery. Once you can tolerate ice chips, typically you will be given clear liquids. If you are able to keep the liquids down without feeling sick, you are then progressed to more normal food.

Physical Therapy

If you go home the same day of surgery, you will not need physical therapy. However, you should walk as much as you can within reason when you get home. Walking is *extremely* important to your overall recovery from surgery for a number of reasons. Getting out of bed is good for your lungs; it prevents blood clots from forming in your legs, and speeds your recovery.

If you are admitted to the hospital for observation, it is typically because more than 1 level of decompression took place. In this case, you will participate in physical therapy as early as the first day after surgery. This is *extremely* important to your overall recovery from surgery for a number of reasons. Getting out of bed is good for your lungs; it prevents blood clots from forming in your legs, and speeds your recovery.

The only physical therapy you should do is walking. No strengthening or stretching is necessary – these may actually be harmful unless prescribed to you later at an appropriate time by Dr. Park. Some people will need to use a walker during their initial recovery period, others may not.

Pain Medications

If you are admitted to the hospital, you will be given various pain pills to help decrease pain. It is not unusually to have pain. Our goal is to make pain manageable.

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Going home

Your length of stay in the hospital depends on many factors, including your general medical condition and the severity of your spine problem. Most patients who have a one level decompression can go home the same day. If more levels need decompression, your hospital stay may be longer.

You can go home when:

- 1) you are taking 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. Having a bowel movement is not necessary before going home.

Some patients may need to go to a rehabilitation facility first before going home. There they

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”
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 or discuss with his staff. Typically, patients do not drive for 2-3 weeks. 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

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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.

Tips:

- 1. If you can tolerate tramadol (Ultram) for the first 2-3 days home, alternate between tramadol then 3 hours later take a narcotic (Norco, Vicodin, Percocet) pain pill then 3 hours later Ultram, etc to stay ahead of pain**
- 2. Make sure you take an over the counter stool softener (Colace, Dulcolax, prune juice, Milk of Magnesium) while on narcotic pain pills as they can bind you up**

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

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

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- 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).