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DISCHARGE INSTRUCTIONS FOLLOWING AN LUMBAR MICRODISCETOMY

You had a surgical procedure called a lumbar microdiscectomy. During this procedure the neurosurgeon made a small incision(s) on your low back. Then the disc material what was pushing on your spinal nerve(s) causing your pain or leg weakness was removed. The rest of the disc is left in place. These instructions provide additional information regarding your care at home.

Incision Care:

- Unless instructed by your neurosurgeon, please keep the dressing & wound dry for first 5 days, then you may shower with mild soap and shampoo daily, gently wash your incision and pat dry. This is the only time you may touch your incision.
- Your incision was closed with absorbable sutures and steri-strips or surgical glue or staples were placed over the skin, they should remain in place for 1-2 weeks. The steri-strips should be removed after 1-2 weeks if they are still in place. If staples were used, we will remove them at your 2 week post-op visit with us.
- Do not apply ointments, lotions or creams to your incision
- Apply an ice pack or a clean bag of frozen peas to your incision 20 minutes on and at least 20 minutes off to help reduce the swelling and discomfort, as needed
- Do not use a hot tub, go swimming or take a bath until your incisions are completely healed (about 4 weeks for most patients)
- Stop smoking as this delays healing, or may cause a wound infection

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Activity:

- Start with light activity around the house for the first 3 days you are home
- Gradually increase your activity starting with a short walk 1-2 times a day, working up to 2 miles a day over the course of the day by 2 weeks after surgery
- Allow your body time to heal by resting for short periods during the day
- Avoid contact sports, skating, bike riding or other activities until cleared by your surgeon
- You may **not** drive until instructed to do so by your neurosurgeon
- Avoid lifting, pushing or pulling heavy objects (more than 10 lbs) for 6 -12 weeks
- Avoid bending over to pick things up, or turning your head side to side or nodding
- Avoid sitting in soft chairs or slumping while sitting
- Avoid reaching above your shoulder level
- Be sure to get up and move around / stretch every 30 minutes while sitting
- Wear your back brace or corset when out of bed, as directed by your neurosurgeon

Nutrition:

- Eat plenty of fruits and vegetables to prevent constipation
- Drink at least six 8 oz. glasses of water daily

Medications:

- **Do not take any NSAIDS such as ibuprofen, (advil), naprosyn, (naproxen, aleve) etc. for 3 months as this will inhibit your bones from fusing**
- Eat some food with your pain medications and use these medications sparingly to avoid nausea, vomiting or constipation
- Take your pain medications as prescribed and gradually **decrease** these as your pain improves
- Because a side effect of taking narcotics is constipation, you may need to take a stool softener (colace) or a laxative (dulcolax) that you can buy at a pharmacy until your bowels return to normal
- You may need to use a suppository (dulcolax or glycerin) or an enema if you have not had a bowel movement in 3 days

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Follow Up:

- **Call our office** when you get home to schedule your follow-up appointment in 2 weeks
- Follow up with your primary care Physician for all medical issues

Call 303-790-1800 or return to the emergency room if you experience any of the following:

- Difficulty breathing or swallowing
- Constipation- no bowel movement for more than 3 days
- Difficulty moving or weakness of your face, arms, or legs
- Difficulty feeling your legs or difficulty walking
- Headaches in an upright position which resolve with lying down
- Nausea or vomiting that won't stop
- Your pain is not well controlled on your pain medications
- **A fever above 101 F**
- Redness, Swelling, odor or drainage at your incision site
- Loss of bowel or bladder

Call 911 for any life threatening emergency

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