

Lumbar Laminectomy and Discectomy Discharge Instructions

Dr. Julie York

- **ACTIVITY:** Some level of fatigue is to be expected for several weeks after surgery. You should walk as much as you feel able and slowly increase the distance. Don't walk on surfaces that are uneven or that might cause you to lose your balance for the first 6 weeks. No bending, lifting, twisting, or strenuous physical activity. Remember to bend at the knees and keep your back straight. Sexual activity can begin within 1-2 weeks as the pain from your surgery lessens. You should be positioned on your back to support your spine.
- **INCENTIVE SPIROMETER:** Please continue to use the incentive spirometer once you have returned home until your activity level is back to near normal. This helps to reduce the risk of any respiratory complications.
- **DIET:** Resume pre-hospital diet. Maintain a balanced fluid intake.
- **TRAVEL:** NO driving for 1-2 weeks or until given the ok at your post-op appointment. You can generally start driving when you are comfortable sitting and not frequently taking pain medications. If it necessary to travel as a passenger, it is recommended that you only travel for short distances in a sitting position. Make sure to stop and take breaks.

- **DERMABOND PATIENT: WOUND CARE:** Keep wound clean and dry. It may be kept open to air immediately after surgery. Do not expose to the sunlight for 1 month.
- **DERMABOND PATIENT: BATHING:** Unless otherwise instructed you may shower and wash your back 24 hours following surgery. You have skin glue called Dermabond over your back incision. Use gentle fragrance free soap and do not soak the incision site for 1 month. Do not scrub incision area.

- **TRADITIONAL SUTURE/STAPLE PATIENT: WOUND CARE:** Change your dressing daily for 5 days, then it is okay to leave it open to air. There should be no drainage from your incision. If you have steri-strips on your incision, gently lift them off after 7-10 days by pulling them gently toward the incision. When both ends are free, lift them off the incision. If your skin is irritated by your dressing, you may apply 1% hydrocortisone cream to the affected areas around the incision but do not apply directly to the incision itself. If you have any changes in your wound appearance (redness or drainage), or you have a temperature, notify your physician. If you have staples, schedule an appointment as soon as you go home to have them removed in 1-2 weeks.
- **TRADITIONAL SUTURE/STAPLE PATIENT: BATHING:** You should not get your incision wet until at least 5 days after your surgery. Do not soak for 2 weeks. You may shower if the incision is covered with a waterproof dressing. Always change the dressing immediately after showering, and allow to air dry if it has become damp prior to putting on the fresh dressing.

- **SUB Q SUTURES WITH STERI-STRIPS:** Remove the dressing on post-op day 2. If you have steri-strips in place you do not need to replace the bandage. Steri-strips should remain in place for 10-14 days. Do not try to remove them prior to 14 days after surgery.
- **SUB Q SUTURES WITH STERI-STRIPS: BATHING:** It is ok to shower at this time. Do not take a bath, swim, or soak the incision for 4 weeks.
- **PAIN MANAGEMENT:** You will receive prescriptions for pain control medications with specific instruction on the dosing. Typical post op regimen includes:
 - **Pain killer:** Opioid narcotic (such as Percocet, Oxycodone, Dilaudid or other) to help with incisional/post-surgical pain.
 - **Muscle relaxant:** To help with post-operative muscle spasms.
 - **Gabapentin** (aka: Neurontin): Non-narcotic pain reliever to help with nerve pain.
- **MEDICATIONS:** You will be able to resume most of your home medications after the discharge. Specific medication instruction may vary depending on your condition:
 - **Tylenol:** May take as instructed on the bottle.
 - **Aspirin:** Do not use until your surgeon has cleared you to do so.
 - **Plavix:** Do not use for 5 days after surgery.
 - **Coumadin:** Do not use for 5 days after surgery.
 - **NSAIDs** (ibuprofen, naproxen, etc.): Do not use until you have discussed with your surgeon at your post-op visit.
 - **Pain medication:** Follow the instructions on the prescription.
 - **Steroids:** You may need to take medication to reduce inflammation. Be sure to follow the directions to slowly reduce the amount of medication you are taking. Stop taking this medication and call your doctor if you have stomach upset or stomach pain.
- **MEDICATION REFILLS:** Please allow at least 2 business days for medication refills to be processed. Do not allow yourself to completely run out before contacting your pharmacy for a refill. Controlled medications such as pain killers will require doctor's written prescription and may take longer to process.
- **BOWEL CARE:** The medications you are taking for pain can cause constipation. Your bowels should begin to work before you go home. Please see specific recommendations to prevent or treat constipation at the end of these instructions.
- **URINARY:** If you have not urinated in 6 hours after your surgery call Dr. York's office at (503) 561-7240. If it is after hours you will be transferred to an answering service.
- **REST:** Remember take several rest periods during the day. Most patients feel more tired for the first 2 weeks after having general anesthesia.
- **RETURN TO WORK:** The length of time you will be off work depends on your job. Your doctor will help you decide when it is time to return to work.
- **COMPLICATIONS:** Please, contact our office if you have fever over 100.4°, drainage from the wound, worsening pain, wound redness or swelling, new numbness or weakness.

- **FOLLOW UP:** Your first follow up appointment will most likely be scheduled prior to surgery. If not, please contact our office to ensure scheduling. Typical post-op appointment is 2 weeks after operation. We will any remove staples/sutures you may have then.

Bowel care recommendations:

Constipation is likely if you:

1. Have less than three bowel movements in a week.
2. Are straining.
3. Have lumpy or hard stools.
4. Have the feeling of an unfinished bowel movement or blockage.

*Constipation can be caused by medicines, such as iron, narcotic pain medicine, antacids; a low fiber diet; lack of physical activity; and some medical conditions. **If untreated, constipation can lead to a blockage requiring medical help.***

HELPFUL HINTS:

- Drink 8 cups of water daily, unless limited by your doctor.
- Eat a variety of foods high in fiber, such as: berries, prunes, apples, peaches, green beans, carrots, corn, peas, broccoli, whole grains, wild rice, oatmeal, whole wheat bread, oat-bran muffins and nuts.
- Be active every day. If your doctor says it is ok, try a 20-30 minute walk.
- Don't wait! If you ignore or delay the urge to go, constipation can get worse.
- Try not to strain.

WHAT MEDICINES CAN I TAKE?

Step 1

Senna 2 tablets by mouth two times daily and docusate Sodium 100 mg by mouth two times daily. If no result in 24 hours then...

Step 2

Senna 3 tablets by mouth three times daily and Docusate Sodium 100 mg by mouth three times daily.

If no result in 24 hours then...

Step 3

Senna 4 tablets three times daily and Ducolax 3 tablets by mouth three times daily and Docusate Sodium 250 mg by mouth twice daily.

- *If you have loose stool or diarrhea, decrease or stop the medicines.
- Call your doctor if you have not had a bowel movement in 24 to 48 hours **after** trying the above medicines.

At home you could also try:

PRUNE JUICE COCKTAIL

1/2 cup unsweetened apple juice

4 tablespoons wheat bran

6 ounces prune juice

Mix well and store in refrigerator. Take one tablespoon each day and slowly add more if needed.

Caregiver Acknowledgement:

I acknowledge receipt, review, and understanding of discharge instructions as well as attest that I will provide transportation following surgery and not allow the patient to drive for 24 hours after sedation.

Patient Caregiver Signature Date Time

Medication:

Pain Medication Given Time Given
Next Dose Due