Lumbar Decompression

PLEASE DO NOT TAKE ANY NON-STERoidal ANTI-INFLAMMATORY DRUGS (NSAIDs like Advil, Celebrex, Ibuprofen, Motrin, Vioxx, Naprosyn, Aleve, etc) OR ASPIRIN PRODUCTS FOR TWO 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 your Emory surgeon.

Your Spine Problem
You have spinal stenosis, a condition in which the spinal nerve roots are compressed by degenerated (“worn out”) portions of the lumbar spine, such as bone spurs. 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, your surgeon will remove the portions of the lumbar spine (usually bone spurs) that are causing the compression. The entire spine is not removed-only the areas compressing the nerve root are removed. The decompression helps to free up space for the nerve roots and “unpinch” them.

The goal of the operation is to help improve the buttock and/or leg pain. Low back pain that is in the midline of the spine 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 will probably be a small plastic drain that comes out near the wound. Its purpose is to keep blood clots from pooling in the wound. Usually, our surgeon’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.

Your Hospital Stay
After surgery, you will be taken to the anesthesia recovery room. When you awake from anesthesia, usually about 1-3 hours later, you will then be transferred to your hospital suite. In most cases, your family may be able to see you when you have sufficiently awakened from anesthesia in the recovery room as well as once you arrive in your suite.
Diet
Initially, you will be given liquids to drink. Your diet will rapidly be advanced to regular food as you tolerate it.

Physical Therapy
You will participate in physical therapy as early as the day of 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.

However, unless your surgeon tells you otherwise, the only physical therapy you should do initially is walking. No strengthening or stretching of the lower back is necessary—these may actually be harmful unless prescribed to you later at an appropriate time by our surgeon. Most of the time, you will not need physical therapy after leaving the hospital. Some people will need to use a walker during their initial recovery period, others will not. Both are normal.

Pain Medications
You may be given a PCA pump for pain control after surgery. The PCA is a machine that allows you to push a button to receive pain medication (usually morphine) when you feel pain. You can push the button as often as you wish. It is extremely rare to overdose because the machine limits the amount of medication you get every hour. Use the machine to make yourself feel comfortable.

However, because using the PCA for long periods of time can have side effects, it is best to switch to oral pain medicine as soon as possible. Your surgeon’s team will do this for you in the hospital at the appropriate time.

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

You can go home when: 1) you are taking oral pain pills; AND 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); AND 3) you are able to get out of bed and walk around. Having a bowel movement is not necessary before going home.

Patients who are older or weaker may need to go to a rehabilitation facility first before going home. There they can build up their strength until they are ready to go home.

What to do when you get home
Instructions on “do’s and don’ts” once you get home are on the next page.
WHAT TO DO AFTER YOU GET HOME (LUMBAR DECOMPRESSION)

**Wound Care**
- Keep your incision clean and dry.
- There are no stitches to remove, unless you have been told otherwise. All of the stitches are “inside.”
- 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.
- You may shower when the wound has been clean and dry for 24 hours. However, do not soak the wound in a bathtub or pool. Gently clean your wound – do not scrub it vigorously until it is completely healed.
- If you have them, let the steri-strips (the tape on your incision) fall off by themselves. If some are still there by the end of two weeks, you may peel them off.
- Do NOT put any ointments or antibacterial solutions over the incision or steri-strips.
- 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.
- Gentle movements of your lower back are inevitable and allowed, however, do not perform any strenuous or excessive BLTs: Bending, Lifting, Twisting of your lower back. You may exercise your arms and legs with light weights if desired as soon as you feel like 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. Again, walking is the best activity, and we encourage you to walk.

**Medications**
- If you were on a baby aspirin prior to surgery, you may generally resume that 4 weeks after surgery.
- If you were on a blood thinner (like Coumadin/ Lovenox/ Heparin products or Plavix), check with your surgeon as to when that may be resumed after surgery.
- You may have been given prescriptions for several different pain medications, or your surgeon may have provided you with one type of pain medication. Take the Percocet (oxycodone/ acetaminophen) for severe pain; Lortab (hydrocodone/
acetaminophen) for moderate to severe pain; and Darvocet (propoxyphene/acetaminophen) for mild to moderate pain. Try to take the appropriate medication for the level of pain you are having. Take the pain medicine only when you need to.

- 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 3-4 weeks or earlier, if possible. Some people may need medications for longer than 3-4 weeks, and that’s ok. But try to wean yourself off of them if you can.
- If you find that your pain is really mild, try taking plain extra strength tylenol instead.

- You may take Pericolace to keep your bowels regular. The pain medicines may tend to make you somewhat constipated. Feel free to take any over the counter laxatives if you need to.

**Diet**

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

**Follow up**

- If you have not already been given a post-op follow up appointment, call your surgeon’s secretary within the first few days after you get home. Tell her that you had surgery and need a six week follow up appointment.

**Questions**

- Feel free to call our surgeon’s office with any questions.
- If you are having an emergency, call the Spine Center at 404-778-7000. Tell the operator it is an emergency. During business hours, you will be connected to your surgeon’s nurse, who reports emergencies to your surgeon. After business hours, you will be connected to the surgeon on call who can help you.