

# Lumbar Discectomy

A.O.S

ADVANCED ORTHO & SPINE

Lumbar Discectomy is an outpatient surgery that removes a herniated disk fragment, thereby freeing up the nerve and improving sciatic pain.

The low back consists of 5 lumbar disks. Each disk is made out of cartilage and acts as a "shock absorber" between the vertebrae (bones). The inner part of the disk is a softer gel-like cartilage and the outer periphery of the disk is a more rubbery type of cartilage.

When a disk ruptures, the inner gel comes thru the outer rubbery layer. This herniation will typically cause pressure on a nerve and the patient will feel sciatic pain, which is a pain that radiates from the low back into the buttock and down the leg. A jelly donut is a great visual to imagine what a herniated disk looks like. The dough of the donut is like the rubbery cartilage and the jelly is the gel-like cartilage. If you squeeze the donut, some of the jelly can squirt out of through the dough and this is similar to a herniated disk. Herniated disk pain is often very severe. Some patients simply wake up one morning with this pain and others have some sort of lifting, bending or sports injury. The pain can be so intense that some patients end up going to the emergency room. We make the diagnosis with a lumbar MRI, and once that diagnosis is made, we will generally start with conservative treatment. This includes rest, medications, physical therapy and often epidural steroid injections. If a patient fails conservative treatment and still has significant pain and loss of quality of life, we will discuss surgery.

In the donut analogy, we simply remove the part of the jelly that squirted out of the donut. We leave the rest of the disk/jelly alone. This surgery is generally done thru a 1-2 inch incision. After the surgery, we expect significant immediate improvement in the sciatic pain. However, any pre-surgical numbness and weakness may persist as the damaged nerve slowly heals. Our main concerns are to avoid any complications, to improve the patient's pain and try to avoid any further back issues. The complications are rare and we will discuss this in a thorough surgical consent. As far as improvement in pain, most patients will notice immediate and significant improvement in pain. Some residual pain may persist for a few months as the nerve heals. Lastly, there is a risk of repeat or recurrent disk herniation. That is, a fragment is removed and then down the road another fragment ruptures at the same level. In this case, further surgery may be needed. Statistically, this occurs about 10-15% of the time.

After surgery, we ask our patients to follow some activity restrictions so they can heal properly and hopefully avoid a recurrent disk herniation problem. We will have some lifting and bending restrictions. However, functioning at home on a day to day basis should be attainable almost immediately. Patients with sedentary jobs may return as soon as 7-14 days after surgery. Laborers may need to take 4-12 weeks off work.

The procedure typically takes about one hour to perform.

## Lumbar Discectomy



### **FREQUENTLY ASKED QUESTIONS**

#### THE DAY OF SURGERY : What to expect?

You should receive thorough instructions from the hospital or surgery center regarding your surgery experience. We realize surgery can be a very stressful and anxiety provoking experience, we want to make it as smooth and stress free as possible. You will typically arrive 1-2 hours prior to your surgery start time. Do NOT eat or drink anything after midnight the day of surgery. The preoperative nurse can answer any questions regarding certain medications such as blood pressure and diabetes medicines prior to your surgery. You will meet your surgeon prior to surgery. Please ask any remaining questions at that time. Prior to surgery you will also meet the anesthesia team and the operating room nurse. We are extremely confident that our team will take great care of you during surgery.

#### AFTER SURGERY : What to expect?

Most often, the surgery itself is only minimally painful. Most patients are very happy that their pre-operative pain has improved. The surgical pain in the low back improves dramatically within 3-7 days. Pre-operative numbness and weakness may persist for weeks as the nerve heals.

#### INCISION CARE : What does it look like?

Your surgeon will most likely close the wound with an incision sealant called derma-bond. There will be NO stitches or staples. No dressings. You can get the incision wet right away. We simply ask that you do not soak the incision in a bath, hot tub or pool until your first post-operative visit. Do NOT apply anything to your incision area. The derma-bond glue will peel off in 1-2 weeks after surgery.

### BRACING after SURGERY : Is it needed?

We typically do not prescribe a brace after Lumbar Discectomy.

### BACK MOVEMENT after Surgery : Is it possible?

Yes. Gentle range of motion is encouraged. We simply discourage repetitive bending or twisting. We also would like you to avoid any lifting. Limit lifting to approximately a gallon of milk.

### PAIN MEDICATION : How long will I need pain medicine?

This varies for each patient. We hope the surgery is successful in eliminating the need for pain medicines. Some patients do need mild pain killers for the first few weeks after surgery. Pain medicines are often associated with constipation. Patients often require regular stool softeners if they are going to be on a pain medication.

### DRIVING : When to resume?

This varies for each patient. We ask that you be off your pain medicine. It may be as soon as 3-5 days after surgery that you may safely drive. For some patients it takes much longer.

### ACTIVITIES After Surgery : What should I expect?

After lumbar discectomy, there are a few phases of recovery. In the immediate first 2 weeks until you see your surgeon, we ask that you limit your activities to basic activities of daily living. That is, preparing meals, showering, short distance walking and other basic activities are all allowed. At your first post-operative visit (2 weeks after surgery), we will slowly advance some of the activities. At about 12 weeks from surgery, most patients are performing 95% of their normal activities without restrictions.

### PHYSICAL THERAPY : Is it needed?

This varies from patient to patient. At your first post-operative check up 2-3 weeks after surgery, your surgeon will determine if physical therapy will be beneficial. We have a highly experienced therapy team that can assist in your recovery process to help with pain, range of motion, and strength.

### RETURN TO WORK : What is typical?

This again varies between patients. Patients that work sedentary jobs can go back as soon as 7-14 days after surgery. Laborers/heavier jobs may require 4-12 weeks off work.

### RESTRICTIONS : How should I sleep?

You can sleep in any comfortable position. There are no restrictions.

### SURGICAL PROCEDURE : Will a laser be used?

We do not use a laser during surgery. We perform the standard discectomy operation that 99% of spine surgeon perform. Our main goals are to eliminate the pain and get out patients back to their active lives as soon as possible.