

ATLANTIC SPINE SPECIALISTS

CERVICAL AND LUMBAR DISORDERS · SPINAL TRAUMA · LOW BACK PAIN · SPINAL TUMORS · SCOLIOSIS · MICROSURGERY

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POST-OPERATIVE INSTRUCTIONS **FOR DISCECTOMY, LAMINECTOMY, & DECOMPRESSION**

**PLEASE FOLLOW ONLY THESE POST-OPERATIVE INSTRUCTIONS
DO NOT FOLLOW OTHER RECOMMENDATIONS YOU MAY RECEIVE**

Wound Care

- Remove outer dressing over back wound 48 hours after surgery and leave wound uncovered and exposed to the air. Underneath this outer dressing may or may not be steri-strips (small pieces of tape), these will fall off and should not be pulled off. If you perspire a lot, you should keep the wound covered with a single gauze dressing changed twice daily for one week.
- Some patients will have a **battery sponge bandage** on their lower back wound when they go home. This is a special bandage that is under suction and is connected to a battery pack. The battery pack keeps this bandage under suction and is meant to help keep the wound under a little bit of pressure to aid in wound healing. If the bandage loses suction the entire bandage can be removed. This bandage can remain in place for a total of 7 days after surgery. On the 7th day after surgery you can remove this entire suction bandage. When the entire bandage is removed, you will expose the wound itself which will have skin tape or steri-strips across the incision.
- 72 hours after surgery you may take a shower and get the surgical wound wet. **Try not to soak the wound with the shower head.** Try and take quick showers. You may not go in a bathtub, pool, Jacuzzi or any body of water until the wound is well healed. Do not soap or scrub the wound. Gently pat the wound dry after the shower. The steri-strips will frequently fall off within 1 – 2 weeks of surgery. Sutures closing the wound are placed under the surface of the skin and will dissolve on their own.
- Do not put any creams or lotions on your wound unless otherwise directed by your physician.
- **If your incision becomes red or oozes, you should call the office immediately. If your temperature goes over 101 you should immediately contact the office.**

Medications

- You may be given medication(s) to take after you leave the hospital:

- 1) A pain pill which you can take as needed.

Be aware that **pain medication can cause constipation.** You should use a stool softener or laxative for 1 – 2 weeks after surgery or at least until you feel you are having normal bowel movements. Do not underestimate how significant this can become. You can use Senokot, Milk of Magnesia (MOM), Miralax or Citrate of Magnesium. Both can be found at your local pharmacy. You should follow the directions on the bottle.

- 2) A steroid for 4 days to minimize swelling and scarring. This medication should be started on your first full day at home after surgery.

Activity Restriction

- **Avoid bending over, lifting and twisting your lower back.** You can walk for exercise after surgery as tolerated. Do not think that you can facilitate the internal healing process after surgery with exercises. This process will occur on its own and takes approximately 12 weeks.
- You may ride in the car as a passenger but you should recline the seat back to take the stress off of your lower back. You may drive when you feel capable. Try and minimize driving and only drive early if you have to. A decision will be made at your first post-operative visit as to whether or not you are now able to drive.

What to Expect after Surgery

- The majority of all patients will experience significant reduction of their leg pain shortly after surgery depending on the duration of the symptoms before surgery, the amount of nerve inflammation and the extent of the nerve compression. Leg pain can continue for several weeks. It is also not uncommon in the first several weeks after surgery for the nerve to remain intermittently irritated when you start to walk with long strides.

Wound Drainage

It is not uncommon for surgical wounds to have some scant drainage. If this occurs, you should do your best to keep the wound clean and dry. We recommend you wipe the wound with Iodine or Betadine and cover it with a loose gauze bandage 3 times a day. Iodine and Betadine are over the counter antiseptics you can obtain at a local pharmacy. You should not place any creams on the wound. Even antibiotic creams tend to keep the wound moist and prevent them from drying and scabbing. Iodine or Betadine would be preferable.

Post-Operative Anti-Coagulation

After surgery, anti-coagulation should be avoided. The risk of developing a hematoma if anti-coagulation is started too soon after surgery is quite high. The risk of anti-coagulation needs to be weighed against the benefits of preventing cardiovascular events. In general, we recommend that no oral or injectable anti-coagulation be given to a post-operative patient for 10 days. The risk of developing an epidural hematoma is high. When anti-coagulation is started, it should be done so without a bolus and slowly.

Please contact the office if anybody is recommending that you start the anti-coagulation sooner.

Anti-coagulation medications include:

- Heparin
- Coumadin
- Plavix
- Aspirin
- Fish Oil
- Eliquis

Reasons to Contact the Office

If post-operatively you experience any fevers greater than 101 degrees, pounding headaches, excessive wound drainage, increasing pain in the arms or legs, or incontinence of urine or feces (where you can't control your urine or feces), you should contact the office immediately.

If you should have any questions, please feel free to contact the office.