NEUROSURGICAL CONSULTANTS, INC.

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SPINALSURGERY
CRANIAL SURGERY
MICRONEUROSURGERY
SPINAL INSTRUMENTATION

Lumbar Decompressive Laminectomy
With or Without Fusion and Stabilization
and
TLIF (Transforaminal Lumbar Interbody Fusion) with Stabilization

The doctors of Neurosurgical Consultants want to keep you informed about your hospital stay and discharge. Please review this information and talk with your doctor(s) or the hospital staff about your progress.

What is a Lumbar Decompressive Laminectomy? Lumbar Stenosis is a narrowing of the spinal canal. Lumbar decompressive laminectomy is a procedure that uses an operating microscope to remove thickened ligaments and lamina (bone on the back side of the spine) that have encroached into the spinal canal causing Lumbar Stenosis. By removing the thickened ligaments and arthritic bone, the stenosis is corrected and the pressure on the nerves is relieved. The magnification provided by the microscope enables the neurosurgeon to thoroughly decompress (take pressure off) the nerves while maintaining the integrity of the nerves, their protective covering and the stability of the spine.

Description of Surgery: Intravenous antibiotics are administered before surgery to decrease the risk of infection. You will be anesthetized (put to sleep), and turned face down on the operating table for the surgery. The appropriate levels may need to be confirmed with an x-ray. Muscle is then carefully dissected off the spine. The microscope is then used for better visualization during the remainder of the operation. The lamina will be removed at the stenotic levels. Along with removal of the bone, the thickened ligaments attached to the lamina are also removed. This removal “decompresses” the spinal canal.

Some people who have spinal stenosis also have other problems that need to be addressed at the same time. These include herniated discs, cysts, tumors and instability. If any of these are present, your doctor will have explained them to you and your surgery will be modified appropriately.

If you have a disc herniation, cyst, or tumor, the decompressive laminectomy allows the access to the lesion. It will be removed with careful dissection while using the microscope.

Some patients have spinal instability (too much movement between the bones in the spine) requiring the use of bone grafting to help the bones of the spine heal with less movement. Hardware is used to mechanically hold the bones together while they heal.

After completion of the decompressive laminectomy and correction of any additional problems, the wound is irrigated with antibiotic solution to decrease the risk of infection. Absorbable stitches are used under the skin to close the incision. Stitches, staples, or a special “skin glue” are used on the surface of the skin. A sterile dressing is placed over the incision. You will then be placed on your back in a hospital bed. The breathing tube will be removed (extubated) and you will be taken to the recovery room.

How will your family know when the surgery is completed? Your neurosurgeon will speak with your family members in the family waiting area or call them at home when the surgery has been completed.

What to Expect After Surgery

Day of Surgery: Following the surgery, you will spend one to two hours in the Recovery Room (PACU). From there you will be taken to a regular hospital room, where nurses who specialize in caring for surgical patients will monitor you. The nurses will monitor your temperature, blood pressure, pulse, respirations, and neurological functions. Visitors are not allowed in the Recovery Room, but family and friends can visit when you are sent to a regular hospital room.

- The nurses will give pain medicine as needed, initially by vein and later by mouth.
- When you are ready, you will be allowed to eat. It is not uncommon to feel nauseous after surgery. This is due to the anesthesia. Medicine is available to help relieve the nausea and any vomiting.
- Some people have difficulty urinating after surgery. If this occurs, a small catheter will be temporarily placed in the bladder. Sometimes, this is placed before the surgery starts.
- Activity: You will be encouraged to walk as soon as you are comfortable and able. Walking helps prevent blood clots from forming in the legs after surgery. You should avoid bending over, sitting for more than 1 hour, or lifting anything heavier than 5 pounds.
- Constipation often occurs from the use of narcotic pain medications. Stool softeners and other medications may be needed to help prevent constipation.
- After surgery, it is important to do deep breathing exercises. This prevents pneumonia from developing. You may be given a device called an incentive spirometer to help you deep breathe.
- Discharge: You can plan on going home between the first and third post operative day. Some patients, especially those who live alone, may need to spend some time in a rehabilitation center for a week or two after surgery.

Lumbar Brace

A lumbar brace, if ordered by your neurosurgeon, must be worn any time you are upright. You should continue using your brace until instructed to remove it, typically in 12 or more weeks.

Once You Are Home

When to call the doctor? One of the three neurosurgeons from Neurosurgical Consultants Inc. is on call each day. This means that if needed, your neurosurgeon or his covering associate can be reached 24 hours a day. Call the Norwood office at (781) 769-4640 if there is drainage from the wound, a fever greater than 101 degrees Fahrenheit, new weakness, or new numbness. Patients may experience some pain or tingling radiating down their leg(s) for several days after surgery. This is caused by nerve swelling and should subside within a few days. You should call your doctor if the pain in your leg is the same or worse than before surgery.

Pain Medication: You should only need narcotic medication, such as Percocet or Vicodin, for the first few days after surgery for incisional pain. Extra strength Tylenol should be sufficient to control any pain after the first few days and certainly by the end of the week.

How do I care for my surgical incision? There will be a gauze dressing secured with silk or clear plastic tape. This should be removed two to three days after surgery. Under this dressing will be Steri-Strips, staples or skin glue. Steri-Strips are small pieces of special tape that will fall off on their own once they start getting wet, typically 7 - 10 days after surgery. The skin glue is clear synthetic glue that holds the skin edges together and acts as an impermeable barrier to water. You may shower on the second post-operative day, but should not bathe or swim for at least 3 weeks. Your incision should not be immersed in water. If you have Steri-Strips, the wound should be covered with clear plastic wrap for showers during the first week.

Activity

The following is a guide to activity levels while you are recovering. If you have had a bone fusion or stabilization procedure, you may be given a brace to wear and/or you may be given different instructions regarding activity.

Weeks 1 - 2: Unlimited walking is permitted. You may walk up stairs. Sitting is alright, but avoid prolonged sitting, as this may cause discomfort. Do not lift any object greater than 5 pounds. You should not drive, but you may ride as a passenger. You may have sexual relations when you feel that you are ready. During sexual relations, you should avoid positions that cause discomfort, as this may cause re-injury.

Week 3: Unlimited walking is permitted. You may walk up stairs. Sitting is alright, but avoid prolonged sitting, as this may cause discomfort. Do not lift any object greater than 10 pounds. If you feel that you have full function of your legs with no impairment, you may resume driving. If there is any weakness or sensory deficit such as numbness you should not drive. When you start to drive, initially stay close to home and avoid peak traffic. Slowly work your way up to more extensive driving. During sexual relations, avoid positions that cause discomfort, as this may cause re-injury.

Week 4: At this point you should have your post-operative visit. Make sure to discuss issues such as physical therapy and returning to work. Many people can return to work sooner if no lifting or bending is involved. If your goal is to return to work earlier, it should be discussed with your neurosurgeon pre-operatively. In general, let your body “tell” you what to do. If you do something that is uncomfortable or makes you ache later, you know you have done too much.

Your Future

Remember, once you have back surgery, you are more susceptible to future back strain. However, with regular back strengthening exercises, a healthy diet, smoking cessation and avoiding potentially harmful activities, you can live an active, comfortable, and productive life.

These instructions are meant to be a guide to recovery from Lumbar Decompressive Laminectomy Surgery for patients in our practice. We hope that you find them helpful. They are not a substitute for medical care by a professional. Also, other neurosurgeons may have different routines. For more information, visit our Web Site, http://www.neurosurgical-consult.com.

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