

HOME INSTRUCTIONS
MINIMALLY INVASIVE
LUMBAR MICRODISCECTOMY
Dr. Holladay

- Call 913-955-3300 main number to make a follow up appointment for 2 weeks.
- Ask for Kellie, RN-ARNP for questions.
- Medication refill for Hydrocodone or muscle relaxants call your pharmacy.

Nerve root compression in the lumbar area produces symptoms of lumbar radiculopathy and can range from pain, numbness and tingling in the leg as well as difficulty walking or sitting. Significant injury to the nerve root can result in weakness of the muscles in the leg and atrophy of the leg muscles making walking difficult.

Minimally invasive approach for lumbar microdiscectomy is performed to remove the herniated disc from compressing the nerve root. This may be performed at one or more levels. The surgery takes about 1 hour. The surgical incision is generally 1 inch in length. A series of dilating tubes are inserted over one another until the opening is large enough to work through. This helps to eliminate removing the muscle from the bone. A small amount of bone may be removed in order to gain access to the area over the nerve root. The microscope is used and the instruments are placed in the tube to remove the herniated or bulging disc material from around the nerve root. The microscope is removed. The dilating tubes removed and the incision is closed and sutures are placed underneath the skin. Steri-strips are placed over the incision and a dressing is applied.

Generally, you will be discharged from the recovery room or in the hospital overnight. Most patients will find their pain significantly improved after surgery. Some patients will have residual symptoms, especially numbness and/or tingling. Rehabilitation may be indicated when bowel or bladder symptoms are associated with the leg weakness.

Please bring comfortable clothing to wear, pajamas of your choice, and shoes for walking on the unit. You may dress the next day as tolerated. You will be able to shower the next day. The dressing will be changed daily and can be removed in 48 hours for showering. The dressing does not need to be reapplied. The steri-strips are to be removed in 14 days. Avoid direct water pressure on the incision area. No swimming, hot tubs or tub baths for at least 2 weeks, the incision needs to be well healed with no drainage. Call for abnormal redness, swelling or drainage present after 5 days.

Activity is as you tolerate. Light activity around the house for the first few days; then set about a walking program daily. Start slow and increase the distance on a weekly basis. Be consistent with activity throughout the week. No activity that puts you into a prolonged stooped position such as mopping etc. Lifting, pushing, pulling is restricted to 10 lbs for the first 2 weeks. The muscles will be sore for the first 2 weeks. Use Ice pack to the incision for 45 minutes every 4 hours for 72 hours. You may use heat or topical muscle agent such as Ben Gay or Icy Hot to the back muscles after the incision has healed. You can expect to have some discomfort in the back and legs as you increase activity. Driving can generally be resumed in 1 week.

Physical Therapy is recommended on a case-by-case evaluation. Participation and resuming sports and exercise programs should be addressed during your follow up appointments.

You will have a narcotic medication for pain and may also have a muscle relaxant. Anti-inflammatory medication, such as ibuprofen, may be used, if it is okay with your primary physician for short-term use only. The medication will be weaned over the following weeks as you increase your activity and decreased pain is attained. You should not require long-term narcotic use. To avoid constipation, please drink plenty of fluids, juices, and add stool softeners and laxatives as needed. Walking helps the bowel function by stimulation.

Smoking cessation information is available at the hospital. Smoking increases the degeneration risks of the discs. Smoking cessation is strongly advised.