

I am having Lumbar Discectomy Surgery.

This is surgery to remove part of a disc that is pressing or pinching the spinal nerves in the lower back causing you to have:-

- pain in the lower back and hip radiating down the back of the thigh and into the leg-Sciatic Pain
- pain in one or both legs
- dull to severe aching pain in the lower back or buttocks
- numbness, tingling or weakness of one or both legs
- problems with urinary or bowel function.

These symptoms may range from being mild and intermittent to severe and debilitating.

What happens before my surgery?

Planning ahead is the key to having less stress and achieving the best outcome from your surgery. Recovering from Lumbar Discectomy surgery can take up to 3 months. You can take steps before surgery that will help make your recovery easier and faster. Having a positive attitude and looking forward to getting back a good quality of life is an important part of the recovery process.

Before your surgery, many people will be asking about your insurance coverage, medical history, and legal arrangements. You may feel that you are answering the same questions over and over again. If you have everything written down, you can reduce your frustration and speed the process.

You should be in the best possible health before your surgery. The physical preparations you can make, can affect both the outcome of the surgery, and your recovery time. Eat well and start some light exercise. If you are diabetic make sure you have clear instruction from your doctor about your medication. If you take **Blood Thinning** medication please let your surgeon know.

Day Surgery Admission Process

As your admission is planned and to ensure that it is quick and easy, you must first register your details with the Day Surgery or Hospital well in advance of your planned admission date, through the Admission Call Centre. Make sure you have all the relevant information at hand e.g. Medicare, Private Health Care provider. The Admission Call Centre will then contact you closer to the date of admission to acknowledge your admission and confirm health fund details. You will then be contacted by an admission nurse to obtain your medical history and provide you with information about your impending procedure and offers you the opportunity to ask questions about what to expect during your stay and remove the fear of the unknown.

What happens the day before my surgery?

The days before coming into hospital for your surgery are usually busy. Use this check list to make sure you don't forget anything.

- Bring your Orthopaedics Toowoomba surgical folder as it contains your Consent Form completed by you and your surgeon.**
- All X Rays and Scans**
- Your Medicare Card, Pension Card and Health Benefits Card.
- Your Pharmacy Benefits/Safety Net Card/Work Cover/Third party claim details/DVA Card.
- List of medications

The hospital will notify you with an admission time, where to arrive and a fasting time on this day. Fasting means no food or fluids after the time given. If you are required to take medication, take with a sip of water only.

- Shower prior to coming into hospital. Do not wear talcum powder, deodorant, perfumes or nail polish.
- Wear comfortable clothes that are easy to remove.
- Do not wear jewellery or bring valuables with you to hospital.
- Bring aids you usually require e.g. glasses, hearing aids, or walking aids, in good working order.

What happens while I am in Day Admission Unit?

On the day of your surgery please arrive punctually at the allocated time. Inform the reception staff of your arrival and they will check your admission details and make sure that all documentation is signed and witnessed. An admission nurse will discuss your past medical history, known allergies and current medication/s regime. You will then be taken to a waiting room where the anaesthetist will discuss with you your anaesthetic options and what to expect. At this time you will be asked the same questions over again by the theatre staff to check the side and site of surgery and if you have any allergies.

What happens during my surgery?

Lumbar discectomy is usually performed under general anaesthesia. After you are asleep, you are placed on your stomach (Prone) on a supporting mattress.

The surgeon makes a 2.5 to 5 cm incision in the skin over the area in your spine where you are experiencing symptoms. The muscle is detached from the bone to reveal laminae. This is removed to

allow access to the disc. The bulging parts of the intervertebral disc, along with adjacent loose disc fragments are removed. The incision is closed with dissolvable sutures that are buried under the skin and will dissolve with time. The wound should be covered for the first five days after the surgery. No dressing is necessary after 12 days.

What happens when I go home?

You are encouraged to be mobile the day after surgery for short periods. You should avoid heavy exercise and heavy lifting for the first six weeks after surgery. Walking is encouraged after 2 weeks following the surgery. Six weeks after your operation you should be walking twice daily for 45 minutes without difficulty.

You are not able to drive until 2 weeks after your surgery.

After surgery it is not uncommon to have mild lower back pain around the wound. This will improve in the first six weeks following the surgery. In the first three weeks you may experience mild sciatic pain because of inflammation within the nerve. This usually responds to simple anti-inflammatory drugs.

There are certain warning signs you should look for after surgery that may indicate a problem, such as excessive bleeding, redness or discharge from the wound, fever, weakness or numbness of the legs or problems urinating. If any of these symptoms occur please contact your surgeon's rooms for further advice.

Pain Relief Suggestions

Many types of medicines are available to help control pain, including opioids, simple analgesics, and non-steroidal anti-inflammatory drugs (NSAIDs). Treating pain with medications can help you feel more comfortable, which will help your body heal and recover from surgery faster. So don't feel you need to 'tough it out'. When you feel less pain, you can start moving sooner and get your strength back more quickly.

Unless otherwise instructed, simple analgesia e.g. Paracetamol and NSAIDs are preferred to more powerful analgesics. Both paracetamol and NSAIDs are effective when it comes to relieving mild to moderate pain. They both relieve pain but work in different ways.

The key to successful pain relief is taking it before it is required (pre-emptive) and regularly in the first days postop. It is also ideal to take a small amount of several safe pain killers (multimodal). It is generally safe for an adult to take 2 standard Paracetamol every four hours **not exceeding 8 tablets in a day** and 2 standard NSAIDs e.g. Ibuprofen, Advil or Nurofen, every 6 hours, **not exceeding 6 tabs in a day**.

Constipation is often a side effect of taking frequent pain medication. This may be overcome by changing lifestyle e.g. increased fluid intake or increase fibre intake or by taking laxatives. A combination of the two may be needed to return to a more comfortable bowel habit.

What is my prognosis post-surgery?

Eighty to eighty-five per cent of patients have a good outcome after lumbar discectomy surgery. While there is considerable relief of the leg pain after surgery, the pins and needles, numbness and weakness in the legs may take 3-6 months to resolve, depending on the duration and severity of nerve compression. If the compression has occurred for a long period, complete resolution of the abnormal sensations and weakness may not occur. There is also a 3-5% incidence of recurrent disc herniation at the same level after surgery.