



# SOUTHEASTERN NEUROSURGICAL SPECIALISTS

## SOUTHEASTERN NEUROSURGICAL SPECIALISTS: Pre & Post op Instructions for **LUMBAR LAMINECTOMY / MICRODISCECTOMY**

### **PRE-OPERATIVE INSTRUCTIONS:**

Your admission will be registered with the hospital by our office. We will contact your insurance company for pre-certification requirements. You will be responsible for inquiring whether a second surgical opinion is required by your insurance. If you have any questions regarding insurance pre-certification, please contact our office.

You will be given Hibiclens solution to use to wash the skin where we plan to make your incision. For your particular surgery this will be your lower back from the bottom of your shoulder blades to the top of your buttocks.

Use the Hibiclens solution on a washrag or scrubby and wash the area gently for about 5 minutes. Then rinse thoroughly. If you are not given this at the preadmission testing area, it can be purchased at most any pharmacy.

The evening before your surgery, **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT**. This includes gum, mints and your morning coffee. The anesthesiologist will not administer anesthesia if you have had anything by mouth after midnight, and your surgery will have to be postponed.

If you are on any medications, please check with the anesthesiologist to see whether or not you should take them on the morning of surgery. In general, you will be able to take all medications except diabetes medicines, some blood pressure medicines and blood thinners. If you are on any blood thinners or steroids, please contact our office. Unless otherwise instructed, you should stop using any anti-inflammatory medications such as NSAIDS (ibuprofen, Motrin, Advil, Naprosyn, Celebrex, Meloxicam, Diclofenac, etc.), any product containing aspirin, and any herbal supplements (such as: St. John's Wort, fish oil or other sources of Omega -3 fats, Vitamin E, etc.), 7 days before your surgery. These substances can cause bleeding problems and serious anesthetic reactions. Steroids must be discontinued in tapering doses. If your cardiologist or neurologist requires you to take aspirin this can, in most cases, be resumed immediately after surgery.

You should consider stocking up on groceries, including easy-to-prepare meals before you are admitted, so that your return home will be as smooth as possible.

**PLEASE REMEMBER:** It is important for you to be prepared for your discharge so that non-medical issues (like a ride home or someone at home to care for you) do not delay your discharge from the hospital. You will be discharged when the doctor feels you are stable, not when it may be convenient. Plan ahead to avoid any problems!

### **THE DAY OF SURGERY:**

Please bring the following items with you to the hospital:

- your insurance card or information
- a list of your medications and dosages
- a list of allergies
- any paperwork given to you by the hospital

- a living will, if you have one prepared (you may prepare one at the hospital if you wish)
- Photo ID
- Comfortable clothes to wear home
- Any discs containing X-rays, CT's, or MRI's that you have not turned into the office

Upon admission, you will be given a hospital gown to change into. Do not wear or bring jewelry. Do not wear make-up. Do not wear dark fingernail polish. You will be asked to remove dentures and contact lenses before surgery. You will be discharged from the hospital when you are medically stable to go home or to a rehabilitation facility. It is important for you to be prepared for your discharge so that non-medical issues (like a ride home or someone at home to care for you) do not delay your discharge from the hospital. Please note during the Covid-19 pandemic, family members will be allowed to be with you before surgery and can see you briefly right after surgery (in the recovery room), but they will NOT be allowed to visit you once you IF you are admitted to the hospital (inpatient cases only).

### **Therapy/Rehab:**

While in the hospital you will be evaluated by physical therapy and/or occupational therapy. They will make recommendations on assistive devices such as walkers, canes and bedside commodes. They will also make recommendations on rehabilitation requirements if needed such as inpatient rehabilitation, home rehabilitation or outpatient rehabilitation.

### **POST-OPERATIVE INSTRUCTIONS:**

**You will likely receive general discharge instructions from the hospital when you are discharged. If there is any discrepancy between those instructions and our instructions below, please default to our instructions.**

After you are discharged from the hospital you will need to call our office to set up your first post-op appointment, if this was not already done pre-op. This will typically be 10-14 days after surgery.

### **MEDICATIONS:**

You will be given a prescription for a narcotic pain medication (like Norco or Percocet). You may also receive a muscle relaxer (like Robaxin or Tizanidine), and a nerve pain medication like Neurontin (gabapentin) or Lyrica (pregabalin), prior to discharge. If you are taking medications other than those prescribed by Dr. Khajavi, you should discuss possible drug interactions with your pharmacist or primary care physician.

Pain medication and muscle relaxers should only be taken when you have pain. Nerve pain medication should be taken exactly as directed (usually 2 or 3x/day).

You may call your pharmacy for refills on some of these medications and the pharmacy will call our office for an okay. Prescriptions are called in and refilled during office hours only.

You should begin tapering off these medications within 1- 2 weeks of your discharge. As soon as you are comfortable, take a nonprescription pain medication (i.e. Tylenol) for pain relief.

Resume medications you were taking for other pre-existing medical conditions before you came into the hospital, unless otherwise advised by Dr. Khajavi. Do not resume blood thinners until cleared by Dr. Khajavi, usually 7-14 days after surgery.

Constipation is a side effect of narcotic pain medication. You should use an over-the-counter stool softener like Colace or Senokot to avoid this problem. If you do become constipated, you should try Milk of Magnesia or an enema or magnesium citrate, all of which are over the counter. Please notify the office if this problem becomes severe.

#### **DRESSING/WOUND CARE:**

Your incision may or may not be covered by a dressing. We often use a liquid surgical adhesive to seal the wound after closure instead of sutures or staples. If your incision(s) were closed with a liquid surgical adhesive you may shower immediately after surgery. If there is a dressing over this you may remove it after 1 day.

If you have staples and a gauze dressing(s) instead of a liquid surgical adhesive, the dressing(s) may be removed 2 days after surgery. There is no need to reapply another dressing(s) or use any special ointment. If there is some slight drainage for a few days after the dressing is removed, then apply clean 4 x 4 gauze with a few pieces of tape twice a day until the drainage stops. Wait another 2 days before you get the wound wet in the shower. Staples will be removed in about 10-15 days post op at your first postoperative appointment.

When showering, you can use whatever products you normally use. There are no special requirements, except you cannot take a bath or go in a pool for 1 month after surgery.

#### **PREVENTION OF PNEUMONIA AND BLOOD CLOTS IN THE LEGS:**

Pneumonia can occur after surgery when patients do not take big, deep breaths, and from inactivity (sitting too long or even worse, laying down too much). Blood clots can also occur after surgery and inactivity plays a big role in their formation. A blood clot in your leg can cause one leg to swell, be painful, and if it breaks off, can travel to your lungs and be fatal. Using the incentive spirometer you received in the hospital frequently helps prevent pneumonia but walking as much as possible helps prevent both.

#### **WHAT TO EXPECT AFTER SURGERY:**

It is normal for your incision to be sensitive for a few days and for a little redness to occur. If you notice any excessive redness, swelling, drainage, warmth or discharge from the incision, call the office.

It is normal to run a low grade fever after surgery and is usually due to atelectasis. This is when very small areas of the lung are not fully inflated, which causes the temperature. Reasons for atelectasis include not taking enough deep breaths and not walking enough. This can be prevented by performing the deep breathing exercises using the incentive spirometer you were given in the hospital and increasing your activity. You should use the incentive spirometer 15-20 times/hour while you are awake. Several (4-6) short walks a day are encouraged. If you have a fever over 102 or chills, please call the office.

The goal of the operation may be to take the pressure off the nerves to improve your lower extremity pain. Numbness is usually the last symptom to resolve and can take several weeks. In general, most of your leg pain should resolve over a period of 4 weeks. If you continue to have problems at the time of your one month post op visit, your doctor may prescribe a form of conservative therapy, i.e. Steroids or physical therapy.

Back pain is expected after this type of procedure. Treat your pain with pain medication and muscle relaxers. You can also use ice or heat (do not place directly on the incision) for 10 minutes four times a

day. **DO NOT SLEEP ON A HEATING PAD.** In general, most of your pain should improve over a period of about 4 weeks

Although the nerve compression has been corrected with surgery, it will take time for the nerves, muscle and tissues around the area of the incision to heal. Therefore, you may experience symptoms very similar to your pre-operative conditions. These symptoms can sometimes worsen temporarily and occasionally symptoms do not improve at all due to permanent damage to the spinal nerves.

### **RETURN TO DAILY ACTIVITIES:**

For about the first week following surgery, you will need to rest and do as little activity as possible, other than walking as much as possible. As previously mentioned you may feel sore and stiff. By the second week, however, you should begin to feel less pain and stiffness. During your second post op week, you should be able to take more walks, go out to eat, or go shopping. Do not do any strenuous activities including lifting, stretching, bending, pushing or pulling. Gradually, over the next couple of weeks you will be able to progressively increase you activities. Use the following as a guideline:

1. **Driving.** You should not drive for 1-2 weeks after surgery, but this may vary. You may drive sooner if you are not taking narcotic pain medication. You may ride in a car on short trips. If you must ride over 30 miles, get out and walk every thirty minutes. It can be more comfortable for you to lay your seat back when traveling long distances. You should not plan to travel for long distances for at least a month after surgery.
2. **Working.** If you have a manual labor type job, you should not plan to return to work for 8 weeks or more following surgery. If you have a predominantly sedentary job, you can plan to return to work in a part-time capacity after 2-4 weeks. At your one month return office visit, Dr. Khajavi will assess you and determine at what point you may return to work. Caution and common sense should be used to determine whether or not you should engage in any activity.
3. **Activity.** No lifting, pulling, or pushing objects over than 15 pounds. (Examples: infants, grocery bags, vacuum cleaners, lawn mowers.) Avoid bending at the waist; rather bend with the knees and hips. Avoid traditional abdominal or back strengthening exercises during the first 2-3 weeks. You may climb stairs at any time but use the handrails. It may be advisable to have someone with you the first few times. Avoid sitting for more than 20-30 minutes at a time as longer periods usually aggravate back pain. When you sit, try to use some type of lumbar support. Remember to maintain good posture. Rest between activities, as you may find that you tire more easily after surgery. This is to be expected, and it may take some time before your energy level returns to normal. You should abstain from sexual activity for at least 2-4 weeks following surgery. Sexual relations are permissible after this period but should not be too vigorous. Use your judgment. Remember: the above lengths of time for sitting and walking will vary with each patient.
4. **Exercising.** Resuming exercise should be done carefully. Walking is one of the best exercises to improve your overall fitness and endurance level. Start with a few small trips a day and gradually increase the distance according to your tolerance. Don't try to do too much too soon! Do not participate in any aerobic type activity (including tennis and golf) or contact sports for two to three weeks following surgery. Formal physical therapy will not begin until 2-3 weeks after surgery, to give time for you to heal.

**\*\*PLEASE NOTE\*\*:** CONDITIONS WILL VARY BETWEEN INDIVIDUAL PATIENTS. IT IS VERY IMPORTANT TO DISCUSS YOUR PARTICULAR SYMPTOMS WITH DR KHAJAVI OR HIS MEDICAL STAFF. THIS INFORMATION SHOULD BE USED AS A GENERAL

INFORMATION SHEET ONLY AND SHOULD NOT BE USED IN LIEU OF MEDICAL TREATMENT. THE POST-OPERATIVE INSTRUCTIONS LISTED ABOVE ARE GUIDELINES. DR. KHAJAVI MAY HAVE SPECIFIC DO'S AND DON'TS IN YOUR CASE.