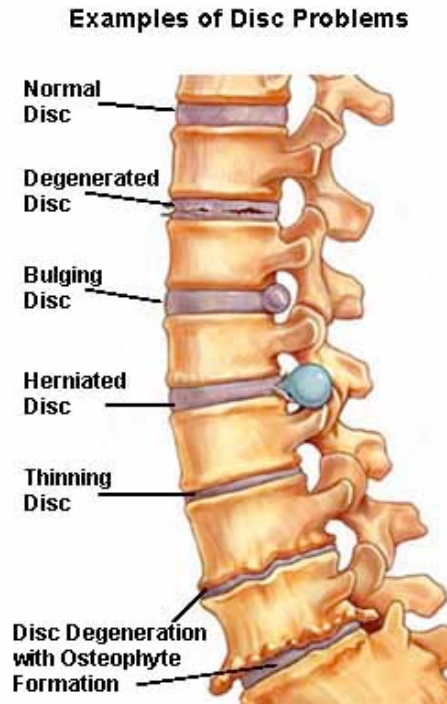


LUMBAR LAMINECTOMY, LAMINOTOMY, DISCECTOMY PATIENT EDUCATION

Lumbar laminectomy is a surgical procedure most often performed to treat leg pain related to herniated discs, spinal stenosis (narrowing of the spinal canal), and other related conditions. Stenosis occurs as people age and the ligaments of the spine thicken and harden, discs bulge, bones and joints enlarge, and bone spurs form. Spondylolisthesis (the slipping of one vertebra onto another) can also lead to compression.



The goal of a laminectomy is to relieve pressure on the spinal cord or spinal nerve by widening the spinal canal. This is done by removing or trimming the lamina (roof) of the vertebrae to create more space for the nerves.

Laminectomy is performed with the patient face down on an operating frame. A small incision (usually about ½-2 inches, though it may be longer depending on how many levels of the spine are affected) is made in the lower back. A small bony window is made by removing part of the bone (laminotomy) or a larger window called a laminectomy. This bony window allows additional room for the nerve and creates an opening to reach the disc or bone spur if it is pressing on the nerve. If the surgeon determines that further nerve decompression is needed, bone spurs can be removed from the foramen on the side of the vertebra. This procedure is called a foraminotomy.

Lumbar laminectomy/Laminotomy is performed in the operating room under general anesthesia. The operation typically takes _____ hours. Patients who have lumbar laminotomy/laminectomy/discectomy usually go home on the same day or the next day after surgery.

Before Your Surgery

Surgery patients will:

Before having surgery on your back, patients may be required to provide written medical clearance from their primary care physician, Cardiologist, Hematologist or Pulmonologist.

Please check if needed

- Provide written clearance from your primary care provider, Cardiologist, Hematologist or Pulmonologist.
- Review medications with Nurse/Nurse Practitioner before surgery. Patients should bring a list of all medications to medical appointments and to the hospital.
- Prior to surgery you will obtain pre-operative lab tests and final medical clearance.

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- ☑ Stop all anti-inflammatory medications, such as Advil or Aleve, herbal preparations and supplements for two weeks before surgery.
- ☑ Stop blood thinners, such as aspirin, coumadin, or plavix, before surgery. Contact your primary care provider or cardiologist for directions to stop blood thinners before surgery. You cannot have surgery while taking blood thinners.
- ☑ To ensure the success of your surgery, we recommend you must stop smoking for 3-6 months.
- ☑ Shower the night before and morning of the surgery using antibacterial soap.
- ☑ Arrange for help at home after surgery by asking family and/or friends. Most patients go directly home following their hospitalization.
- ☑ Arrange transportation home from the hospital.
- ☑ While you are hospitalized staff will check two patient identifiers prior to providing any medication. Staff will review your ID band and verify your name before you are given medications. Feel free to ask questions about your medications.

Disability Forms / Paperwork

We understand that having surgery likely means you will be off work for an extended period of time. This means forms to fill out to get your sick time covered by your employer. Please allow 7-10 days for this paperwork to be handled. There is normally a fee assessed by your surgeon's office for completion of this kind of paperwork.

Should you remain on disability for a time period greater than three months post-operatively, you may be referred back to your primary care physician or a physical medicine and rehabilitation specialist for evaluation for long-term disability.

After Your Surgery

Preparing for Discharge Home

- Patients will need a ride home from the hospital after surgery. Please arrange transportation home from the hospital.
- Patients will be able to go home when he/she can walk, go to the bathroom and take oral medications.
- The surgeon will prescribe medications only up to three months after surgery. Use your pain medication as needed and as directed. Using more medication than prescribed will cause you to run out early. We do not rebill over the weekends or at night in most cases. If you notice you are running low, you will need to contact our office during normal business hours.
- The surgeon will discuss return to work, physical therapy and gradual increase in activities at your first post-operative visit.

Incision Care

Care of your incision is vital to the success of your surgery. Once you leave the hospital, care of your incision is your responsibility. Please follow these guidelines:

- Always wash your hands prior to touching the dressing over your incision. Anyone involved in the care of your incision must wash their hands prior to touching the dressing or incision.
- Do not shower and keep the original dressing on for the first 48 hours. After the first 48 hours after surgery, cover your incision with plastic wrap and tape to keep your incision dry when you shower. Remove plastic wrap and tape after your shower. Apply a new, dry, clean dressing.
- No baths, hot tubs, or swimming until cleared by your surgeon (normally for 4-6 weeks after surgery).
- Incisions without sutures or staples (only covered by steri-strips) can get wet 14 days after surgery.
- If you have steri-strips (small, sterile band aids) they may start to peel or fall off after 10-14 days. Do not attempt to remove steri-strips that are adherent before 14 days after surgery.
- If you have stitches or staples your surgeon's office will remove them between 10-21 days post operatively. Steri-strips may be applied following the removal of your stitches or staples.
- The incision can be left open to air and you may shower 24 hours after the sutures or staples come off.
- You do not need to apply another dressing unless your clothes irritate the wound or if you have persistent drainage. You do not need to apply ointment such as Neosporin. It is better to let the incision dry out naturally.
- Inspect your incision daily. You may need to use a mirror to see the incision.
- Contact your doctor if you have:
 - ✓ redness, swelling, or increased pain around the wound edges
 - ✓ pus or bad smelling discharge from the wound
 - ✓ opening of the incision
 - ✓ fever greater than 101.2°

Each patient reacts differently to surgery and anesthesia. Here are some helpful hints to keep in mind following your surgery:

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- Pain medication, inactivity, and decreased fluids can cause constipation. Be sure to drink adequate amounts of water and eat a sensible diet every day. Walk every day for exercise and to promote normal bowel activity. If you experience constipation and are having problems with bowel movements several over-the-counter medications can be obtained from your local pharmacy. Use a gentle stimulant laxative such as Senokot-S, Correctol, Dulcolax, Ex-Lax, Colace, or Milk of Magnesia.
- Walk for 5-15 minutes several times a day. Gradually increase activity as tolerated. Avoid prolonged bed rest.
- Stair climbing is allowed; use the hand rails for support.
- In general, driving is not allowed for up to two weeks following your surgery.
- Please review driving precautions included on the information provided by the pharmacy with any pain medication you may be taking. Pain medication may cause drowsiness which interferes with the ability to operate a motor vehicle.
- Allow family and friends to help you.
- Use supportive thinking and relaxation techniques to help cope with pain.

For 6 weeks after surgery:

- No bending, extending or twisting the neck.
- No lifting over 10 pounds.
- No lifting overhead.
- No reaching overhead for longer than it takes to comb your hair.
- No sexual activity.
- Gradual return to prolonged sitting, standing and walking.

There are excellent books and web sites for additional information:

Websites:

www.MethodistHealthSystem.org/NeurosurgicalAnimations

www.SpineUniverse.com

www.Spine-Health.com

www.UnderstandSpineSurgery.com