

### ***What do I need to know before I go home?***

On the day of discharge you will be given three days supply of the required medications, then see your local doctor for further medications. An appointment will be made for you at either the outpatient clinic or your Consultant Neurosurgeons private rooms.

It is very important that you go to your local doctor or the nearest Emergency Department if you have any of the following symptoms:

- Any ooze, redness or swelling around a surgical wound
- Increased pain or numbness in your legs, back or buttocks
- Difficulty in talking or walking
- Unrelieved headaches
- Fever
- Pain, swelling or redness in one of your legs
- Sudden shortness of breath, which may or may not be accompanied by chest pain

Do not do any excessive bending or lift heavy objects and do not stand or sit for long periods until the Neurosurgeon has told you that you may. This period of time varies depending on your particular condition and operation.

### **Further Information**

If you have any questions during your stay please do not hesitate to talk to a member of the nursing staff, who will be only too pleased to try and assist you. If you are required to wear a support brace, you will not be able to drive during this time.

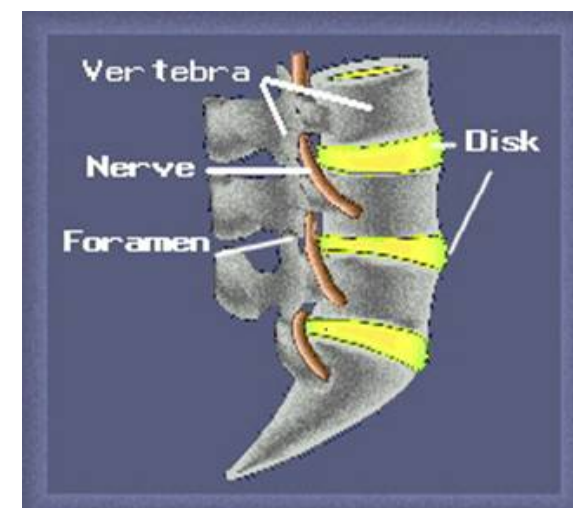
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**Reviewed September 2009  
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# **Lumbar Spine Surgery**



### ***A guide for patients and their families***

The following pamphlet is designed to provide patients, families and carers an overview and general post operative information on lumbar spine surgery. This pamphlet is not intended to replace discussion with your doctor, nurse or other members of the health care team.

### ***Why do I require surgery?***

Lumbar laminectomy, microdiscectomy and spinal fusion are surgical procedures to relieve compression or “pinching” of spinal nerves in the lower or lumbar region of the back. Compression of one or more lumbar spinal nerves can occur for a variety of reasons, including trauma, as a result of ageing, a herniated or ruptured disc and other reasons. The most common symptoms of lumbar nerve compression are:

- Dull to severe aching pain in the lower back or buttocks
- Sciatica – pain in the lower back and hip radiating down the back of the thigh and into the leg
- Pain in one or both legs
- Numbness and/or weakness of one or both legs

### ***How is it diagnosed and what are the treatment options?***

Your doctor will take a medical history, including symptoms and any injury you may have had, a physical examination including assessment of your leg strength, reflexes and ability to feel pain and move. Diagnostic tests such as a CT or MRI scan, x-ray and possibly a myelogram can provide your surgeon with information about the anatomy of the nerve compression.

These tests will help to rule out other conditions and accurately diagnose the problem.

### ***What will happen immediately after my operation?***

After the operation you will be taken to the recovery room. When you wake up you will have various computer leads attaching you to a monitor, which monitors your heart rate, pulse and breathing. You will have

- an oxygen mask on your face
- a drip in your arm to provide intravenous fluids
- a dressing to cover the wound
- you may have a tube into your bladder to measure urine output.

You will be asked if you have any pain, and if so you will be given an injection to help relieve the pain. When your condition is stable you will be transferred to either the Neuro/Trauma High Dependency Unit or the neurosciences ward for ongoing care including frequent monitoring of blood pressure, pulse, temperature and movement, strength and sensation in your legs.

### ***Care after your surgery.***

Your doctors will review you each morning. The physiotherapist will visit you the morning after your operation to assist with

deep breathing and coughing to prevent any problems with your lungs. Unless otherwise indicated by your particular surgeon or operative procedure the nurses will encourage you to begin walking as soon and as often as possible with assistance. Walking helps to improve recovery and reduce the risk of blood clots in the deep veins of the legs (DVT). If you are required to stay in bed, the nurses will assist you with techniques for rolling in bed whilst keeping the spine in the correct position. You will be allowed to drink and progress to a normal diet when you feel well enough. Most patients following lumbar spine surgery are usually discharged home within three to seven days. You will be discharged when:

- Your blood pressure, pulse and temperature are stable
- You can walk on your own or with minimal assistance
- You can eat and drink without feeling nauseous
- You are passing urine normally and you have had your bowels opened
- Your wound is healing well

If you have wound stitches or staples, these are generally removed prior to discharge, if not, your local doctor will be able to do this for you when you go home.

You may be required to wear a support brace to limit movement to the spine as it heals, this will be dependent on your specific operation and your surgeon. If required the brace should be worn at all times until you are reviewed by your surgeon.