

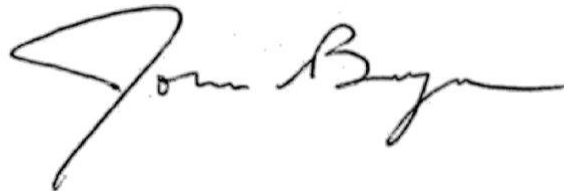
An anatomical illustration of the human spine, showing the vertebrae and intervertebral discs in a light brown color. It is positioned vertically on the left side of the page.

Lumbar Microdiscectomy (MLD) Surgery

Dear Patient,

Thank you for entrusting me with your care. Please read through the following packet of information. I think you will find it helpful as you begin your recovery. It was carefully arranged to provide useful postoperative instructions and answers to many frequently asked questions. If any questions or concerns arise, please do not hesitate to call the office.

Sincerely,

A handwritten signature in black ink that reads "John A. Buza III". The signature is fluid and cursive, with a long horizontal stroke at the end.

John A. Buza III, MD, MS
Orthopedic Spine Surgeon

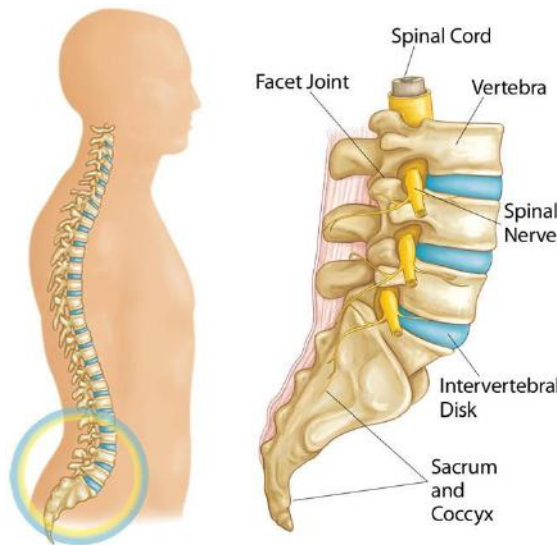
About your surgery

What to expect

YOUR LUMBAR SPINE

Your lumbar spine consists of the five vertebrae in your lower back. It provides support for the weight of your body, surrounds and protects your spinal cord, and allows for a wide range of body motions. Many conditions can affect this area of your spine, including lower back pain, arthritis, degenerative bone and disk disease, and stenosis (pinched nerves)

Intervertebral discs can be thought of as the “shock absorbers” or “cushions” between the vertebral bodies (bones) in the spine. The disc is made up of a fibrous, tough, outer rim (the annulus) surrounding a central core of gelatinous, soft material (the nucleus). If the annulus tears, the nucleus can then extrude through the hole in the annulus and place pressure on the nerve root. It is like what would happen if a jelly doughnut is crushed- the jelly will leak out through the side of the doughnut. This is what is called a “herniated disc”. The pressure on the nerve roots caused by the herniated disc can result in pain, weakness, or numbness/tingling of the buttocks and/or the lower extremity.



YOUR SURGERY

The surgery (lumbar microdiscectomy) is done to relieve the pressure on the nerves and help treat your symptoms.

YOUR INCISION

After making a small incision over the area of the disc herniation in the lower back, Dr. Buza will remove the portion of the disc that is creating pressure on the nerve roots. Some additional loose disc material is also removed, but the entire disc is NOT removed because doing so is unnecessary. Only the damaged disc is removed. Currently, we do not have the technology to replace the damaged disc with a new disc.

PREPARING FOR SURGERY (2-4 weeks before surgery)

1. SEE YOUR PRIMARY CARE DOCTOR- VERY IMPORTANT!

- Before your surgery, it is necessary to have a preoperative medical clearance which includes at minimum blood work, urine tests and EKG.
- If it has been some time since you have seen your primary physician and you have a lot of medical problems, you should see your medical doctor ASAP before your surgery date.

2. STOP TAKING CERTAIN MEDICATIONS

Medications that increase the chances that you will bleed excessively after surgery:

- **Aspirin:** Ideally stop 2 weeks before surgery, unless otherwise instructed by your cardiologist
- **Ibuprofen (Advil, Motrin), Naproxen (Aleve), Meloxicam, Celebrex:** Stop 7 days before surgery
- **Coumadin** – Discuss with the prescriber as to the best time to stop this medication before surgery. Usually 5 days before and 2 days after surgery.
- **Plavix** – Discuss with the prescriber as to the best time to stop this medication before surgery. Usually 7 days before and 3 days after surgery.
- **Vitamins:** You may take normal Vitamins which contain 100% of your Daily Value, but do not take any “mega-doses” of vitamins for 7 days prior to surgery.
- **Herbal Preparations:** All herbal supplements, & many over the counter (OTC) supplements, should be discontinued at least 7 days prior to surgery.
Examples: Ginkgo Biloba, Fish Oil, Turmeric, etc in concentrated capsule form

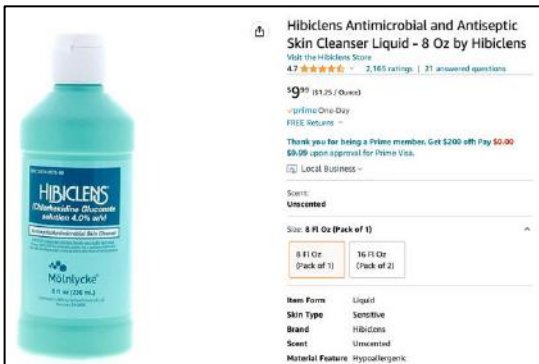


3. STOP SMOKING OR USING NICOTINE PRODUCTS

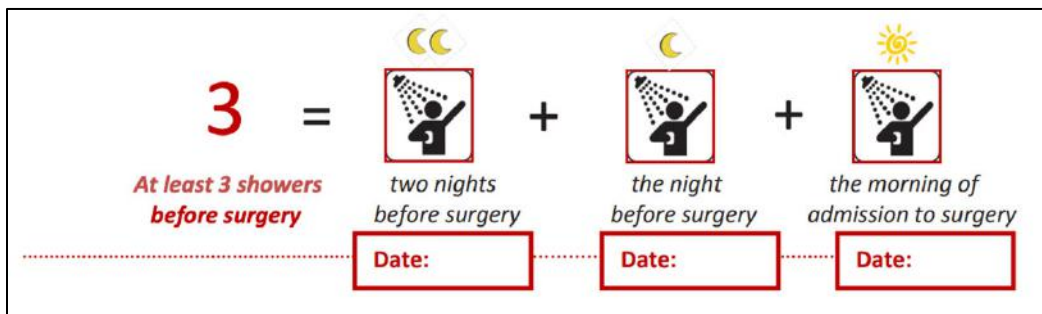
IF you use any form of nicotine containing products (which include chewing tobacco, vaporizers/vape pens, e-cigarettes, nicotine patches, etc.) you will need to be completely nicotine-free **at LEAST 2 months before surgery**. Patients who smoke have a significantly higher rate of failure of the surgery and especially fusion failure. If you are trying to quit smoking, please note that all nicotine replacement systems (as mentioned above) have the same effect and cannot be used

TWO DAYS BEFORE SURGERY - Chlorhexidine (CHG) soap

You need to buy from **local drugstore (CVS / Duane Reade)** or on **Amazon.com**



You should shower with CHG soap a minimum of **three times before surgery**



Instructions:

1. Rinse your body with warm water.
2. Wash your hair with regular shampoo. Rinse your hair with water. If you are having neck surgery, use CHG soap instead of your regular shampoo to wash your hair. Rinse your hair with water.
3. Wet a clean sponge. Turn off the water. Apply CHG liberally.
4. Firmly massage all areas: neck, arms, chest, back, abdomen, hips, groin, genitals (external only) and buttocks. Clean your legs and feet and between your fingers and toes. Pay special attention to the site of your surgery and all surrounding skin. Ask for help to clean your back if you have a spinal surgery.
5. Lather again before rinsing.
6. Turn on the water and rinse CHG off your body.
7. Dry off with a clean towel.
8. Don't apply lotions or powders.
9. Use clean clothes and freshly laundered bed linens

Important reminders:

- Do not use any other soaps or body wash when using CHG. Other soaps can block the CHG benefits. After showering, do not apply lotion, cream, powder, deodorant, or hair conditioner.
- Do not shave or remove body hair. Facial shaving is permitted.
- CHG is safe to use on minor wounds, rashes, burns, and over staples and stitches.
- Allergic reactions are rare but may occur. If you have an allergic reaction, stop using CHG and call your doctor if you have a skin irritation.
- If you are allergic to CHG, please follow the bathing instructions above using an over-the-counter regular soap instead of CHG

ONE DAY BEFORE SURGERY

1. Shower with CHG/Hibiclens Soap before bed



2. Diet Recommendations:

- Eat small light meals the day before surgery
- Stop eating or drinking after midnight

3. Remove any nail polish from the thumb, index, and middle fingers on each hand.

4. Please pack and bring:

- Medication List: Bring an updated list of medications (include the dose and frequency)
- Advanced Directive or Living Will if one is available
- Insurance cards and a government issued ID (such as a driver license, passport)
- Education packet (Bring this packet with you!)

5. Please leave at home:

- Medications should be left at home, unless they are specialty medications or brand name, then please bring medication in original pharmacy bottle for verification.
- Money, credit cards
- Contact lenses
- Jewelry and accessories
- Tobacco products and accessories, the hospital campus is smoke and tobacco-free.

DAY OF SURGERY

AT HOME THE MORNING OF SURGERY

- Shower with CHG/Hibiclens soap the morning of surgery
- If you take medications in the morning, you may take them with water.
- Avoid wearing lotion or cosmetics, especially mascara.
- Wear clean, loose-fitting clothing to the hospital (i.e. sweatshirt/pants).
- No jewelry
- Wear glasses if you have them, leaving contact lenses at home.



WHEN DO I HAVE TO GO TO HOSPITAL?

On the day of your surgery, you will be asked to arrive approximately 2 hours before the time of your surgery. You will receive a call the day before surgery instructing you on when to arrive at the hospital.

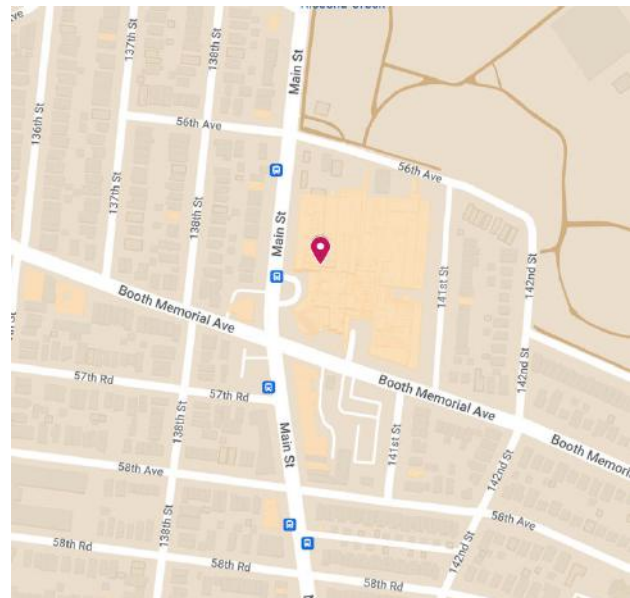
WHERE TO GO THE DAY OF SURGERY?

56-45 Main Street
Flushing, New York 11355
Main Lobby Entrance

For directions:
<https://www.nyp.org/queens/directions>

WHERE CAN I PARK?

Parking is available 24 hours a day in the pay parking lot on Booth Memorial Avenue between Main Street and 141 Street. This is a self-parking lot, but there are attendants who may valet your car (at no extra charge) if the lot begins to fill up with cars. Unfortunately, there is no parking validation, and you will have to pay up to 20 dollars/day for parking.



CAN A FAMILY MEMBER COME WITH ME?

Yes, one family member can come in with you into the preoperative holding area. If you live within 1 hour of the hospital, I recommend the family member go home during the operation. It is more comfortable to wait at home, and there is a very large team taking care of you during the operation.

I will call them immediately after the surgery and they can return as instructed to visit you after surgery.

Back at Home After Surgery

WOUND CARE AND SHOWERING

- **First 7 days:** Keep your dressing clean and dry
 - If you shower, you may use either of the following:
 1. Medical tape and saran wrap
 - Cover the dressing with Saran wrap or freezer bag
 - Use medical tape to tightly secure the edges to prevent water entry.
 - Medical tape can be purchased at any local drugstore (Walgreens, RiteAid, etc.).
 2. Aquaguard (purchased on Amazon)



Leave this dressing clean and dry for first 7 days after surgery



*If dressing accidentally becomes wet in shower, that is OK, just remove the white bandage and leave it open to air

- **Day 7** – Remove the white bandage dressing (leave the glue and mesh on underneath)
- **After 7 days-** Leave the wound open to air
 - **You can shower and get the area wet.** let gentle soap and water to run over the incision. Do not scrub the incision, and please pat dry with a towel.
 - If the wound is dry, no further dressings are needed and the incision can be left open to air. **Occasionally your incision may bleed and your dressing may get saturated with blood, this is okay.** The dressing can be changed to a new, clean dressing.
 - Swelling and redness around the incision is normal for the first few weeks after the surgery
 - Do NOT apply any lotions or creams to the incision



Leave this mesh on until it falls off on it's own, may take 2-3 weeks

NO BENDING, LIFTING, OR TWISTING

Follow these restrictions for the first 6 weeks after surgery. Reposition frequently from sitting to standing to walking during the day.

- Walk as much as possible!
- Remember, No BLT!
 - Bending - Avoid bending. No squatting if you had surgery that extends to the low back
 - Lifting - No lifting over 10 pounds.
 - Twisting – Avoid twisting motions. Always turn your entire body in the same direction.

Do not try to do too much too early. Use your common sense. Remember to keep your spine in the neutral position and maintain good posture throughout the day.

WALKING

After surgery, regardless of the type you had, the best physical therapy is walking. You should begin with short walks and increase your time and distance as tolerated. This may be walking 5-10 minutes outdoors three times a day initially, increasing your distance every few days, and working up to a total of an hour of walking a day for the first 6 weeks after surgery.

- You may graduate to a cane if you feel steady enough after a few weeks of using the walker.
- If your preoperative pain returns, you are too active and need to slow down a bit, until the pain resolves, then resume walking again.

PHYSICAL THERAPY

At your 6-week follow-up appointment in the clinic, you may be given a handout of lower back exercises to begin at home. You may also be given a prescription for outpatient physical therapy, depending on how well you have recovered so far. You may go to the physical therapist of your choice. Until that time, focus on walking.

DRIVING

No driving until you are off of all narcotic/sedative medications AND can move well enough to be safe behind the wheel, this is usually after 4-6 weeks from surgery. Check with your doctor at your first follow up appointment (4-6 weeks post op) about when you should start driving.

RETURN TO WORK

Naturally, you will feel tired and weak after surgery. You will begin to feel more like yourself after 2 to 3 weeks and improve over the following weeks. You should tell your employer you will be out of work for approximately 8 to 12 weeks but may be able to return earlier than that.

SMOKING

It is important to avoid all types of nicotine **for at least 3 months after your surgery**, as this can lead to future complications. (Ex: cigarettes, smokeless tobacco, e-cigarettes, nicotine patches or gum)

PRESCRIBED MEDICATIONS AND PAIN CONTROL

- **Oxycodone (Narcotic Pain Medication)** may cause constipation, nausea, itching, and excessive drowsiness. Take an over-the-counter stool softener (see below) to reduce constipation. Take over the counter Benadryl (25-50mg) to reduce itching. Narcotic pain medications often cause drowsiness and it is against the law to operate a vehicle while taking these medications.
- **Zofran/Ondansetron (Anti-nausea medication):** Nausea may be related to either anesthesia or the narcotic pain medication. You may take this medication as necessary.
- **Miralax (Stool Softener)** Available over the counter at your local pharmacy and should be taken while you are taking narcotic pain medication to avoid constipation. You should stop taking these medications if you develop diarrhea.

If you need refills on your prescriptions, please contact our office 2-3 days before you are out of medications so we have sufficient time to process your request.

As your pain improves, try to increase the time between taking pain pills so that you are taking less and less over time. The goal is to try to get you off of the medications by 2-3 weeks or earlier, if possible. Some people may need medications for longer than 4-6 weeks, and that's OK. If you find that your pain is really mild, try taking plain extra strength Tylenol instead.

You should also avoid anti-inflammatories (NSAIDS) for for at least 3 months after your surgery, or until your surgeon gives you the ok to start taking them again. (NSAIDs: Ibuprofen (Motrin, Advil), Naproxen, Naprosyn (Aleve), Meloxicam (Mobic), Celebrex, Diclofenac, etc...) These medicines can prevent proper healing of the fusion. If you have any questions about whether you can take a medication or not, call the office.

DIET

Avoid spicy and greasy foods for the first 2 days after surgery. After that, eat whatever you like. You may not feel like eating too much for a few days, and that's ok. Food high in fiber (fruits and vegetables) are good in that they can help reduce constipation. Drink plenty of fluids.

CONSTIPATION AND BLOATING

A common side effect of narcotic pain medication is constipation.

- If you are taking pain medications, take Miralax as prescribed to prevent constipation
- Be sure to drink 6-8 glasses of water per day
- Eat plenty of fresh fruits & vegetables to prevent constipation. Brown rice, legumes/beans, high fiber cereal, oatmeal, granola, and whole grain bread are also good options.
- If you have not had a bowel movement in 3 or more days, please call your surgeons office. You may need to use a fleets enema or suppository (which are available over the counter) so that you can have a bowel movement.

PAIN AND WEAKNESS

Low back pain and muscle spasms are normal after a spine surgery. This usually gets better over the next few weeks. Numbness, tingling and weakness that you had before surgery may take time to improve. If you develop significant new weakness after you get home, you should call the office: **866-670-6824** or go to the Emergency Room.

Normal Experiences After Surgery

- **Pain:** Surgery hurts. The first 72 hours are the worst. It does get better.
- **Redness:** A small amount around the sutures is normal. If it worsens or spreads, contact us.
- **Drainage:** A small amount is normal for 2-3 days. If drainage beyond this time, contact the office.
- **Fever:** Low grade fevers (Less than 101.5°F) may occur during the first week after surgery.

FOLLOW UP

Call Dr. Buza's staff at **866-670-6824** within the first few days after you get home. State that you had surgery and need two-week follow up appointment.

QUESTIONS

Feel free to call Dr. Buza's office with any questions **866-670-6824**. During business hours, you will be connected to Dr. Buza's staff who reports questions or issues to Dr. Buza.

NOTIFY US IMMEDIATELY FOR ANY OF THE FOLLOWING

If any signs of infection are observed while changing the dressing, call your doctor.

- These signs include
 - Fever - a body temperature greater than 101.5°F (38°C)
 - Significant drainage from the incision(s)
 - Opening of the incision(s), and
 - Increasing redness or warmth around the incision(s)

In addition, call Dr. Buza's office if you experience chills, nausea/vomiting, or suffer any type of trauma (e.g., a fall, automobile accident).

EMERGENCY ROOM USE

If you have trouble breathing, chest pain, or significant NEW weakness after your surgery, please go to a NYP Emergency Room immediately. If you have any other problems related to your surgery, **PLEASE CALL OUR OFFICE at (866-670-6824) BEFORE GOING TO THE EMERGENCY ROOM,** as we can likely address your problem or get you an appointment scheduled and save you a trip to the ER.

JOHN A. BUZA III, MD, MS

Orthopedic Spine Surgeon
NewYork-Presbyterian Queens

LONG ISLAND CITY OFFICE

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Fresh Meadows, NY 11365

**NewYork-Presbyterian
Queens**

TEL: 866.670.6824

FAX: 718.670.2249

**AMAZING
THINGS
ARE
HAPPENING
HERE**

COMMON QUESTIONS AFTER SPINE SURGERY

1. How soon can I have a dental procedure, (i.e. teeth cleaning) after surgery?

There is no restriction on this. You do not need antibiotics before your dental cleaning from Dr. Buza's perspective. If your dentist wants to give you antibiotics before your procedure, that is his or her decision.

2. How soon can I travel after surgery, for both car and air travel?

You should wait a minimum of 3 months after surgery to travel by air. You may travel by car sooner, if you take frequent breaks along the way to get out, stretch and walk around. If you can't avoid air travel before 3 months, please contact your surgeon and discuss this issue before your surgery. Taking a daily aspirin (81 mg or 325 mg) one week before, during and one week after your air travel can reduce the risk of developing blood clots in your lungs (pulmonary embolism, which can be fatal) or legs (deep vein thrombosis).

3. How soon can I go back to work?

This answer often depends on the type of work you do and the type of surgery you had. As a rule, if you had surgery to the front of your neck (anterior approach) or a lumbar decompression surgery, you will most likely be able to get back to work 4-6 weeks after surgery. If you had fusion surgery, it is not unusual to take 8-12 weeks off to recover.

4. What medications do I need to stop before surgery?

- If you are taking any non-steroidal anti-inflammatories such as Ibuprofen (Advil/Motrin), Naproxen (Naprosyn/Aleve), Aspirin, Mobic (Meloxicam), Relafen (Nabutemone), Voltaren (Diclofenac) etc., please stop them a minimum of seven days before surgery. If you have any questions about what medications that need to be stopped, please contact the office.
- If you are on long-term anti-coagulant treatment (Warfarin, Coumadin, Lovenox, Plavix, Eliquis, Xarelto, etc.), confirm with your prescribing physician when it is safe to stop the medication prior to surgery and when to restart the medication after surgery.
- If you are taking any anti-arthritis medication (Enbrel, Humira, Methotrexate, etc.), please check with the prescribing physician when it is safe to stop (usually two weeks before) and restart (usually 12 weeks after surgery) medication.
- You may continue Tylenol or Acetaminophen up to the day of surgery.
- Stop all herbal supplement and vitamins 2 weeks prior to surgery