

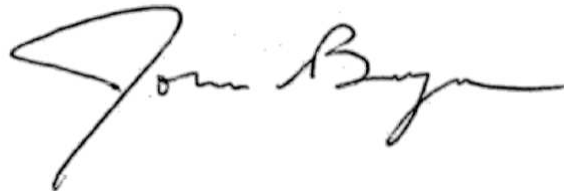


Lumbar Microdiscectomy (MLD) Surgery

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,



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

Before Surgery

What to expect

DO NOT TAKE ANY ASPIRIN PRODUCTS OR NON-STEROIDAL ANTIINFLAMMATORY DRUGS (i.e. NSAIDs, Advil, Celebrex, Ibuprofen, Motrin, Naprosyn, Aleve, etc.) FOR 2 WEEKS BEFORE SURGERY. These medications can increase bleeding during surgery. If you absolutely need to be on these medications until the date of surgery, check with Dr. Buza.

YOUR SPINE

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.

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.

GOING HOME

Your length of stay in the hospital depends on many factors, including your general medical condition and the severity of your spine problem. Most patients are typically in the hospital overnight, but many are able to go home same day.

You can go home when:

1. you are taking oral pain pills
2. you can eat and drink enough to sustain yourself (Don't worry – most people will not feel like eating and drinking too much after surgery, and that is OK)
3. you are able to get out of bed and walk around. Having a bowel movement is not necessary before going home.

Some patients may need to go to a rehabilitation facility first before going home.

Back at Home After Surgery

WOUND CARE

When you go home, there are a few things to remember about your surgical wound.

- You can take your dressing off 2 days after surgery.
- Keep your incision clean and dry
- There are no stitches to remove, unless you have been told otherwise. Special “glue” was used to seal the wound, and all of the stitches are “inside”
- 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.
- If you notice any drainage, redness, swelling, or increased pain at the incision, call the office.

SHOWERING

- You may shower on **day 2** after surgery if there is no drainage from the wound
- Do not soak the wound in a bathtub, pool, or hot tub
- It is OK for gentle soap and water to run over the incision. Do not scrub the incision, and please pat dry with a towel.

ACTIVITIES

Walking is the best activity. Walk as much as you like. It is good for you and will help you recover more quickly. Avoid the BLTs: bending, lifting, twisting of your back. **You should avoid excessive bending and twisting of your back and may not lift anything over 10 pounds until cleared by your surgeon – typically 6 weeks post-op.** However, you may exercise your arms and legs with light weights if you desire as soon as you feel it-as long as those activities do not cause you to perform BLTs on your back. 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.

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

- **Narcotic Pain Medications (Percocet or Norco):** 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.
- **Anti-nausea medicine (Zofran):** Nausea may be related to either anesthesia or the narcotic pain medication. You may take this medication as necessary.
- **Stool softener (Colace and/or Senna):** 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.

Try to take the appropriate medication for the level of pain you are having. Pain medications are helpful around the time of surgery, but they can cause problems if taken for too long. **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 4-6 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 6 weeks 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...)

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. Taking over the counter stool softeners/laxatives may help. Please follow package instructions. Stool softeners/Laxatives include: Milk of Magnesia, Miralax, Dulcolax suppository, fleets enema, Magnesium Citrate. Drinking fluid, activity, and diets high in fiber are also helpful in relieving constipation.

Bowel Regimen for Constipation in Adults

Begin the following if no bowel movement by 3 days after surgery. All of the medications listed below can be obtained from your local pharmacy over-the-counter. Stop if you develop diarrhea. Patients under age 18 should NOT use this regimen without contacting your pediatrician.

- **Post-operative Day 4-5:** Colace 100mg caps 3 times per day AND Senna 2 tabs at bedtime. Increase by 2 tabs at mealtimes up to a maximum of 8 tabs per day if no bowel movement.
- **Post-operative Day 6:** Continue above AND add Milk of Magnesia 1-2 times per day.
- **Post-operative Day 7:** Continue above AND add a Bisacodyl rectal suppository or Fleets enema.

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

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AMAZING
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