

Contact the physiotherapy team by
telephoning 0208 725 4619 or
email: backontrack@stgeorges.nhs.uk

Advice and exercises can be viewed online
at: www.tiny.cc/backontrack

Information following microdiscectomy / laminectomy

Lumbar (lower back) surgery



St George's Healthcare NHS Trust
St George's Hospital
Blackshaw Road
London
SW17 0QT

Tel: 020 8672 1255

Website: www.stgeorges.nhs.uk

Further information

You might find it useful to contact:

Back Care – The Charity for Healthier Backs
(Registered as the National Back Pain Association)

16 Elmtree Road,

Teddington,

Middlesex,

TW11 8ST

Tel: (020)8 977 5474 or 0845 130 2704 (Charged at local rate)

Web: www.backpain.org

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Introduction

This leaflet is designed to help answer any questions you may have and provide an exercise programme to help your recovery. A nurse or another member of the healthcare team will be able to offer further advice if required. The medical terms used for this type of surgery are microdiscectomy and laminectomy.

What is a microdiscectomy?

A microdiscectomy is an operation for a disc bulge. Part of the disc is removed to free up the nerves in the spine. This helps to ease the pain and discomfort experienced in specific areas of your back and possibly your legs. Once the disc bulge is removed, pain and associated symptoms may disappear immediately. However, more commonly, the relief of these symptoms is more gradual.

What is a laminectomy?

A laminectomy is a similar operation. Instead, a portion of bone is removed from the vertebrae (bones in your spine) in order to release pressure on the nerves of the spine. It is more likely that the scar is slightly larger and that you will require stitches to the wound.

Exercise programme following lower back surgery

The day after your surgery, you will be expected to start sitting out of bed and walking on the ward unless advised otherwise by your doctor. If you have any weakness or numbness, a physiotherapist will assess and advise you. The exercises in this booklet were demonstrated in the pre-admission "Back on Track" class or you may have watched the video online at www.tiny.cc/backontrack. It is recommended you begin these exercises the day after your surgery.

If you require further support with your exercises and/or walking, a member of the healthcare team will be able to advise you.

Getting out of bed:

1. Roll slowly onto your side, keeping your body and head in alignment (straight).
2. Bring your legs over the side of the bed. Place your uppermost (top) arm in front of you and push through your hand and other elbow to slowly sit up.



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Exercise 2

Start position: Lying on your back, knees together and bent.

Action: Bring one knee slowly towards your chest. Hold for 5 seconds, and then lower.
Repeat 5 to 10 times each leg.



Exercise 3

Start position: Lie on your back with your legs bent and feet together.

Action: Press the small of your back down into the bed / floor, as if drawing your belly button towards your back bone.

1. Feel your lower stomach muscles tighten.
Hold for 5 to 10 seconds.
2. Count out loud to check you are not holding your breath.
Repeat 5 to 10 times.



If you have pain at night, it may be helpful to take pain killers before going to bed. It is important to rest when you need it. You might find the following useful to help you to fall asleep and eventually return to a normal sleeping pattern:

- Have a hot caffeine-free drink before bed
- Sleep in a warm stress free environment
- Reading
- Using a pillow between your legs in side lying or under your knees when lying on your back will help keep your back in alignment

As the patient's relative/carer, is there anything in particular I should look out for?

If the patient develops:

- A fever
- Redness, swelling, pain and irritation at the wound site
- Return or development of pins and needles into the legs
- Increased back or associated leg pain
- Bleeding
- Difficulty with walking
- Difficulty going to the toilet

Use the contact details below

Who can I contact if I have any problems once I am home?

Please contact your GP, for NHS advice on telephone no. 111, your local A&E department or the ward for advice.

When can I return to full physical exercise and sporting activities?

You have been provided with a gentle exercise programme at the beginning of the leaflet. It will help your recovery and rehabilitation to follow this programme gently and accurately. These exercises are designed to promote your independence, enabling you to return to normal activities. You should avoid contact sports until you have discussed this with your surgeon.

Rest and activity

Some people may feel tired and worried when they first go home and are frustrated by not feeling able to do all the things they want to do. This is quite normal. It is best to make a plan to gradually increase the activities you do by yourself over the following weeks. It is likely that you will feel exhausted some days and others you will feel fine. It is often helpful to plan a 'rest time' during the day when you can be undisturbed. On the whole, resting on your bed is more relaxing than a chair. **It is advisable to avoid sitting in a soft chair for long periods following this type of surgery.**

Sleeping

You may find you have difficulty in sleeping for a number of reasons:

- You have just come out of hospital where your sleep pattern may have been interrupted
- You have had back surgery
- You have restricted movement in your back
- You might have wound discomfort caused by sudden movement in bed.

Exercise 4

Start position: Sitting on a chair.

Action: Pull your toes up, tighten the front of your thigh muscle and straighten your knee slowly. Hold for approximately 5 seconds. Repeat 5 to 10 times each leg.



Progressing your Exercises

You can generally start the next set of exercises one week after your operation. If you are finding the first set of exercises easy to complete, you could begin exercises 5-6 earlier than this.

Exercise 5

Start position: Lying on your back.

Action: Bend your leg and resist the movement with your hand. Hold for 5 to 10 seconds. Repeat 5 to 10 times on each side.



Exercise 6

Start position: Lie on your back, legs bent and feet together.

Action: Slowly rock your pelvis forwards and backwards, using your stomach muscles to control the movement in your lower back.

Use minimal effort and do not strain when your back is arched.

Your shoulder blades and pelvis must stay on the floor or bed. Repeat 5 to 10 times.



3. Having your partner behind you may also be more comfortable. Try it kneeling on the bed or lying on your stomach with a pillow under your chest.

4. Sit on your partner's lap facing away from him as he sits in a chair.

Am I allowed to drink alcohol?

As always drinking in moderation is allowed, however always read the medication label if you are on strong pain killers or other tablets.

Can I go on holiday abroad?

If you have booked a holiday or are planning a holiday it is best to speak to the surgeon at your outpatient appointment regarding your flight. You should also let your travel insurance company know. If you have to cancel, you should qualify for some refund with a letter from the surgeon. As always, if prolonged sitting becomes uncomfortable, take regular walks to mobilise your back.

When can I return to work?

When you feel ready, it is best to consult with the doctor at the outpatient clinic or your GP before you do. If your job involves lifting heavy objects you should consult your occupational health department at your workplace prior to your return.

What about lifting things and caring for children?

It is sensible to avoid lifting heavy objects for at least six weeks; even then it is advisable to take extra precautions. Where lifting and reaching are involved it is advisable to get someone else to do it unless you are fully recovered. Where young children are present, sit down and get them to climb up to you. If you have a baby, do not lift them with your arms outstretched. When you feel fit and confident enough to lift heavier items; always remember to bend your knees and keep your back straight.

When can I resume a sexual relationship?

When you feel ready. You may need advice on positioning from the physiotherapist, occupational therapist or surgeon, as it is important to maintain the natural curves of your spine.

For men:

1. Lie on a firm surface and use pillows to support your head and knees. You might like to try placing a small rolled towel under your lower back.
2. Try a side-by-side position.
3. Place a pillow under your lower back while your partner straddles you on top. You can also sit in a sturdy chair instead of lying down.

For women:

1. Try the missionary position (lying on your back) with the legs bent toward the chest.
2. Sit on the edge of a chair and have your partner kneel between your legs.

Try to continue with these exercises for the next 6 weeks.

Points to remember:

1. Try to carry out the exercise programme at least twice a day.
2. The exercises should take about 15 minutes to complete and you should build up to approximately 15 to 20 repetitions of each exercise.
3. Use a firm surface on which to carry out the exercises such as the floor or a hard bed.
4. If the pain increases reduce the number of repetitions and/or go back to just doing exercises 1 to 4. Within a day or so you should be able to restart the programme.
5. Remember that it is normal to feel some pulling of the muscles whilst exercising. Do not be put off by some aches and pains in the first few weeks following the surgery.

Occupational Therapy (OT):

If required you may be seen by an occupational therapist during your time in hospital. This is to discuss your lifestyle and consider the activities you need to do on a daily basis. The aim is to help you get back to normal daily activities where possible.

If you are having difficulties with any activities such as washing or dressing, the occupational therapist may be able to help you.

If you need to see an occupational therapist for equipment or further advice following your discharge, you will need to contact your local social services.

Other Questions you may have:

When will my stitches come out?

For a microdissectomy, you will be more likely to have paper stitches and you are advised to leave these on until they fall off. Occasionally you might have non-absorbable stitches; these normally come out 7 to 10 days following surgery. If they are not removed before you leave hospital, you will be asked to make arrangements to have them removed at your GP practice.

What happens to my dressings?

You will be given a supply of dressings. Please change them at least every 48 hours or more frequently if needed (if they become bloody, dirty or smelly).

When do I come back to the outpatient clinic?

Usually in 6 to 12 weeks. An appointment will be sent in the post. On your visit your consultant may not always see you; instead you will be seen by one of his/her team of doctors.

Will I be allowed to drive?

You can drive when you feel ready but avoid driving long distances and you may wish to practice an emergency stop. It is best to check with your insurance company.

Is it normal to experience pain after the surgery?

Yes – pain may be experienced at the wound site for some time. You should take pain killers as prescribed by the surgeon or your GP.

Is it true that pain killers cause constipation?

Yes – particularly if the drug contains codeine. Try to eat plenty of fruit, vegetables and fibre like bran and wholemeal bread. Drink plenty of fluid too. If it is still a problem consult your GP.

When can I shower or bath?

Usually after the stitches are removed. On occasions the nurse may cover the wound with a waterproof dressing. You should avoid rubbing or soaking the wound. You should ensure that the wound is dabbed dry after bathing / showering.

How will I know when my scar is healed?

All wounds progress through several stages of healing, and the following points are usually experienced:

- Sensations such as tingling, numbness or itching
- A slight hard lumpy feeling as new tissue forms
- Slight ‘pulling’ around the stitches as the wound heals.

Remember – do not pull off any scabs as they protect the new tissue underneath and act as ‘nature’s dressing’. They will fall off without any help when they are ready.

Seek help if:

- The amount of pain in your wound increases
- There is redness and / or swelling
- There is any discharge (fluid or oozing) from your wound