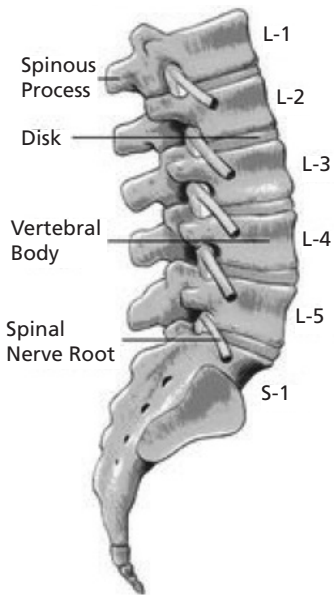


# Lumbar Discectomy/Decompression Advice Booklet



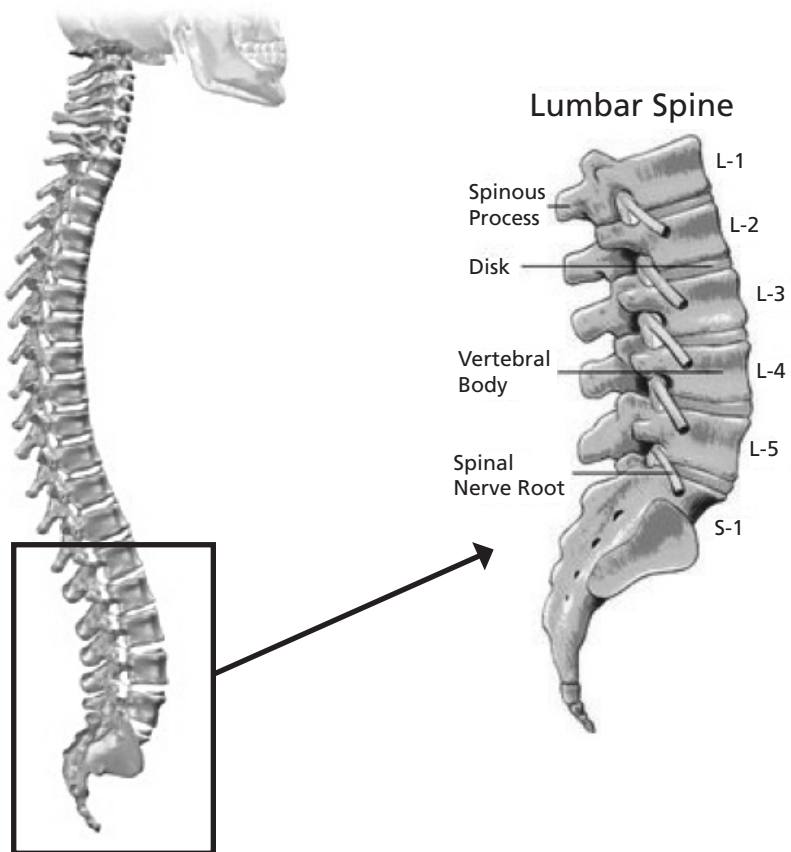
[Patient Information](#)

## Introduction

This booklet is designed to provide information and advice about your surgery and to aid your recovery and rehabilitation during your stay at the James Paget University Hospital and when you are discharged home.

## Anatomy

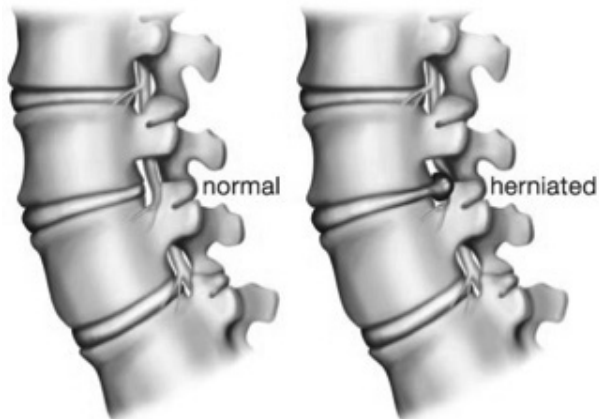
The spine is made up of 33 bones called vertebrae, and has five regions. The lower part of your spine is known as the lumbar region, and it consists of five vertebrae.



The spine supports the weight of the body and protects the spinal cord and nerves. Between each vertebra there is a disc, like a soft cushion, which works as a shock absorber.

The lumbar region bears most of the body weight and is the most common site for wear and tear.

Wear and tear of the lumbar spine is a normal process, however, discs may bulge and cause pressure on the nerves. This is known as disc herniation, and can cause pain, numbness, weakness or tingling in your leg(s).



The surgery you have had is a:

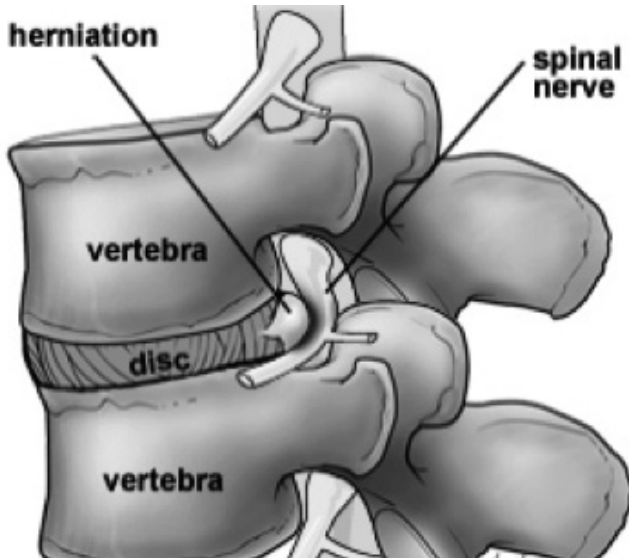
Lumbar discectomy

Lumbar decompression

## Lumbar discectomy

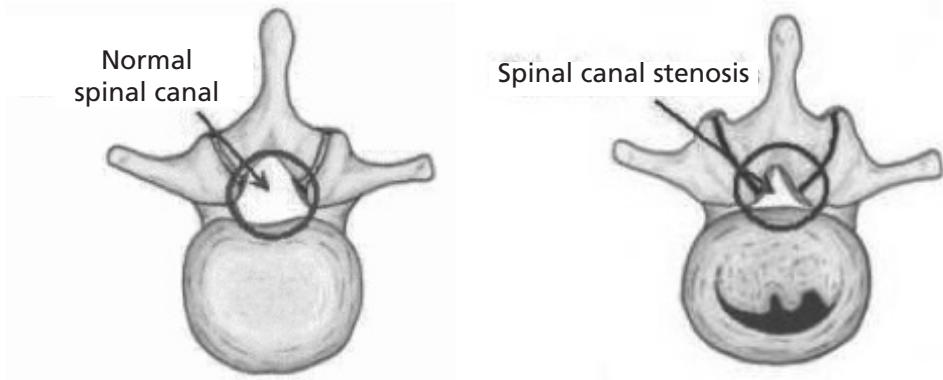
A discectomy is an operation to remove the affected part of the disc between two vertebrae. The aim of the surgery is to ease your leg symptoms rather than your back pain.

The surgery is usually done under a general anaesthetic and takes approximately one hour.



## Lumbar decompression

The nerves which make up the spinal cord pass through a gap in the vertebrae called the spinal canal. Sometimes this spinal canal becomes narrower, and starts to cause pressure on the nerves. This is known as spinal canal stenosis.



If this is the case, then a section of bone from the vertebrae is removed to relieve the pressure on the nerve. The aim of the surgery is to ease your leg symptoms rather than your back pain.

The surgery is usually done under a general anaesthetic and takes approximately one and a half hours.

## Getting in and out of bed/changing positions in bed

We recommend you get out of bed/change position by using the log roll technique to avoid any twisting movement of your back. This is explained below. You will be shown how to do this in hospital.

1. Bend your knees and roll onto your side.
2. Let your legs slowly drop off from the bed as you push yourself up with your hands into the sitting position.



## Sitting

It is very important to have a good posture when sitting to reduce the stress on your back. Avoid slouching or sliding down in the chair/sofa.



It is recommended to sit in a chair that supports your back, and allows you to have your feet flat on the floor.



Try to avoid sitting for long periods of time. Make sure you stand up and move around regularly.

## Precautions

For four to six weeks you need to avoid:



Excessive bending



Lifting, pushing or pulling heavy objects

## Walking

You should start walking as soon as possible after your operation, with the help of staff or a physiotherapist.

It is important to keep walking little and often. This will help to keep your muscles strong, and allow you to maintain your independence.



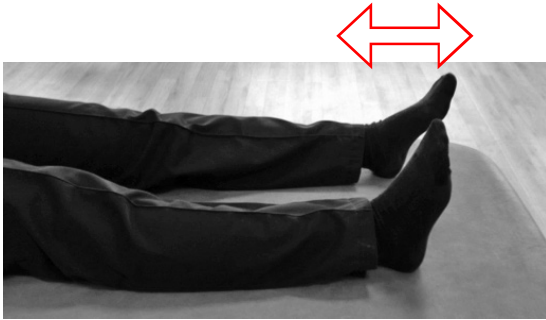
## Exercises

These exercises should begin straight after your operation.

Aim to complete five to 10 repetitions of each exercise, three to four times daily. Movement should be as far as your pain allows.

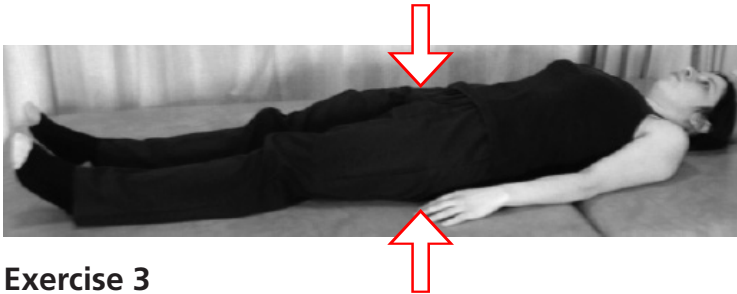
### Exercise 1

Gently bend your ankle up and down.



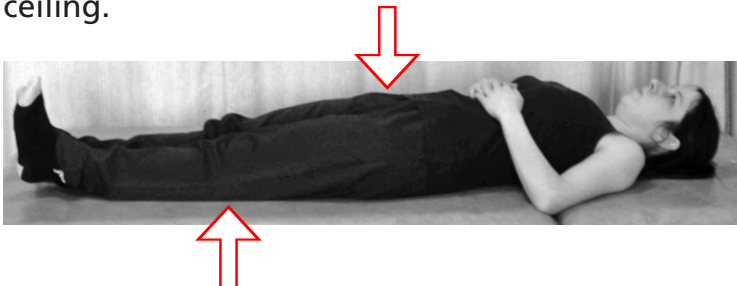
### Exercise 2

Tighten your buttocks. Hold for up to five seconds and relax.



### Exercise 3

Tense your thigh muscles by pushing your knee into the bed. Hold for up to five seconds and relax. Point toes towards the ceiling.



## Exercise 4

Sit in a chair with your knees bent at a right angle, and the backs of your knees touching the chair. Relax your arms and straighten your back.



Slowly look down towards the floor, keeping your leg still. Then slowly straighten your problematic leg as far as you comfortably can. Look at the ceiling as you straighten the knee. Hold for a second.

Then slowly bend your knee to lower your foot back to the floor, you should slowly look down as you lower your leg.

**Do not hold the leg straight for more than a second, and only move as far as comfortable, do not provoke pain.**

**If you have any increase in symptoms, stop doing the exercise and let your physiotherapist know.**

## Post-operative advice

If you experience a severe headache/dizziness, particularly on sitting up after surgery, you must let the nursing staff or your doctor know as soon as possible.

As soon as your anaesthesia wears off you will be encouraged to get out of bed and walk.

Some surgeons advise wearing a corset after the surgery. If you do need a corset you will be advised of this and fitted with one before discharge from hospital.

## Wound care

You will have a small midline wound which will be closed with small sticking plaster strips. Keep the wound dry until it is healed, which is normally within eight to 10 days. You can wash or shower with your waterproof dressing straight after your operation but do not submerge under water, e.g. do not take a bath or swim.

Contact your GP if the dressing becomes loose. Avoid using spray deodorant, talcum powder, perfumes or creams near or on the wounds until they are well healed to reduce the risk of infection.

## Movement and function

Normal activities can be started as soon as possible, gradually increasing your activity levels. It will be uncomfortable at the beginning but it will gradually ease.

## Pain

As with any surgery, you should expect some degree of pain. Painkillers will be prescribed and it is advised you take them regularly so that you can perform your exercises and walk as able.

## Return to work

You should discuss with your surgeons when you are able to return to work. You may expect to be off work for up to three months. This will vary depending on the nature of your work. If you require a sick certificate, please ask the ward staff after your operation.

## Driving

Please discuss with your surgeon about when it is safe to return to driving. Your pain must be well controlled before you can drive. You need to be able to fully control your vehicle when driving to comply with the Road Traffic Act (1988).

It is always recommended you tell your insurance company before returning to driving.

## Sexual activity

You can resume sexual activity when you feel ready.

## Sleeping and Resting

You may find that sleeping or resting on your back with a pillow under your knees or lying on your side with a pillow between your legs is more comfortable.

Regular exercises and walking are very important, however, it is advised to take adequate breaks and rest. You should gradually increase the amount of activity and exercises as tolerated.

## Sports

Your surgeon will advise you when you can return to sports or high impact activities such as running and jumping. Please discuss with your surgeon if you have any questions or concerns.

## What happens when I am discharged?

You are expected to complete your exercise regime on discharge and gradually return to your everyday activities. The physiotherapist in hospital will discuss whether you need any ongoing physiotherapy once you are home.

## Abnormal symptoms after discharge

Most people do not notice any abnormal symptoms once discharged. If you notice any of the following which are different from how you were before your operation, you must phone your spinal surgeon via their secretary on 01493 453786 – if there is no answer, or if it is out of hours, then you must go to the Accident and Emergency department immediately:

- A severe headache/dizziness, particularly on sitting up after lying down
- Numbness or tingling in your legs or in both feet (different to pre-operation)
- Difficulty passing urine
- Sudden lack of control passing urine or faeces
- Numbness or tingling in your groin/between your legs, e.g. when wiping after the toilet.

## Contact numbers

**Spinal Secretary: 01493 453786.**

(Available 08:00-16:00 Monday to Friday, or please leave a voicemail if you have a non-urgent query for your spinal surgeon).

**Ward 22, James Paget University Hospital: 01493 452331.**

(Available 24 hours a day).

**Orthopaedic Therapy Office: 01493 453849.**

(Available 08:00-16:00 Monday to Friday, or please leave a voicemail if you have a Therapy query).





## Feedback

We want your visit to be as comfortable as possible. Please talk to the person in charge if you have any concerns. If the ward/department staff are unable to resolve your concern, please ask for our Patient Advice and Liaison (PALS) information. Please be assured that raising a concern will not impact on your care. **Before you leave the hospital you will be asked to complete a Friends and Family Test feedback card.** Providing your feedback is vital in helping to transform NHS services and to support patient choice.

### Trust Values

#### Courtesy and respect

- A welcoming and positive attitude
- Polite, friendly and interested in people
- Value and respect people as individuals  
So people feel **welcome**

#### Attentively kind and helpful

- Look out for dignity, privacy & humanity
- Attentive, responsive & take time to help
- Visible presence of staff to provide care  
So people feel **cared for**

#### Responsive communication

- Listen to people & answer their questions
- Keep people clearly informed
- Involve people  
So people feel **in control**

#### Effective and professional

- Safe, knowledgeable and reassuring
- Effective care / services from joined up teams
- Organised and timely, looking to improve  
So people feel **safe**



The hospital can arrange for an interpreter or person to sign to assist you in communicating effectively with staff during your stay. Please let us know.

For a large print version of this leaflet, contact PALS 01493 453240

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Therapy Services

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