



Lumbar Discectomy

Hospital Stay

After your Lumbar Discectomy procedure, there are a number of things to be aware of during and after the recovery process. As with any surgical procedure there are certain risks involved, although the majority of patients will not experience them.

TIME IN HOSPITAL

- overnight often; longer if necessary (prolonged fever, drainage, bowel or bladder difficulty, etc)

PAIN

- expect significant pain for the first 24 hours
- usually controlled by intravenous or intramuscular narcotics
- home on oral medication

FEVER

- common and usually temporary due to changes in the respiratory system

URINARY RETENTION

- commonly catheterization of the bladder is necessary
- common and usually temporary

WOUND DRAINAGE

- not uncommon, and treated with dressing changes or reinforcement

ANEMIA

- uncommon and usually treated with iron pills; rarely by transfusions

ABDOMINAL DISTENTION

- uncommon and due to temporary shutdown of bowels
- usually treated with laxatives and time; occasionally by nasogastric tube

SORE THROAT

- temporary discomfort from tube placement in the windpipe during surgery for anesthesia

INTRAVENOUS SITE

- swelling and bruising can occur which commonly resolves in time

DRAIN

- a drain may be placed in the surgery site; usually removed in 2-3 days

The Institute of Brain and Spine Surgery



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Post-Operative Instructions

These are guidelines and are not inflexible

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ACTIVITY

- limited to walking as comfortable; sitting 5-15 minutes, rest as necessary
- change positions frequently
- stay at home until approved by M.D.
- no driving; no bending, lifting, pushing or pulling

CALLS

- call office to see M.D. within one or two weeks of discharge
- sutures (staples) usually removed on first office visit
- call M.D. for the following problems or any other concern:
 - fever, redness or swelling
 - drainage from the incision
 - excessive pain or spasm

DIET

- normal

DRESSING

- keep dry and clean; no baths or jacuzzi until approved by M.D.
- showers OK if dressing is kept dry

EXPECT

- stiffness and discomfort for approximately two - four weeks after surgery

OFF

- work for approximately six - eight weeks by average

PHYSICAL THERAPY

- to start approximately two - four weeks after surgery

REFILL

- prescriptions Monday - Friday 8:30am - 5:00pm

CALL M.D. FOR ANY CONCERNS

REMEMBER, KEEP THE DRESSING DRY AND CLEAN

The Institute of Brain and Spine Surgery

1360 W. 6th Street, Suite 160W, San Pedro, CA 90732 • (310) 548-5511
21350 Hawthorne Blvd., Suite 176, Torrance, CA 90503 • (310) 540-0965
www.tibss.org



Lumbar Discectomy

Complications/Risks

Not complete or inclusive

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WITHIN DAYS OR WEEKS

General anesthetic / medication adverse reactions

(eg, heart, lung, mental problems, etc)

Blood transfusion reactions

Infections

- treatment depends on seriousness of infection
 - possible oral antibiotics
 - possible intravenous antibiotics for weeks
 - possible insertion of special catheter for I.V. antibiotics treatment
 - possible re-operations for debridement and closure of wound
 - potential extended time in hospital or potential re-operations

Post-operative hemorrhage

- re-operations with extended recovery time

Spinal fluid leakage

- membranes covering the nerves are often thinned by herniated discs or stenosis and can open
- treatment includes extended bed rest with head of bed flat
- or spinal fluid drainage catheter in low back
- or re-operations

Nerve problems (spinal cord or nerve root)

- temporary (weeks/months) or rarely permanent
- new or worse pain
- numbness, weakness, or very rarely paralysis
- bowel or bladder difficulty

WITHIN MONTHS OR YEARS (DELAYED)

Excessive scar tissue with recurrent pain
disc herniation
Spinal instability

ALL OF THE ABOVE POSSIBLY LEAD TO NEW SYMPTOMS

These could lead to re-operations and fusions

These occasionally lead to new permanent nerve and other problems

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Lumbar Discectomy

Rare but Potentially Serious Risks

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CARDIAC (heart)

- myocardial infraction (heart attack)
- arrythmias (irregular heart beat)

PULMONARY (lung)

- pneumonia
- pulmonary embolus (blood clot to lung)

DEEP VEIN THROMBOSIS (blood clot in leg)

GASTROINTESTINAL (stomach/intestines)

- hemorrhage
- ulcers

BLOOD PROBLEMS

- severe anemia
- aplastic anemia (shut down of ability to make blood cells)

NEUROLOGICAL PROBLEMS

- 'stroke'

INFECTIONS

- deep and serious; poorly responsive to treatment
- potential spread to blood and organs

ANY OF THE ABOVE COULD INVOLVE ADDITIONAL TREATMENTS

ANY OF THE ABOVE COULD LEAD TO EXTENDED TIME IN THE HOSPITAL

ANY OF THE ABOVE HAVE POTENTIAL FOR PERMANENT DISABILITY

ANY OF THE ABOVE HAVE POTENTIAL FOR LOSS OF LIFE

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