PREMIER SPINE CARE

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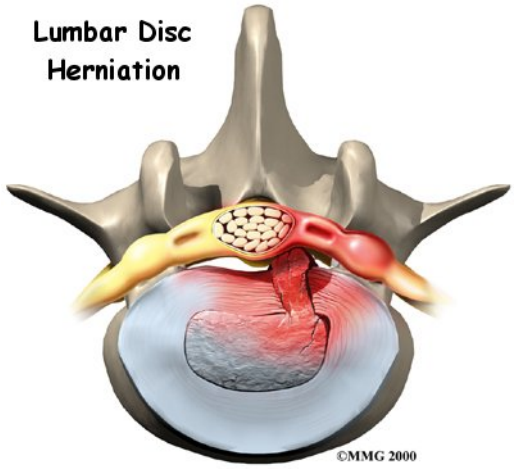
Lumbar Laminectomy/Decompression/Discectomy

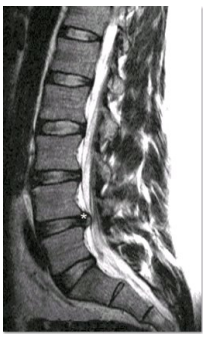
A Patient's Guide To Surgery



Based upon your symptoms, physical examination, and radiographic films, a lumbar laminectomy / decompression / discectomy surgery has been recommended for you. ***The goal of this procedure is to return you to optimum health and get you on your way to recovery.***

The following information should help you understand what will be involved with the surgery. This guide is not intended to take the place of the orthopedic spine team's explanation, but is designed to answer some common questions and make you familiar with common terms and procedures related to lumbar decompression surgery.

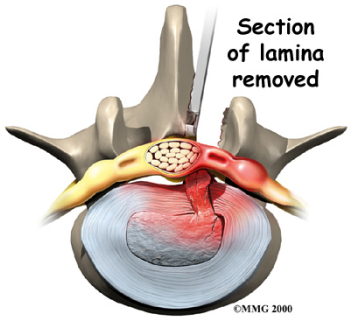
Basic Information
Why are you here?



Most likely, the pain, numbness, or weakness in your legs has ultimately led you to seek help. You have been diagnosed as having a lumbar herniated disc or spinal stenosis (narrowing) causeing impingement upon a nerve root in your back requiring a **lumbar laminectomy/decompression with or without a potential discectomy**. Discs are the shock-absorbing cushions between the vertebrae (bones) of your spinal column. These discs can protrude, bulge, or extrude for a variety of reasons, including age, stress, strain, or trauma. Disc herniations can also occur without any history of trauma.

Herniation of the disc results in the soft inner contents of the disc pushing through the fibrous outer wall and pressing against the nerves that run within the spinal canal. These herniations or protrusions will typically cause symptoms of pain, numbness and tingling down the legs, in addition to low back pain. Degenerative changes (arthritis) can cause similar symptoms of nerve root impingement without the presence of a herniated disc. Spinal stenosis (another type of arthritis) can cause cramping of the legs when walking. These conditions are all treated in a similar manner, with the goal of any decompression procedure to relieve pressure on the compressed neurological structures.

The procedure is done through a small midline incision on the back. Care is always taken to minimize tissue trauma to allow a quicker recovery. The **Discectomy** part of the procedure, if necessary, is designed to remove the herniated material and relieve pressure on the nerves allowing the nerves to recover as much of their function as possible. Following the surgery, you will not be immobilized. Early mobilization helps the recovery process and limits medical complications.



Testing and Therapy before Surgery:

Our goal is to try and maximize your recovery following your onset of symptoms. Conservative therapy or non-surgical treatment is often used as the first line of treatment. If you have been recommended the lumbar decompression procedure, conservative therapies such as medications, physical therapy, and epidural steroid injections have unfortunately not been adequately effective in relieving your symptoms. There are certain situations where these options are bypassed, but rest assured we pride ourselves on managing patients non-operatively whenever possible and appropriate.

Diagnostic tests such as magnetic resonance imaging (MRI), computed tomography (CT), and occasionally myelograms indicate the level or degree of herniation and/or spinal stenosis (narrowing around the nerves), instability, and pinching of the nerves. These, and occasionally additional tests, allow us to precisely locate the problem and target this area in treatment. One or more of these tests may be necessary to accurately diagnose the problem. Proper diagnosis is essential to effective treatment.

The Procedure and its Benefits:

Lumbar decompression surgery takes about one hour to perform. This will vary depending on the extent of your condition as well as how many levels need to be addressed. The possible risks involved with this type of surgery are such things as, but not limited to: infection, excessive bleeding, dural tear/spinal fluid leak, spinal cord or nerve root injury resulting in paralysis, partial/no relief of symptoms, worsening of symptoms, anesthetic/medical complications (i.e. heart attack, stroke, pulmonary embolism, etc.), and even death. Every effort is made to make the surgical procedure as quick, efficient and **safe** as possible. Any questions regarding these risks should be discussed with the surgeon prior to the scheduled surgery date.

Typically, you will be up walking within hours of surgery and can be discharged the day after your operation. A small drain may be placed at the time of surgery and removed the following morning. Please arrange your transportation home in advance. After surgery, minor discomfort from your incision is common but temporary. Soreness in the low back is very common from surgical exposure. Early mobilization and mild pain medication can be helpful in reducing this discomfort. You may experience persistent numbness, weakness and pain along the path of the nerve that was decompressed, but these symptoms are generally temporary and gradually improve. Pain usually resolves first with numbness/tingling and strength improving later. It is **important** to understand that surgery only gives your body **a chance** to recover function or improve symptoms. It does **NOT** guarantee it. Sometimes recovery is immediate and complete, other times it takes time to become complete, and sometimes it is never complete. Residual nerve symptoms can continue to improve up to 18 months following surgery.

Discharge instructions will be provided and reviewed with you prior to discharge home from the hospital. Your activities will be limited until you come for your postoperative follow-up visit, which is typically 3 weeks after your procedure.

Members of the Health-Care Team:

You will meet a number of health professionals during this time. Their goal is to help you recover and return you to your prior activities as soon as possible. A brief description of each of these professionals follows:

John M. Ciccarelli, M.D.

Fellowship-Trained Orthopaedic Spine Surgeon (Dr. John Ciccarelli). This is the physician who will perform the surgery and direct your care afterward. Please feel comfortable asking questions of your surgeon - ***communication is an essential element towards recovery***.

Physician Assistant (Jason Douglas). The physician assistant (PA) is a licensed professional who practices medicine under the supervision of a physician. The physician assistant will assist the surgeon during your procedure. The PA can answer questions and will follow you in the hospital after surgery as well as help to facilitate your discharge from the hospital and answer any questions you may have.

Medical Assistant (Laura Landon) The medical assistant is your main channel of communication between you and the physician or PA once you are discharged from the hospital. She is able to answer many simple questions you or your family may have and will forward any more complex questions appropriately. She will arrange and organize your surgery and pre-operative testing.

IMPORTANT: Prior to surgery it is important to stop all over the counter (non-prescription) medications, vitamins, and herbal supplements. These medicines are not regulated by the FDA and may interact adversely with some Anesthetic agents you may receive at the time of surgery. These need to be discontinued at least a full week prior to surgery. Your surgical team will also request that any Aspirin, NSAIDs (aleve, advil, etc), or prescription blood thinners be stopped 1 week prior to surgery and you will need to remain off these for 3 weeks after surgery. This would be requested as part of your pre-operative clearance obtained from your primary care physician or other medical specialist. Do NOT stop these medications unless cleared by your primary medical specialist and be sure to inform your surgeon if these cannot be stopped for underlying medical conditions. Inability to medically stop blood thinners prior to surgery will result in your surgery being cancelled or delayed.

Arrival at the Hospital

- Plan to arrive at the hospital at least 2 hours before your scheduled surgery time.
- Eating or drinking after midnight the night before surgery is **NOT** permitted unless otherwise instructed.
- You will be checked in by the admissions department and given an ID bracelet.
- Results from your laboratory work will be reviewed again.

- If you have a primary medical doctor clearance letter, it will be collected and reviewed.
- Your family will be directed to the surgery waiting area.
- After your preparation, you will go to the holding area located next to the Operating Rooms.

These instructions may be modified when you are contacted by the hospital the day before surgery.

Pre-Operative Holding Area

- This is an area just outside the Operating Room.
- Here, you will meet your pre-operative nurse and anesthesiologist.
- You will see your surgeon and/or his physician assistant here to go over any last minute questions or concerns.
- An intravenous(IV) line will be inserted, and you will be given antibiotics and fluids. Often times you will be given a medication to help you relax.

Operating Room

- You will receive a general anesthetic, which means you will be fully asleep during the procedure.
- You will see many different people working together. A general "team" in the operating room consists of: the surgeon, anesthesiologist, physician assistant, nurse anesthetist, registered nurse, and a surgical technician.
- After surgery, you are woken up in the operating room and the breathing tube is removed. You will then be taken to the Recovery Room or the Post Anesthesia Care Unit (PACU). Your first memory will likely be at some point in the Recovery Room.

Recovery Room/PACU

- Your vital signs will be checked frequently, the surgical dressing will be checked and your symptoms will be assessed.
- You will receive pain medication as needed.
- The IV fluids will be continued.
- You will not be allowed to eat or drink immediately after surgery.
- An anesthesiologist will discharge you from the Recovery Room after you are completely awake and stable, which usually takes one to two hours.
- The surgeon will discuss your surgery and your condition with your family, if you desire, during this time.
- You will then be taken to the inpatient floor for your stay in the hospital.
- Your family will be informed which room you have been assigned and will join you there.

On the Floor

- The nursing staff will assess you on arrival to the floor and monitor your progress.
- Your IV line will be removed after you are tolerating fluids, have no nausea, and post-operative antibiotics are completed.
- You will slowly be allowed to resume your normal diet. Often times we will start with liquids and advance to solids as tolerated. Soreness in the throat is common after a breathing tube. Pain medications will be available. You will have to ask for them when needed. A muscle relaxant is sometimes helpful with the low back soreness and muscle spasm.
- You will be assisted out of bed the first time you get up and as needed thereafter. Then, you are encouraged to walk on your own in your room and the halls. It is very important for many reasons to get up and walk as soon as you are able.
- Usually, a catheter is placed in your bladder while you are asleep before surgery. Once you are up and moving around well this will be removed.
- If there is a drain in place, it will be removed on the morning following surgery. Your surgeon or his PA will be rounding each day helping to facilitate your progress and address any issues.

Discharge

- Generally you are discharged the day after surgery. Your nurse and physician/PA will discuss your discharge instructions with you prior to you being released. Try to write down questions that come up while in the hospital so that these can be discussed when the physician/PA are visiting with you.
- You will be given a discharge instruction sheet that will include restrictions, activities, medications and care of the incision.
- Remember to arrange your transportation home prior to this day. You will not be allowed to drive yourself home. If you anticipate a problem with your arrangements for transportation home, please notify the staff the day of surgery.
- Walking will be your main therapy for the first 6 weeks. At 6 weeks, physical therapy may be added to speed your recovery.
- The discharge instruction sheet will give you the details on activity restrictions, return to driving, etc.
- A return to restricted work duties will be allowed between 3 and 6 weeks post-surgery with a full release to unrestricted duties at 3 months. Risk of re-injury is always present.

Other information you will need such as pertinent telephone numbers, directions, and maps will be provided along with this information in your pre-operative surgical package.

If you have specific questions that are not addressed in these materials, please call our office at 913-322-2700. Our office hours are 8:00 AM-4:30 PM.

Thank you for entrusting us with the care of your spine. We understand this is a stressful time for you and will make every effort to make the experience as pleasant as possible.