
Lumbar Micro-Discectomy Pre-operative Information

What is a Microdiscectomy?

A microdiscectomy is a minimally invasive spine surgery to remove herniated disc material and un-pinch nerves in the low back. It is used to treat patients with significant leg pain or leg dysfunction resulting from a ruptured disc in their low back.

The surgery is performed through a small incision in the back. For surgery, patients undergo anesthesia and are then gently turned onto their stomachs. An X-ray is taken to allow us to place a very small incision directly over the disc herniation. We then pass a special dilator into the muscle. The dilator allows the muscle to be spread without being cut. We then place a small plastic tube that holds the muscle open. Through this small opening, we look into the spine with a microscope and retrieve the disc fragment. Often, we trim a small amount of bone in the back of the spine to make an opening to retrieve the disc material. Once the nerve is free of compression from the ruptured disc material, we remove the plastic tube and the muscle comes back together. These openings are typically quite small, most being 18 mm in length.

What to Expect

A microdiscectomy takes about one hour for surgery and most patients go home the same day. The biggest risks of a microdiscectomy is a 5 to 10 percent risk of a recurrence of the disc herniation, 3 percent risk of a spinal fluid leak and 1 percent risk of infection. Nerve injury is rare, occurring less than 1 per 1,000 surgeries.

Some discomfort and muscle spasms immediately after surgery is common. It is normal to have some low back pain and muscle spasm. This pain will be temporary and usually resolves in a few days or weeks. Most patients do not need pain medication after four to five days. Nerve pain in the leg(s) is usually immediately improved, but may "flare up" for a few days after surgery as a result of manipulation of the nerve during surgery. Nerve pain that is significantly worse is uncommon, and if occurs, should be brought to our attention immediately. Most of the time, any remaining nerve pain in the leg(s) after surgery will improve over the course of four to six weeks as inflammation of the nerve and surrounding tissues resolves. Pain in the back will ease as the muscles and tissues adapt.

Preparing for Surgery

Once you have selected a date for surgery, the first task we may ask of you is to obtain a medical clearance for surgery. This is an important visit with a primary care physician to ensure that any pre-existing medical concerns have been addressed and have been optimized for surgery. Your anesthesiologist will need this information to care for you safely as we do not want to have any surprises in the operating room.

You will get a call from the hospital before surgery. You will be notified when you need to be at the hospital and when you need to stop eating and drinking before surgery. In general, if you have nothing to eat or drink after midnight, you will be ready for surgery the next day. Small sips of water are okay to take with any medications.

- Shower the morning of surgery.
- It is okay to wash hair the morning of surgery. Do not use mousse, gel or hairspray.
- No makeup or jewelry.
- Wear comfortable, loose fitting clothing.
- You will need to arrange for a ride home.
- Do not bring valuables to the hospital.

Do I Need to Stop Smoking?

Smoking decreases the body's ability to heal skin and increases the risk of infection and continued disc degeneration. If you can stop smoking, your surgery is much more likely to be successful.

When Should I Stop Taking Anti-Inflammatory Medications?

All of the non steroidal anti-inflammatory pain medications (ie. Motrin, ibuprofen, Aleve) you can buy over the counter, with the exception of Tylenol, act as blood thinners. They need to be out of your system. Stop taking these medications one week prior to surgery. Stop taking aspirin two weeks prior to surgery. We can provide prescription pain medication in this period if you need these medicines for pain relief.

Do I Need to Stop Taking Blood Thinners?

Yes. These medicines include aspirin, Aggrenox, Eliquis, Xarelto, Plavix, Coumadin, Warfarin and Heparin. At the time of surgery it is important that you are able to clot normally. If you take blood thinners, we will need guidance from your primary care physician or cardiologist for the safest way to undertake the transition off these medications around the time of surgery.

Post-Operative Medications

You will be prescribed medications to ease the pain and muscle spasms after surgery. The following are common medications prescribed. They are to be taken on an "as needed" basis. If you have no pain or discomfort, you should not take them.

- **Norco/Dilaudid/Oxycodone** – These are narcotic pain medications. Do not drive while taking these medications. In addition to drowsiness, they commonly cause nausea and itching. If these side effects are bothersome, over the counter antihistamines (Benadryl, Claritin, Allegra, etc.) typically ease the nausea and itching. Constipation is also common with these medications, so we recommend over the counter Colace to be taken per the package directions.
- **Zanaflex/Flexeril** – These medications are for muscle spasms. They will not be prescribed in every case. These medications can also be sedating. Do not drive while taking these medications.

Wound Care, Dressings and Post Operative Stockings (TED Hose)

In most cases, your surgical wounds will be closed with sutures that dissolve below the skin and does not require removal. There will also be a layer of "glue" over the incision to make it waterproof. The dressing that is placed at the time of discharge from the hospital is also waterproof and you may shower but not bathe with that dressing. This dressing should be removed in 24 to 48 hours. Showering without a dressing is allowed, but no soaking the incision in a bath tub/hot tub/pool until you are given the okay. A Band-Aid or gauze with tape may be used to cover the incisions once the hospital dressing is removed. The white stockings should be worn for at least two weeks. After this time and once you have returned to normal walking, they may be removed.

Back Brace

A brace is not typically needed for a microdiscectomy.

Activity Recommendations

We have developed specific physical therapy protocols with our local physical therapists. This is a summation of our clinical experience and the latest research. If you will be having therapy away from Indianapolis, we can make our protocols available to your therapist.

- You may drive once you are no longer taking prescription pain medications.
- **First four weeks after surgery** – Please limit lifting to less than 15 pounds. Walking is encouraged. No vigorous activities or sports are recommended.
- **Two weeks after surgery** – We start physical therapy to help strengthen the muscles in and around the back.
- **Six weeks after surgery** – Usual release to full activities without restrictions.

Follow-up Appointments

- **Two weeks after surgery** – Please call **317.802.2049** to schedule this appointment if it was not made at the time you scheduled your surgery. This visit with Dr. Poulter will be used to answer all the questions that come up once you are home from surgery. We will prescribe physical therapy at this visit.
- **Six weeks after surgery** – This visit will be with Mike Skonieczka, PA-C. It is to ensure that you are progressing.
- **Twelve weeks after surgery** – This visit will be with Dr. Poulter. Often this is your final scheduled appointment. We often refer to it as your “graduation.”