

Patient Instructions: Laminectomy

Surgical Technique

A lumbar laminectomy or laminotomy is a surgical approach performed from the back of the lumbar spine. It is usually done through an incision in the middle of the back. Using minimally invasive techniques a small window of bone is drilled in the lamina to allow the surgeon to unpinch the underlying nerves (laminotomy), or in more severe cases the bone is removed completely on both sides to allow nerves on both sides of the spinal canal to be decompressed (laminectomy). It is done using an operating microscope and microsurgical technique. It is used to treat spinal stenosis or lateral recess stenosis and alleviate the pain and/or numbness that occurs in a patient's lower back or legs. It can many times be performed on an outpatient basis without the need for an overnight stay in a hospital.

Before Surgery

- Seven (7) days prior to surgery, do not take any anti-inflammatory medications or NSAIDS (Celebrex, Ibuprofen, Aleve, Naprosyn, Advil, etc.) as this could have adverse effects on your surgical site and cause prolonged bleeding in surgery.
- Do not eat or drink anything after midnight the day before surgery. This means nothing to drink the morning of surgery, except you may take your normal medications with a sip of water, if needed. This includes your blood pressure medicine, which in general should be taken. If you take insulin, consult your surgeon or primary care doctor about taking it before surgery.
- Check in on time the day of surgery. If you are late, your surgery may be cancelled.
- Bring your preoperative folder with you to the surgery and have it when you check in.
- If you have a copy of your MRI or x-rays, please bring these with you to the surgery even if your surgeon has already seen it or might have a copy. Surgery may be cancelled if we do not have your radiographic images.
- Please be aware that smokers are recognized to have a significantly higher risk of postoperative wound healing problems, as well as operative and postoperative bleeding. Smoking disrupts the normal function of basic body systems that contribute to bone formation. Smoking could result in higher nonunion rates. Smokers understand and must agree to discontinue smoking for at least two weeks before and after surgery. Although it helps to stop smoking for several weeks before and after surgery, cessation does not eliminate the increased risk resulting from long-term smoking.

After Surgery

You will likely have some degree of back pain for 4-6 weeks. This is expected surgical pain. You may experience transient neurologic symptoms (numbness, pain, or burning); however, this should subside after a few days. Most people notice an improvement in their leg symptoms within a week after surgery.

Activity Level

- Do not lift more than 10 pounds for the first 6 weeks after surgery. This may be increased to approximately 20 pounds after 6 weeks. Do not lift anything greater than 20 pounds for the first 3 months.

- Avoid prolonged upright sitting on hard surfaces or long car rides (more than 3 hours) for 2–4 weeks.
- You may drive after about a week and as soon as it is comfortable when no longer under the influence of pain medications.
- Limited bending or twisting of the lumbar spine is advised. If physical therapy has been prescribed, you are not to perform range of motion, flexion, extension or lateral bending for 3 months.
- Avoid activities with the potential for falling or physical contact until cleared by your surgeon.
- Start walking as soon as possible after the surgery. Walking helps to prevent blood clots and increases muscle strength.

Bandage

- Bandage (if present) may be removed the second day following surgery.
- Steri-strips should be left intact on the incision until returning to the clinic for your postoperative follow-up visit 21 days following surgery.
- If the steri strips begin to peel off, it is ok to remove them.

Bathing

- You may shower the fourth day following surgery.
- Try to limit showers to no more than 5 – 7 minutes.
- Do not scrub the wound. Let water run over the incision, then pat dry with clean towel.
- Do not soak in bathtub, hot tub or pool for at least 2 weeks.

Diet

- Narcotic pain medications are very constipating; be proactive with stool softeners and laxatives.
- A high fiber diet is recommended.
- Avoid straining on the toilet. Keep stools soft with a high fiber diet and/or use of prune juice, Metamucil, Fiber One cereal, etc.

Pain Medications

- Do not take NSAID medications (Ibuprofen, Naprosyn, etc.) or Cox-2 inhibitors (Celebrex, etc.) for 3 months following surgery.
- Tylenol can be taken for pain as needed.
- If Tylenol does not adequately reduce pain, narcotic pain medications are prescribed.
- Do not allow pain get out of control before taking medication or it will be less effective.
- We will not refill pain medications over the weekend or after hours. Anticipate the need for medication refills.

Follow-up

- Call Dr. Josey's office (512-476-2830) and schedule your routine postsurgical visit for 21 days after surgery, if it has not already been scheduled. Other follow-ups will be scheduled as needed. OSA generally follows its patients for 1-2 years after surgery.
- Please call your physician's office immediately with any problems, or go to the emergency department with progressive difficulty swallowing, difficulty breathing, significant swelling, new numbness or weakness, fever greater than 101.0 degrees, drainage from wound, or any other concerns.

Other FAQs

How long will I be in the hospital? This surgery is almost always performed on an outpatient basis; however, you and Dr. Josey will decide on the best course of action.

How much time off from work? The amount of time needed to recover prior to returning to work varies and depends on the surgery, your job and you as an individual. Typically, 1 week is sufficient. However, patients should ask their surgeon for an individual recommendation. For jobs requiring lifting and physical exertion, more time will be required.

When can I resume driving? Driving is acceptable approximately one week after surgery depending on the use of pain medication. We generally recommend that you not drive while taking pain medications following surgery.

Will I need pain medications? We will prescribe pain medications and other peri-operative medications on the day of surgery or prior to your discharge from the surgery center or hospital.

Will I need Physical Therapy? We usually will not recommend physical therapy until postop month #3. We usually recommend no range of motion (ROM) exercises for 3 months. Refrain from whiplash like motions, high impact activities such as running or horseback riding, or any radical side-to-side motions. A good rule of thumb is, 'If it hurts don't do it'.

What kind of follow-up is required? Patients return to our office for routine follow up appointments at intervals that are determined on a case-by-case basis. We typically see patients back in the office within three weeks following surgery. We will see you again at 6 and 12 weeks after surgery, then increase this to several months followed by an annual exam. Your individual needs will be determined by your surgeon at each follow-up visit.

Do I need antibiotic prophylaxis for dental procedures? We recommend avoiding routine dental prophylaxis and simple procedures for 3 months following a surgery. If you must have a dental procedure within 3 months then it would be advisable to use antibiotic prophylaxis. We generally do not make recommendations about choice of antibiotic when using it for prophylaxis, but we would be happy to discuss this with your primary doctor. Most of the time they can make this decision without our guidance, but please have them contact us if there are any concerns.

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