



Mr David Oehme
NEUROSURGEON & SPINE SURGEON

Microdiscectomy

POST-OPERATIVE INSTRUCTIONS

The following is general information provided to assist and maximise your recovery following your microdiscectomy surgery. Dr Oehme will explain any additional instructions which may be specific to you, or your operation, during your admission.

If you have any questions or concerns, please contact Dr Oehme's rooms on 1800 367 746 (1800 DO SPINE), or contact@doneurosurgery.com

GENERAL ADVICE

Microdiscectomy is a procedure performed to alleviate symptoms from a herniated lumbar disc. It is usually performed to relieve symptoms such as sciatica (leg pain), pins and needles, numbness or weakness in the leg or foot.

How much pain relief you will receive, and how quickly it will occur after microdiscectomy surgery, is impossible to predict. Often patients will have immediate relief of their leg symptoms following the surgery. At other times, it may take weeks or months for symptoms to improve.

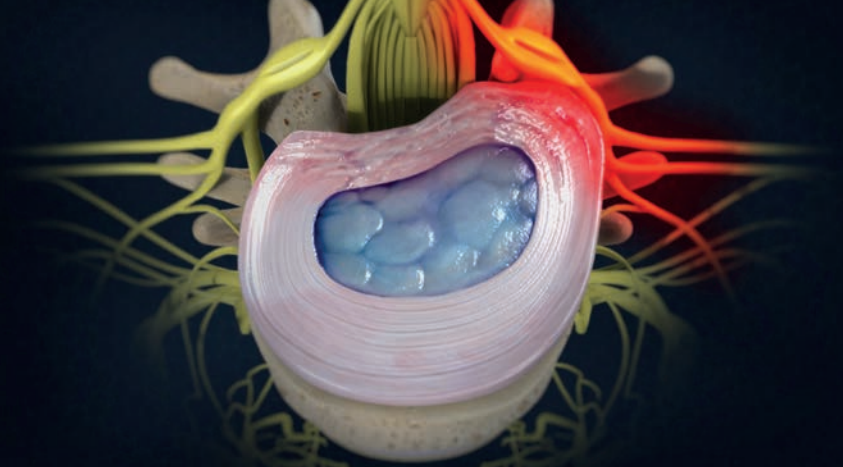
Some patients will have pain, numbness or weakness that does not completely improve and may be permanent. This is typically due to permanent nerve injury as a result of nerve compression from the disc herniation.

It is very common to have numbness and tingling in the leg and foot in the first few weeks after surgery. This slowly improves with time in most patients.

If you have had no improvement in your leg pain symptoms following the surgery, it is important to relay this to Dr Oehme.

It is very common to have back pain following microdiscectomy surgery. This is incisional and muscular pain and should slowly improve as the wound and muscles heal. Any long-term chronic back pain you have had is unlikely to improve following microdiscectomy.

One of the biggest risks with microdiscectomy surgery (5-10% of patients) is recurrent disc prolapse (more disc herniating at some point in the future). It is important that you take things quietly for the first four to six weeks after surgery to minimise the chance of having a recurrent disc prolapse.



Left: Lumbar disc herniation (prolapse) causing compression of a spinal nerve root (red)

DURING YOUR HOSPITAL STAY

Most patients are in hospital for one to two days following microdiscectomy surgery, after which they are usually discharged home. It is recommended that a family member or friend drive you home from hospital. Most patients do not require inpatient rehabilitation following microdiscectomy.

To minimise the chance of infection you will typically have 24 hours of antibiotics following the operation.

Post-operative pain is generally well controlled with oral pain medications. It is important you ask for more pain relief if you feel your pain is not under control.

You will have stockings on your legs to prevent blood clots in the calves developing (DVT). You will also have calf compression devices fitted until you are mobile. Most patients also receive medication (Clexane) to prevent blood clots from forming.

Dr Oehme will review you during your hospital stay after your operation. You will then have a follow up appointment approximately four weeks after your discharge from hospital. A physician will also visit you to manage your pain and control any medical problems you may have.

GUIDELINES FOR ACTIVITIES

Most patients can begin mobilising the day of surgery, or early the following day. Unless you are specifically told to remain in bed you can mobilise as soon as you have recovered from the anaesthetic.

The nurses and physiotherapists will help you sit out of bed. You can then progress to walking around the ward. It is important that you get up and walk around to prevent blood clots from developing in your legs and to maximise your recovery.

Walking: It is important that you start on a daily walking programme. Walking is the best exercise following surgery. Aim to be walking at least five times daily and slowly increase the distance you walk each day. Start with walking a small distance and slowly increase the distance each day. Patients who walk more have a much better recovery in the longer term.

Running: You should avoid running or jogging until Dr Oehme sees you at your post-op review and gives approval for more vigorous activities. Usually jogging can be commenced at six weeks following surgery.

Rest: Rest is also important to allow for healing. It is important that you rest, especially in the first two weeks following surgery. It is best to rest in a lying down position.

Sitting: It is best to limit your sitting. Typically, sitting should be restricted to one hour at a time to minimise the chance of recurrent disc prolapse. It is best to lie or stand, rather than sit, for long periods during the first four weeks after your surgery. It is important to have breaks if you are sitting for long periods of time. For example, if you are sitting at a desk you should aim to stand up and take a short walk once every hour.

Posture: Maintain a good posture. Stand up straight with your shoulders back. A sit-to-stand desk may be a good option for you if you are required to work at a computer or desk.

Lifting: No heavy lifting should be performed in the immediate post-operative period. You should not lift anything heavier than 5 kilograms for four weeks following surgery. At your four-week review Dr Oehme will usually increase the lifting limit.

Bending and Twisting: Minimise bending and twisting. Although you can bend and twist to perform necessary activities, such as putting your shoes and socks on, it is best not to perform any repetitive lifting, manual labour, or unnecessary bending and twisting.

WOUND CARE

Unless advised otherwise, your sutures will be dissolvable and will not need to be removed.

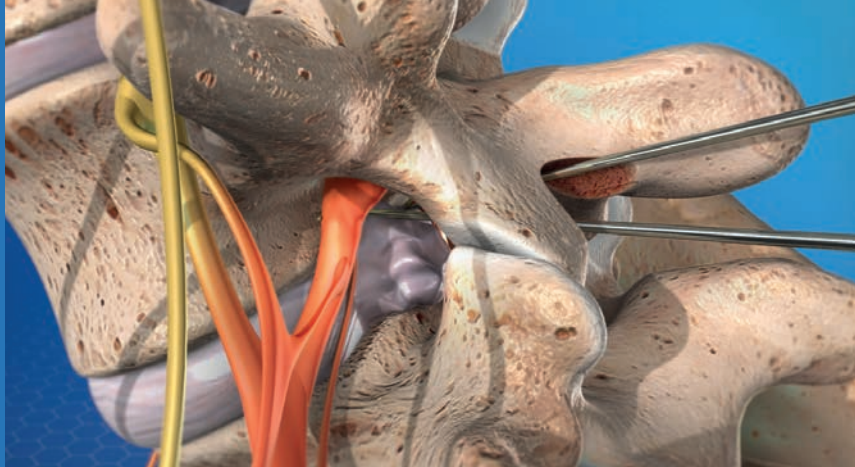
It is important that you keep your wound dry for one week following the surgery. You will be provided with waterproof dressings. You are able to shower with this dressing on. The dressing will need to be replaced following a shower, or when it is dirtied or soiled.

It is important not to have any restrictive clothing which is tight around the wound, or which rubs on the wound.

Any increasing wound pain or swelling, or any evidence of redness, heat, discharge, fluid leakage, wound breakdown or signs of infection, should be urgently reported to Dr Oehme's rooms or your local doctor.

After seven days, you can get the wound wet. It is best not to scrub or rub the wound in the shower. After two weeks, you are able to swim and get the wound completely immersed in water.

Right: Removal of a lumbar disc herniation during microdiscectomy. A disc herniation compressing a nerve (red) is removed during the procedure.



MEDICATIONS

You will be discharged home on your normal medications and also some additional pain medications. Typically, after one week when your back pain is starting to settle, you can start to wean off your pain medications. It is important not to stop all the pain medications at once as this can lead to a recurrence of pain.

Lyrica: If you are taking Lyrica it should be weaned off slowly and should not be ceased abruptly.

Anticoagulation (Blood thinners): Typically, blood thinning medication (Plavix, Warfarin, Pradaxa, Xarelto, others) can be re-commenced one week (7 days) following surgery. Dr Oehme will discuss this with you during your hospital stay.

If you have any side effects from your medications, you can contact Dr Oehme's rooms or the nurses at the hospital. It is important that you inform Dr Oehme's rooms about any allergies that you might have.

SITTING AND WORKING AT A DESK

Always try and maintain a good sitting posture. Sit in a straight back chair with armrests. Do not sit in a reclining chair for the first four to six weeks after the surgery. Do not sit for periods longer than one hour. It is best to lie or stand rather than sit for long periods during the first four weeks of your recovery. If you are working at a desk, keep your computer screen and the reading material at eye level. You should consider getting a sit-to-stand up desk.

LIFTING

You should not lift anything heavier than 5 kilograms for the first four to six weeks after surgery. You should abide by safe lifting practices and keep the load close to your chest. If you do need to lift something heavy, bend your knees and keep your back straight and minimise twisting and lifting.

DRIVING

You can drive after one week following a microdiscectomy if you feel up to it. There is no legal restriction preventing you from driving. If you have weakness in the legs, this should be discussed with Dr Oehme and you should consider whether driving is appropriate for you. In addition, if you are still taking strong medications, such as narcotics, you should not drive.

PHYSIOTHERAPY

Physiotherapy, or other allied health input, is usually not required for the first four to six weeks after surgery. Dr Oehme will discuss commencing physiotherapy at your postoperative review at four weeks.

You may have been given some gentle exercises by the physiotherapist in hospital that you are able to perform. Although you can do these gentle exercises, aggressive physiotherapy is not required for the first four to six weeks after surgery. It is best if you focus on a walking programme. Once Dr Oehme has seen you at your postoperative review, he will give you clearance to pursue more aggressive physiotherapy or an outpatient rehabilitation programme.

Swimming and Hydrotherapy: Hydrotherapy and swimming can be commenced two weeks following the surgery as long as there have been no problems with wound healing.

WORK

Dr Oehme will discuss returning to work with you and this will depend on the job you perform. Typically, you will be off work for at least two weeks. If you perform a job involving manual labour or physical work, you may need to be off work for up to four to six weeks.

SPORTS

Contact or competitive sports should not be played for three months following a microdiscectomy. Dr Oehme will discuss in detail about returning to sports at your four-week review.

CLEANING

Avoid vigorous cleaning and vacuuming until after your four-week review with Dr Oehme. Gardening or lawn mowing should also not be performed. Other jobs that require heavy lifting, or repetitive bending or twisting, should not be performed.

BRACING

You are not required to wear a brace following microdiscectomy surgery and Dr Oehme does not usually advise this.

PATIENT NOTES:

Smoking, and excessive alcohol, will impede your recovery. If you smoke you will have a greater risk of poor wound healing, infection, complications in general, pneumonia, blood clots in the legs or lungs, all of which may necessitate further surgery.

OTHER MEDICAL SYMPTOMS

If you develop any of the following symptoms you should contact Dr Oehme's rooms or your GP immediately:

- Raised temperature or fever
- Increasing leg pain, numbness or weakness
- Urinary or faecal incontinence
- Wound infection or breakdown
- Leg swelling
- Cough or shortness of breath
- Feeling generally unwell.

If you develop chest pain, palpitations, extreme SOB or collapse, you should call "000" or present to the emergency department of your local hospital for assessment.

FOLLOW UP

Unless there are any problems or you are advised otherwise, you will have a follow up appointment approximately four weeks following your surgery. This is generally the only appointment that is required following successful microdiscectomy surgery.

You should visit your GP one week following the surgery so that they can check your wound and write prescriptions for any pain medications you may need. If your GP has any concerns they can contact Dr Oehme directly.

FINAL NOTE

Please contact Dr Oehme's rooms on 1800 367 746 or contact@doneurosurgery.com if you have any further questions. For more information visit www.doneurosurgery.com

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This brochure provides general information about spine and neurosurgical conditions and is not intended to be specific medical advice related to your current medical condition. Any surgical or invasive procedure carries risks. Before proceeding, you should seek a second opinion from an appropriately qualified health practitioner.



Mr David Oehme
NEUROSURGEON & SPINE SURGEON

MAIN ROOMS

St Vincent's Hospital
Suite B, Level 2, Healy Wing
41 Victoria Parade
Fitzroy Vic 3056

Phone 1800 DO SPINE (1800 367 746) or +61 3 9021 8855

Fax +61 3 9005 2811

Email contact@doneurosurgery.com

Website www.doneurosurgery.com

ALSO CONSULTING AT

St John of God Berwick Consulting Suites: Ground Floor 75 Kangan Drive Berwick Vic 3806

Waverley Private Hospital Consulting Suites: 1 Meadow Crescent Mount Waverley Vic 3149

Epworth Eastern Box Hill Consulting Suites: Level 3, Suite 14 1 Arnold St Box Hill VIC 3128