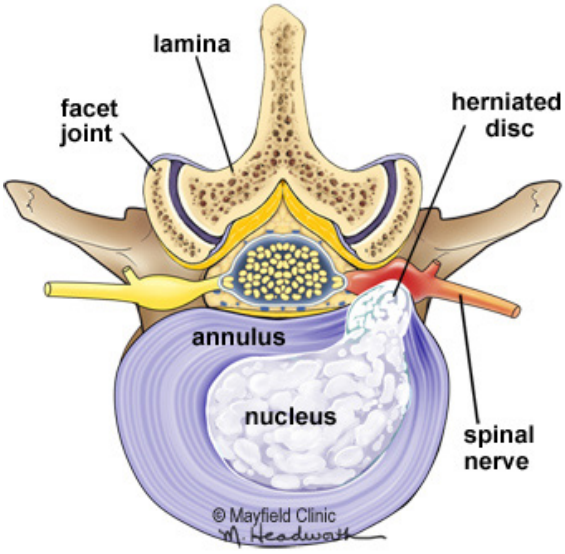
PREMIER NEURO SPINE INSTITUTE
INNOVATIVE BRAIN AND SPINE CARE

LUMBAR MICRODISCECTOMY

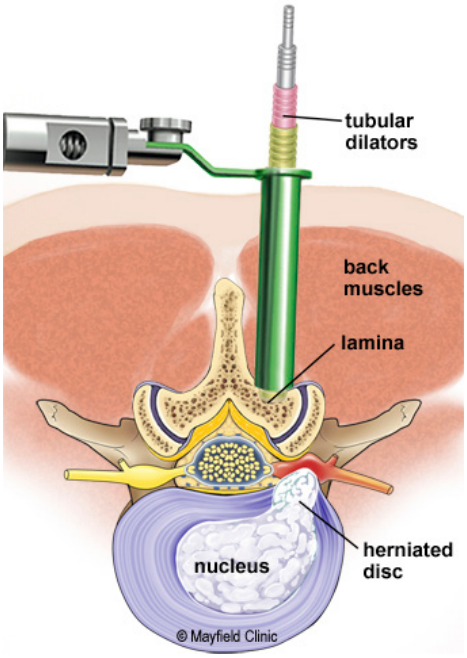
CANDIDATES FOR A LUMBAR MICRODISCECTOMY

You may be a candidate for a Lumbar Microdiscectomy procedure if test results from an MRI, CT or myelogram reveal a damaged disc in your lower spine. When a disc herniates or becomes degenerative, it presses on the nerve and can cause symptoms such as leg or back pain, muscle weakness and loss of feeling in your legs. These symptoms, or variations of them including numbness in your feet, loss of feeling in your genital area or bladder and bowel control issues, are typically the direct result of either a bulging or herniated disc, or degenerative disc disease.

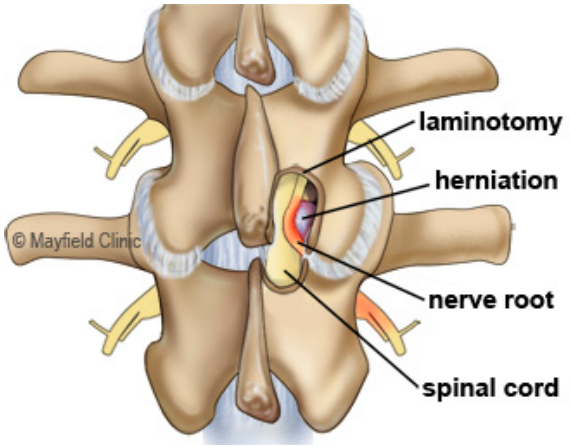
A bulging or herniated disc is when the annulus, or wall that surrounds the disc, weakens and allows the nucleus pulposus, or gel-like substance within the disc, to escape. As the nucleus pulposus squeezes through the weak area of the annulus, it presses on the nerve and causes swelling and irritation.



Degenerative disc disease is a naturally-occuring deterioration of the disc resulting in bone spurs and inflammation of the facet joints. The shape of the disc will change as it dries out and shrinks, losing its mobility and insulation and causing spacing issues within the spine.



Nonsurgical treatments are usually attempted prior to the recommendation for surgery. The majority of herniated discs can be healed in the months following the herniation without the need for surgical treatment. Physical therapy or medication may provide relief from back and leg pain and are suitable if no



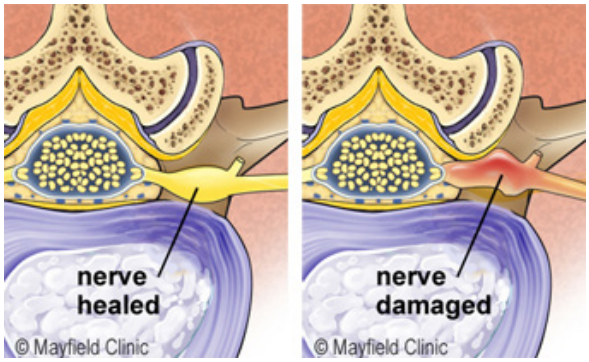
nerve damage is present. However, if these treatments fail and symptoms worsen, you may become a candidate for a Lumbar Microdiscectomy procedure to remove the disc causing pain.

WHAT IS A LUMBAR MICRODISCECTOMY?

A Lumbar Microdiscectomy is a minimally invasive surgery to remove a herniated or degenerative disc from the lower back. A discectomy is the removal of the disc and can be performed anywhere along the spine, from the neck area, or cervical, to the lower back area, or lumbar. The procedure can be performed either minimally invasive or open. A Lumbar Microdiscectomy is specific to the lumbar, or lower back, region and is a minimally invasive method performed through a small incision and with a series of thin dilator tubes used to tunnel through the muscles.

A small, one-inch incision is made posterior in the lower back and the back muscles are separated to reach the damaged disc by first removing the lamina, or "bone roof." Once the lamina is removed, the spinal nerve is moved to the side. Then, a special tool is used to remove the piece of the disc that is compressing or "pinching" the nerve causing pain. Depending on the condition of the patient, one disc (single-level) or multiple discs (multi-level) may be removed.

This minimally invasive approach causes less disruption to the back muscles, typically resulting in a much shorter recovery time.



RESULTS OF A LUMBAR MICRODISCECTOMY PROCEDURE

Positive outcomes from a Lumbar Microdiscectomy procedure are achieved with 80 to 90 percent of patients. Additionally, the minimally invasive approach provides comparable results to the open approach and patients benefit from the shorter operating time, reduced blood loss and less disruption to the muscles. Minimally invasive surgical patients will recover more quickly in most cases.

The ideal outcome of a Lumbar Microdiscectomy is to relieve the pain faster than nonsurgical treatments.

WHAT ARE THE RISKS OF A LUMBAR MICRODISCECTOMY?

All surgeries are subject to risks generally including bleeding, blood clots, infection and adverse reactions to the anesthesia. When it comes to spine surgery, other risks such as nerve pain, nerve injury, failure to relieve symptoms or the need for additional surgery in the future are also possible.

Deep vein thrombosis, or DVT, occurs when blood clots form within the veins of the patient's legs. If the clots travel to the lungs, the outcome could be serious resulting in lung collapse or death. DVT can be prevented by movement as soon as possible following surgery to promote blood flow. Drugs such as aspirin, Heparin or Coumadin may treat the risk of DVT, as well as support hose or pulsatile stockings (sequential compression devices) to prevent blood from pooling in the veins and leading to a clot.

The flow of oxygen is essential to healing tissues and cells after surgery. If portions of the lungs collapse, it could lead to the build-up of mucus and bacteria. This could result in more serious conditions such as pneumonia. Following surgery, patients are encouraged to breathe deeply and cough often to promote oxygen circulation.

The risk of nerve damage causing persistent pain is also a possibility. If the nerves or spinal cord are impaired, numbness or paralysis could occur. The nerves could also be damaged from the disc herniation itself, which may be permanent. Additionally, approximately five to 15 percent of disc herniation patients experience recurrent disc herniations in the same location or on the opposite side of the previous herniation. Prior to surgery, your surgeon and medical personnel will thoroughly discuss the procedure, possible outcomes and what to expect during recovery.

PRE AND POST-PROCEDURE INSTRUCTIONS

Pre-Procedure:

1. You will need to complete a medical clearance and/or lab work prior to surgery. Specific instructions will be given to you by our scheduling coordinator. You should get your lab work done PRIOR to your medical clearance appointment so your PCP can review the results during the appointment.

2. You must discontinue the following medication seven (7) days prior to surgery: Aspirin, Aspirin related products, NSAIDS such as Advil, Ibuprofen, Aleve, Feldane, Nuprin, Motrin, Celebrex, Darvon, Ecotrin, Endodan, Excedrin, Florinal, Norgesic, Orphengesic, Percodan, Pravigard, and Soma. These medications may be resumed as soon as possible when deemed safe by your surgeon.

3. YOU MUST discontinue ALL blood thinners such as: Plavix (Clopidogrel), Coumadin (Warfarin), Eliquis, Pradaxa, Brillinta, Fish Oil, Aggrenox, Vitamin K, Vitamin E, Vitamin B6 7 day prior to surgery. These medications may be resumed as soon as possible when deemed safe by your surgeon.

4. FOR WOMEN ONLY: Hold Estrogens (Cenestin, Estratest, Estropipate, Menest, Ortho-Est, Premarin, Premphase, Prempro etc.) on the day of surgery and resume when instructed by your physician.

5. Hold ALL herbal supplements including garlic, ginseng, and St. John's Wart 7 days before surgery.

6. Please discontinue any and all diet pills two (2) weeks prior to your surgical procedure.

7. DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE DAY BEFORE YOUR SURGERY, AND NOTHING ON THE MORNING OF YOUR SURGERY, UNLESS OTHERWISE ADVISED BY YOUR PHYSICIAN. You may take essential medications, such as blood pressure medications with JUST a sip of water.

8. Please arrive at the surgery center about 1-2 hours prior to your anticipated start time. Typically, the surgery center will provide you with instructions on when to arrive and specific directions (1-2 days beforehand) on when to get there and what to bring. However, it is VERY important that you bring your most recent imaging with you (CT scan/MRI disk).

9. We highly encourage bringing a friend or a family member to the surgery center with you, so that we can explain the post-operative rules and instructions.

10. After your procedure, you will recover in the PACU where nursing staff will provide you with post-operative care and inform you of how the procedure went.

11. If you are prescribed opiate pain medication by another physician (such as pain management physician), MAKE SURE you see them prior to surgery so you are covered for post-surgical pain. Pharmacies will not fill prescriptions from another provider. If you do not take opiates at home, we will prescribe you with a 7-day course to cover your post operative pain.

12. After surgery, you will most likely require physical therapy. This has been proven to lead to optimal outcomes. If you have a preference of a physical therapist, please let your provider know prior to or during your post-operative appointment.

Post Procedure:

1. Refrain from strenuous activities and follow post-operative instructions.

2. Pain can increase in your treatment areas 2-5 days after your procedure. It may take up to 14 days for symptoms to improve. Symptoms may fluctuate during the healing process, which occurs over 4-8 weeks. You likely will not feel fully back to "normal" for about 3 months.

3. You may have some difficulty swallowing and a sore throat for several days after your procedure. This is very common and will typically go away on its own. If it does not go away or you have difficulty with breathing please, call the number provided below.

4. You should apply ice around places of discomfort for 20 minutes on and 20 minutes off. Please place a barrier between your skin and the ice. Heat is okay to apply to your back or neck muscles, just not over the incision site.

5. You may experience a low-grade fever after treatment. Call if your temperature is above 100.4.

6. No anti-inflammatory medication (Celebrex, Advil, Mobic, Motrin, Aleve) should be used for 10 days after surgery.

7. Light exercise or physical therapy is okay to start 2 weeks after treatment.

8. Pain medication prescriptions may say to take 2 tablets every 6 hours. If your instructions say this, JUST TAKE ONE tablet every 4-6 hours as needed for pain. WE DO NOT REFILL NARCOTIC PAIN MEDICATIONS AFTER SURGERY. If you continue to have pain, you will need to see a pain management doctor for narcotics.

9. If you were prescribed a brace, you must wear it when out of bed. If you are sleeping, sitting down, relaxing or eating, you may remove your brace. You will be in your brace between 4-6 weeks, depending on the type of surgery you had. If you had a cervical disc arthroplasty "replacement," you will only require a soft collar for two weeks.

10. Do not drive until you can stomp your feet on the ground and do not feel pain.

11. Wound care: You will have stitches buried underneath your skin. They will dissolve on their own. On top of the wound, you will have skin glue and steri strips (which look like little pieces of white tape).

PLEASE INFORM PROVIDER PRIOR IF YOU HAVE ANY ALLERGIES TO SKIN GLUE OR ADHESIVE PRODUCTS. Do NOT remove or peel off steri-strips, these will fall off on their own. On top of the steri-strips, you will have gauze and tape. The gauze and tape is what you will be able to remove in 3 days. Do not wet the dressing at all in those 3 days. On day 3, you may remove the top layer of your dressing in the morning and shower as you normally would. DO NOT SUBMERGE wound in water for 3 weeks (bath tub, jacuzzi, beach, etc.).

12. Besides narcotic medication for pain, you may use Tylenol (acetaminophen) to optimize pain control. You may take up to 3,000 mg per day, unless contraindicated due to allergy or liver issues. Make note that some narcotics are mixed with Tylenol, (for example, Percocet has 325 mg of Tylenol per pill) so dose accordingly.

13. You may walk as long as you are stable. We do want you out of bed as much as possible unless otherwise instructed. NO BENDING, TWISTING, OR LIFTING OVER 10 LBS FOR 4 WEEKS.

14. You will need to follow up in the clinic for a post-operative evaluation in 4 weeks. Depending on your procedure, you may be required to have an X-ray done prior to the appointment. PLEASE BRING THE CD OF YOUR IMAGES. Your X-ray script will be given to you the day of your surgery. If you do not receive it or lose it, please call for a new script.

15. You may have a drain after surgery. Do not be alarmed. The reason we place these drains is because you may have been a little “oozy” after the procedure. We place them so the extra blood and fluid can drain out of your wound easily. They are typically removed the next day by your home healthcare nurse. If you do not have home healthcare set up, call the office for an appointment to remove the drain. For questions regarding surgical scheduling, please call Chris (Scheduling Coordinator) at 727-605-1770 (EXT 1003). For any post-operative questions or concerns, please call our office at 727-605-1770. Please note that you may be sent to voicemail. We will return your call as soon as possible. If it is an emergency, please call 911. If you are calling after hours, please leave a voicemail in the general inbox and it will be forwarded to the medical team.

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