



THORACIC AND LUMBAR SPINE SURGERY

The Operation

- A discectomy is a procedure to remove a portion of a disc that is pressing on a spinal nerve.
- A laminectomy is a procedure where a piece of bone called the lamina is removed to relieve pressure on the spinal nerves.
- Foraminotomy is a procedure that widens the opening in your back where nerve roots leave your spinal canal.
- Fusion, bony or instrumented, is a procedure to stabilize the spine.
- The surgery can take anywhere between 2 and 8 hours, depending on the procedure and how many levels.
- The wound is closed with staples or stitches, generally removed 10-14 days after surgery.
- Unless your surgery is a Day Surgery, your hospital stay may be between 1 and 7 nights depending on the procedure.
- If you are admitted to hospital after your surgery, at Health Sciences Centre you will be on Day Surgery, GA5 or GD2 in the Purple Polar Bear Zone. At Concordia Hospital, you will be at Day Surgery or N2W.
- In most Day Surgery cases, patients are discharged the same day. Therefore, **you MUST arrange for a ride home** and have a responsible adult stay with you overnight.
 - Do not drive, drink alcohol or operate machinery for the first 24 hours.

Preparing for your Surgery

- Once you have met with your surgeon, and signed your consent for surgery, there are number of things that may be done. All are based on your individual needs.
 - Complete a patient health history questionnaire
 - Pre-operative History and Physical form that must be completed by your family doctor
 - Meet with the clinic nurse or Pre-operative Assessment Clinic nurse for:
 - o review of the questionnaire
 - o discussion about your operation
 - o Receive medication instructions specific for you
 - Have tests done specific to you such as bloodwork, EKG, x-ray, MRI, CT etc.)
 - Attend the Pre-Anesthetic clinic, where you will be assessed by the anesthetist
- You will receive a phone call and/or written confirmation regarding your operation date/time and any other special instructions.



Medication

- With **MOST** patients, we ask that you **DO NOT** take the following medications **7-10 days before your operation**
- **DO NOT TAKE:**
 - **ASA** (Aspirin, Entrophen) or **NSAIDS- Non-Steroidal Anti-Inflammatory drugs** (Ibuprofen, Arthrotec, Aleve, Naproxen, Toradol, Advil, Celebrex, Tenoxicam, Voltaren)
 - Many **Herbal Remedies/Vitamins** have blood thinning properties: Garlic, Gingko, Glucosamine, Devils Claw, Ginseng, Fish Oil (Omega 3,6,9), Krill Oil, Vitamin E, Willow Bark, Feverfew, Goji berries, Danshen
 - If you unsure if any of your medications are in this category, check with your surgeon, clinic nurse or ask your pharmacist.
- You may be taking other blood thinning medication, like **Warfarin (Coumadin), Plavix (Clopidogrel), Xarelto (Rivaroxaban) Eliquis, Enoxaparin (Levenox) or Pradaxa. Please obtain detailed instructions** from the Pre-Anesthesia Clinic (PAC) about these medications.
- Tylenol and Tylenol #3 are OK to take

***Please obtain specific medication instructions for all of your medications.**

The Day Before Your Operation

- ❖ Please shower the evening before the surgery or in the morning the day of the surgery.
- ❖ **Do not eat any solid food or drink any alcohol after midnight on the day of your surgery. You may drink clear fluids up until 4 hours before your surgery. If you were instructed to take medication before your surgery, take it with a sip of water only.**
- ❖ **Please remember that until you are in the operating room, your surgery may be cancelled due to an emergency or lack of available hospital beds.**



The Day of Surgery

- Please report to the **Admitting department 700 William Ave. Entrance** of Health Sciences Centre or **1095 Concordia Ave for Concordia Hospital** at the specified time.
- From the Admitting Department, you will be directed to the pre-op area. Your family can stay with you there. The staff will prepare you for surgery.
- An intravenous will be started and an antibiotic will be given to prevent infection.
- Depending on your surgeon and individual needs:
 - Tight white stockings (called Ted stockings) may be put on your legs to help your circulation during the surgery and in the recovery period. These will be taken off before you leave the hospital.
- You will be given a general anesthetic, where you are put to sleep for the surgery. A catheter, or tube, may be inserted into your bladder to drain the urine. This will be done once you are asleep for the surgery. It is usually removed the next day.
- Your family can accompany you to the hallway of the operating area. If family is not at the hospital during the surgery, a phone number where they can be reached at should be left on the chart.
- You will spend 1-2 hours in the recovery room. Your family cannot visit in there.

After Your Surgery

- Situations do arise at times, that necessitates you being transferred to another ward, due to hospital bed availability.
- After surgery, some patients require special therapy or a longer hospital stay before returning home. The Winnipeg Spine Program is affiliated with the Concordia General Hospital whereby some patients are transferred from Health Sciences Centre to the Post-Acute Neurosurgical Unit (PANSU).
- Upon discharge from hospital, you will receive instructions for your follow – up appointments.

Post-operative Care

What to expect immediately after surgery: Recovery Room

- After surgery, you will be moved to the recovery room where you'll stay for up to two hours. You will feel groggy when you wake up. Some people also feel nauseated.
- Critical concerns are airway clearance, pain control, mental status, and wound healing. Other important concerns are preventing urinary retention, constipation, deep venous thrombosis, and BP variability (high or low).
- While in recovery, your blood pressure, breathing, temperature, and pulse will be monitored. You will be asked to take deep breaths.
- For patients with diabetes, plasma glucose levels are monitored closely by finger stick testing until patients are awake and eating because better glycemic control improves outcome.



After the Recovery room

- Once you are discharged from the recovery room your care will be as follows:

Pain management:

- Pain relief is of paramount importance.
- Analgesia – pain killers through your IV, by injection or orally will be given.
- You may be given a prescription for medication upon discharge from the hospital. Please fill the prescription and follow the instructions.

Monitoring of Vital Signs

- Blood pressure, pulse and respiratory state will be measured and recorded regularly.

Respiratory care:

- For a period of time, you may have oxygen by nasal prongs or mask.
- Staff will measure the amount of oxygen in your body with a finger clip device known as pulse oximetry.
- Patients with normal lungs and trachea may have a mild cough for 24 h after surgery. For smokers and patients with a history of bronchitis, coughing lasts longer.
- To prevent pneumonia you will be encouraged to take big deep breaths and cough.
- Patients with an underlying lung disorder may benefit from an incentive spirometer (a device that encourages you to take big breaths).

Fluid balance

- Staff will monitor your fluid status. They will record all fluid that has been given during and since the operation, together with fluid lost. It is important to keep you hydrated while you are not drinking fluids. You may require an intravenous.

Drains:

- Drains serve a number of purposes. They may be put into a wound as it is being closed to drain potential collections.

Positioning/ Mobilization:

- Early mobilization is encouraged. Unless there are specified orders to the contrary, all patients are encouraged to get up and move around as much as their underlying condition will allow to prevent blood clots and loss of muscle mass.
- You will be encouraged to begin moving your arms and legs as soon as it is safe for you to do so and or turn side to side in bed.
- Depending on your operation, physiotherapy and occupational therapy may be requested to be involved in your care.



Gastrointestinal Concerns:

- **Nausea/Vomiting:**

The two most common causes of vomiting are because of medication during or after anesthesia and the bowel being “sleep” during the operation.

- Current anesthetic techniques and modern anti-emetics have rendered nausea and vomiting a relatively minor post-operative problem for most patients.
- It will usually settle within 24 hours.
- You may be given a medication for the nausea/vomiting
- Once the nausea/vomiting has subsided, you will be started on a clear fluid diet, progressing to a full diet.

- **Constipation:**

Is common due to immobility and the use of pain medications, especially those containing Codeine.

- High fibre diets, stool softeners or laxatives may be required.

Urinary function:

- If you are unable to urinate after approximately 6-8 hours, a catheter may have to be inserted into your bladder.
- You will have to be able to urinate before leaving hospital.

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Discharge Instructions

Please call your surgeon’s receptionist to book the required follow-up appointments.

- ❖ The **1st appointment** is 10 and 14 days after your surgery to have the incision checked. The staples/stitches are usually removed at this time. If you live a long traveling distance from HSC you may be advised to arrange removal of staples/stitches and wound check with your family doctor
- ❖ The **2nd appointment** is for your surgeon, whom you will see approximately 6-10 weeks after your surgery. If you have any questions in the interim please call the clinic.

PAIN CONTROL

- It is expected that you will have incisional and back pain. You may receive a prescription for pain medication to take as needed. **Regular use of non-prescription acetaminophen is recommended.**
- **If you had a fusion, ASA and NSAIDS are NOT recommended** until you have had your follow-up appointment with your surgeon. These medications delay the healing process.
- Applying **heat** to your back will help to decrease pain and help with healing. Ice packs can also be used if you prefer.



- Hip pain is common from your posture being corrected with the surgery. You will likely walk straighter and start using different muscles to walk than before the surgery. This will get better with activity.
- **The more active you are, the less pain you will have.** Muscles that are not used will become stiff and sore.
- You may experience cramping in your thighs and calf, like a muscle spasm or “charlie horse”. This is normal. Walking and stretching will help to control this.

ACTIVITY

- **Walking is very important for improving your circulation and energy level. It will also decrease muscle spasms.** In poor weather (ice, rain, snow), go “mall walking” or to an indoor track. Walking within your home does not provide enough of a distance to build up adequate speed like walking outdoors or on a track.
- For the first 10 days, it is extremely important to **lift your knees** (like a marching step) when you walk. If it is easier for you, **hold onto a countertop or table and march** on the spot 20-30 times 4 times a day. This helps to stretch out the back muscles and prevent the nerve from scarring and sticking in one area.
- Hold onto a handrail and **walk up and down the stairs 4-5 times a day.** This will also help stretch the back muscles and help with healing.
- There will be days when you are able to walk a far distance and tolerate it well. Other days you may be able to go only part way and feel tired and sore. You may need to divide a long walk into 2 or 3 shorter ones. **Keep active and listen to your body.**
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- When lifting something, **bend at your knees, NOT at your waist.** Hold items close to your body with 2 hands.
- Gently twisting at your waist from side to side is OK. **DO NOT twist** and reach behind you to pick something up. This puts too much strain on the lower back.
- **Limit sitting for the first 2 weeks.** Begin with 5 minute intervals and increase from there. **DO NOT sit longer than 30 minutes** without standing and taking a few steps or changing position. You can then resume sitting if necessary. Long car trips should also be limited. Frequent stops should occur to allow for walking and stretching while travelling.
- **Sit in a firm, straight chair.**
- **Do not lift more than 5 lbs for the first 2 weeks.** (Reminder: a 4 litre milk jug weighs 9-10 lbs)
- **You can lift up to 10 lbs 2 weeks after surgery.** Do not exceed this amount until you see the surgeon at the follow-up appointment.

HYGIENE

- You will have a dressing/bandage covering your incision. Please follow your surgeon’s instructions about when the dressing can be removed.
- If you have **staples** in, you can shower the next day **unless otherwise instructed.** Pat the area dry and leave the incision open to the air.
- If you have **dissolvable stitches**, you can shower the 3rd day after surgery **unless otherwise instructed.** You will have thin paper tapes over the incision. These can get wet. Pat the area dry after a shower.



- The paper tapes will start to curl at the edges and eventually fall off. If they haven't fallen off by your scheduled wound check, they will be removed at that time.
- **Do not apply any medicated ointments to the incision unless instructed to do so by the surgeon.** Aloe Vera or Vitamin E cream can be used **AFTER** the paper tapes have been removed.

DIET

- You can resume a normal diet after surgery. Drinking at least 8-10 glasses of fluid a day will help with wound healing and circulation. (water, juice, decaffeinated beverages, sports drinks)
- If you experience nausea after surgery (likely from the anesthetic medicine) an anti-nausea medication may be taken as directed on the package. They can be purchased without a prescription.
- Eating small meals or healthy snacks throughout the day instead of 3 regular meals may be easier to digest.

BOWEL ROUTINE

- Constipation is common after surgery. Drinking plenty of fluids and eating high fiber foods (prunes, raisins, fresh fruit, whole wheat breads, bran muffins, bran flakes or bran buds cereal) may help.
- A stool softener may be required. If you need something stronger, a gentle laxative may be necessary. Please check with your pharmacist which medication would be best for you.
- Increasing the amount of fluid you drink and increasing your activity will also promote bowel movements.

SMOKING

- Smoking delays wound healing. You may be required to stop smoking before your surgery and will be requested to not resume smoking after surgery.

SEXUAL ACTIVITY

- Limited only by how you feel.

DRIVING

- You can be a passenger in a vehicle right after the surgery. Bring pillows for extra support. **DO NOT** lie down in the vehicle. Sit upright with your seatbelt on. For trips longer than 1 hour, stop, walk around the vehicle a couple of times every hour and then resume traveling.
- Your surgeon will tell you when you can resume driving. When you resume driving, avoid high traffic times and start with short distances. You must be able to sit comfortably in the driver's seat and be able to perform shoulder checks.
- **You cannot be under the influence of narcotic analgesics/pain killers while driving.**



HOUSEHOLD TASKS.

- Vacuuming, sweeping, mopping is not advised for 4 weeks.
- Snow shoveling is not allowed until after your 6 week follow-up appointment with the surgeon.
- Yard work like planting, raking, lawn mowing is not advised for 4 weeks. Resume activities slowly, in short blocks of time.
- You can stand and wash dishes in the sink. Loading and unloading a dishwasher is not advised for 2 weeks.
- Hold a laundry basket in front of you, not to the side. You might need to make a couple of trips to the laundry room instead of one so the basket isn't too heavy. You can load the washer and load and unload the dryer. For a front loading washing machine, you can unload the machine. For a top loading washing machine, you will need help unloading it to avoid excessive bending. REMEMBER to bend at your knees, not at your waist.

REPORT

Please call the clinic if you have any of the following:

- increase in pain that is not relieved by pain medication
- numbness, tingling or an areas of weakness that is different from before the surgery
- falls
- fever or chills
- redness, swelling or pus at the incision
- severe headache that starts when you sit or stand up and goes away when you lie down.
- difficulty urinating or loss of control of bowel or bladder

NOTES:
