Preparing for your discectomy

Patient information

Spinal Surgery – Specialist Care Centre

South Tees Hospitals NHS Foundation Trust

together we do the amazing
What is the problem?

What you have is sometimes called a slipped disc. This is actually not a good name as the disc cannot actually slip. The disc looks a bit like an old car tyre with a very tough case and some soft material in the centre. The case is firmly attached to the bone above and to the bone below and so cannot slip out of position. What actually happens is that a tear develops in the case, usually due to simple age related wear and tear. Some of the material (the nucleus) from the centre of the disc then escapes through this hole. The material can press on the nerve and inflame it. This is what causes the severe pain in the leg and the feelings of numbness and weakness that can sometimes happen.

What happens next is that the defences of the body can recognise that this material is actually in the wrong place and they can attack it. This reduces the size of the material to a scar and quite often this reduction in size is sufficient to take the pressure off the nerve. We do find that commonly symptoms from a slipped disc do get better on their own.

In a few patients this reduction is not enough to reduce the pressure and the pain continues. One of the options for treatment then is to consider an operation.
What does the surgery involve?
The surgery is about relieving the pressure on the nerve. The operation is done through the back, then we carefully move the nerve out of the way. Then the disc material that has come out of the disc is taken out and removed, not the whole disc just the part that has escaped. We check to make sure that there are no loose bits of disc material that might be about to come out. Then we allow the muscles to fall back into position and close the wound with clips or stitches. A small dressing is put on to keep the wound clean.

What are the benefits of the surgery?
The main aim of this operation is to reduce the leg pain which works for 85% of patients. But this reduction can be gradual. Tingling and numbness may take longer to improve, and sometimes this does not fully recover. Back pain may also be improved, but this happens for only 50% of patients. You may still have back pain after the operation. It is important that you keep your back strong and flexible, you will need to build up your fitness slowly and return to normal activities. Research has shown that this will help control your symptoms.

If you become inactive, stop moving your spine and stop your exercises your back will become stiff and weak, making your recovery much more difficult.
**What are the risks?**

The specific complications relating to the actual operation are the risk of damage to a nerve. The nerve is very tightly stretched over the disc material and sometimes can be stretched or damaged at the operation. This happens in perhaps one or two percent of cases but if nerve damage does occur then the leg can be more painful than it was before we started. The other serious complication that can happen is that damage can be caused to more than one nerve. This can result in paralysis, particularly of the bladder and bowel. This is much less common, perhaps one in two hundred. Local infections can also happen which can be a problem. Sometimes a hole is made in the tube which contains the spinal fluid. If that happens a severe headache can occur and you will need to lie flat in bed for a few days until it heals.

The general risks are discussed in the leaflet ‘Preparing for your spinal surgery’.
**General anaesthetic**

Anaesthetic drugs remain in the body for 24 hours and gradually wear off over this time. During this time you are under the influence of drugs and it is important to obey the following instructions as your co-ordination and logical thinking may be affected.

If you go home the same day a responsible adult must remain in your home for 24 hours and you are advised to rest for the remainder of the day.

- Do not drive motor vehicles or a bicycle. If you ignore this advice and are involved in an accident you may be liable to prosecution
- Do not operate machinery or appliances.
- Do not lock the bathroom or toilet door or make yourself inaccessible to the person looking after you.
- Drink plenty of fluids and eat a light diet avoiding heavy or greasy foods
- Avoid alcohol
- Don’t smoke at least 24 hours after your anaesthetic as it may cause nausea, vomiting, dizziness or fainting
- Do not make important decisions or sign important documents for 24 hours after your anaesthetic
- You may suffer from a sore throat which may last several days
- You may experience bruising and discomfort at the injection site, this will get better in seven-ten days.
What should I do after the operation?

From Day One
Walking outside the house for at least five-ten minutes (including times when the weather is bad or you feel tired/sore). Distance should be built up each day by at least five minutes. You could aim to do this four-five times a day until you are able to walk up to 30 minutes after which you could do it three times a day, but still increase the time and distance that you walk.

It is perfectly normal for it to be painful in your legs and or back.
You will not cause any damage by exercising.
You should continue with your painkillers for at least the first few days after your operation, even if you feel well.
You may feel constipated, make sure you drink lots of fluid and try to eat a good varied diet.
Continue exercises as shown.

From Day Four
Walking outside the house for at least 30 minutes at a time.
You may still have some pain in the back and or legs.
Only change your dressing if it is dirty, it should not need to be changed every day.
Leave the dressing in place for as long as possible.
Although you may feel tired, it is safe for you to gradually increase everyday activities, do a little bit more each day, to return to your normal routine.
From Day Seven
Walking outside each day for at least 40 minutes at a time. You may still require painkillers, however some patients may be able to start reducing the amount of tablets needed. You should continue to increase normal everyday activities.

From Day Twelve
You should be able to comfortably walk for 45 minutes at one time. You should be walking at a brisk pace, not strolling or having to stop many times. A nurse will check your wound and if they are happy it is healing properly, no dressing will be put back on. After your dressing is removed you may swim and shower as normal.

Work
You do not have to wait until you are completely pain free to return to work. When you feel you can manage, it will be safe to return, but you may find an increase in pain and discomfort at first. Many people find they can return to work earlier than expected, sometimes at two weeks.

Later on
You will be coming back to hospital to be seen in the clinic about six weeks after your operation. If we are happy with your progress you may be discharged. Most patients have recovered well and are discharged back to the care of their GP at this time. If they feel you need to be monitored for longer an appointment will be made to come back to hospital three months after your operation.
General advice

The wound and the dressing

This type of operation usually only requires a small incision. It should heal fairly quickly. Most wounds heal quickly without any problems. If you have any problems contact your GP. Signs that you might have an infection include:

- Increased pain/discomfort around wound
- Redness, swelling or oozing — blood or pus
- A high temperature
- An unpleasant smell from the wound
- Rash, itchy or irritated skin around wound

If your dressing needs changing — wash your hands, remove old dressing, apply new dressing without touching the pad or the wound itself, then wash your hands again. If you can’t reach the dressing yourself ask somebody for help.

Stay active

Although the pain can make this seem difficult, maintaining and gradually increasing your daily activity can help your back. Rest when you need to, but avoid excessive bed rest because this will not help your recovery.

Regular medication

Taking painkillers will allow you to remain active - don’t wait until the pain gets too much. Painkillers will not mask your body’s warning signals or increase the risk of damaging your back.
Regular exercise and physical activity

This helps to keep your back fit and healthy. Walking, swimming and yoga are popular, but it is important to do an enjoyable activity that you can benefit from. Your physiotherapist, exercise professional, osteopath, chiropractor or GP can help you choose an exercise programme that suits you.

Change lifestyle factors

Check for everyday things that may be aggravating your back. These might include stress, repetitive and/or uncomfortable postures at work, at home or while driving, or long periods of sitting.

Physiotherapy Advice

Advice varies depending on the surgery you have had, and your surgeon’s advice may vary slightly from what is given here. The main points are:

- Try to avoid sitting for longer than 20 minutes without changing position
- Sit in a supportive chair, avoid soft chairs
- Avoid activities that require a bent posture, or involve twisting, pushing or lifting
- Do not twist your back when you are bending or lifting
- Avoid vigorous exercise or sport until seen in outpatients where your surgeon or other specialist will advise you on this
- Gradually return to your daily activities. Increased pain does not mean you are causing more damage.
Physiotherapy exercises

These are a selection of simple exercises that you can do as soon as possible after (or even before) your operation. It is important to remember that the type of exercise that you choose to do is not restricted and you may enjoy doing other types of exercise instead / alongside these ones. If you have any questions regarding this please ask your surgical team.

**Stand from kneel, low step**

- Kneel on a step using a cushion or pillow as shown in the picture
- Stand from this kneeling position
- Swap the leg you kneel on every few repetitions
- Repeat as you feel able throughout the day

**Wall press-up**

- Stand facing a wall and place your hands on the wall about shoulder height
- Do press ups against the wall keeping your back straight
- Repeat as you feel able throughout the day
Sit to stand

- Stand up from sitting
- Try not to use your hands to push up from (but it is okay if you need to)
- Repeat as you feel able throughout the day
Comments, compliments, concerns or complaints

South Tees Hospitals NHS Foundation Trust is concerned about the quality of care you receive and strives to maintain high standards of health care.

However we do appreciate that there may be an occasion where you, or your family, feel dissatisfied with the standard of service you receive. Please do not hesitate to tell us about your concerns as this helps us to learn from your experience and to improve services for future patients.

Patient Advice and Liaison Service (PALS)

This service aims to advise and support patients, families and carers and help sort out problems quickly on your behalf.

This service is available, and based, at The James Cook University Hospital but also covers the Friarage Hospital in Northallerton, our community hospitals and community health services. Please ask a member of staff for further information.