Minimally Invasive Surgery
Lumbar Microdiscectomy

Who Needs It?

This is an operation performed to treat sciatica (leg pain) from a herniated disc. It is used when conservative methods of management such as rest, physical therapy, anti-inflammatory drugs and lumbar injections have failed to give adequate relief. Whether or not a patient is suitable for a microdiscectomy will depend upon the MRI scan or other investigations.

Pre operative advice

48 hours before surgery, take some gentle laxatives (colace, senna) to ensure you have your bowels opened on the day of surgery.

On the day of your surgery it is important to remain Nil By Mouth (NPO). Please do not eat anything past midnight, but may continue to drink water up to two hours before admission, where you will be advised further.

It is not necessary to bring your medications with you, as these are supplied from Pharmacy at The Hospital (you can use your medications when you return home). However, if you take a number of medications, please bring a list of names and doses so they can be appropriately supplied by the pharmacy department.

Please bring your scans with you to The Hospital.

How is it done?

The operation is performed under anaesthetic (usually a general anaesthetic, but an epidural can be used as an alternative) with the patient lying face down in the operating theatre. A small incision is made on the back, over the bad disc, which usually is only 2 — 3 cms in length and the spine is exposed by retracting the muscle slightly (only around 1.5 — 2 cms). A small portion of the yellow ligament (the ligamentum flavum) is removed. Then the surgeon can see the trapped nerve root using a microscope to obtain better vision and illumination and, remove the bulging disc tissue below it. This frees up the nerve and allows the surgeon to empty any more disc material out of the disc space as needed.

Outcome of surgery

The aim of the operation is not to completely remove the disc, but to remove the parts which are

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trapping the nerve and causing the pain. The emptying of the disc space is always only partial. There is, therefore, the risk of further disc material coming out of the space at a later date, but this is a rare complication. Other potential complications include infection, which can lead to long term pain in the back if the disc itself is involved or nerve root damage which can lead to weakness or pain or both in the leg. These complications are rare and microdiscectomy remains a very good treatment for sciatica if other treatments have failed.

Post operative care

You will wake up in recovery, where you will spend a short time recovering from the anaesthetic.

You will then be transferred back to the ward. The contact numbers and visiting times are listed below.

You can eat and drink soon after your operation, when you feel comfortable. However, it is important not to eat or drink too quickly post operatively to avoid sickness and further complications. You will have maintenance fluids intravenously to keep you hydrated.

Post operatively, you will be seen by the physical therapy team on the ward. They will start teaching you how to safely get out of bed, and will help you to start walking again. You may feel lightheaded or dizzy the first few times you get up — this is normal, and will wear off.

The Nursing staff on the ward will have given you some information on wound care prior to discharge. If you have any concerns regarding you wound, please do not hesitate to contact us. The stitches are dissolvable and will not need removing. In general, all dressings can be changed after 72 hours, with a new dressing applied every day thereafter if the incision is draining. However, if no drainage is present, the dressing may be discontinued. Moreover, you may shower and wet the incision after 72 hours, but bathing or soaking the incision is not recommended for 2 weeks. You are likely to need pain killers during your stay and for a short while at home. Pain killers can be constipating so we encourage you to eat food that will help to keep your bowels working well. Drink plenty of water.

Going home

Although patients look forward to going home, they often feel apprehensive about leaving the hospital environment, and its support. When you leave the hospital you may travel home in a car, with the seat reclined back, or you may take an ambulance. If you would like an ambulance please speak to Sister on the ward. You may want to check with your insurance company, as they may not cover the cost of this.

When you get home, you should continue with your exercise program as instructed by your inpatient physiotherapist. Gradually increase the amount of walking you do; you should rest flat on your back or side as often as you feel necessary.

Driving and flying — You should be driven home from hospital by a responsible adult, for your own safety. You shouldn’t drive for 6 weeks. But you can be a passenger in a car, or use public transport as you feel able. Flying is not a problem after 10 days, although standing in airports might be. Please do not attempt to lift or carry bags, especially off the carrousel.

Rehabilitation

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Most people recover from the surgery over around six weeks. They are, however, mobile the day after the operation (or even later the same day) and usually out of hospital within 1 — 5 days. The mainstay of treatment post-operatively is physical therapy, with exercises to strengthen the spine and return normal patterns of movement. Most patients progress slowly with these over a few weeks and may need to attend the physiotherapy gym 2 or 3 times after discharge from hospital.

Patients having the surgery under epidural anaesthetic are often home within 24 hours and usually feel able to return to work on light duties a few days after surgery.

Patients may return to sports after 6 weeks, but should avoid contact sports for up to 12 weeks. A clinic visit for review is usually arranged for 6 weeks post-operatively.

What are the Results?

Most people will have an improvement in their pain, but there are many factors determining success. These need to be discussed in detail with your surgeon. SMOKING is known to badly affect the outcomes of surgery.

Contact us if you have any questions or concerns.