

THE PROCEDURE

Please keep this information for reference when calling our office. On-call physicians will need to know exactly the type of surgery you have had, and the date. Your follow-up appointment is scheduled for 6 weeks after your surgery.

Your surgical procedure is Microscopic Lumbar Discectomy - This procedure is intended to relieve pressure on the nerve roots that result from a disc rupture (herniation). During the procedure, the surgeon removes extruded fragments of the disc through an incision in the lower back. The disc is a rubbery mass of tissue that acts as a natural shock absorber between the bones of the spine.

We discussed the risks and benefits of your surgery in the office. I have included these in your instructions, since it can be difficult to remember everything we discussed. Should you have any further questions regarding this information, please do not hesitate to contact us.

I am aware and accept no guarantees about the results of the procedure have been made. I also recognize that unforeseen conditions may require my surgeon and his/her associates and assistants to use a different procedure than the one described above.

ALTERNATIVES

I have considered the non-surgical alternatives to lumbar spine surgery, which include:

- not having the procedure
- using medication for relief of pain
- performing exercises to strengthen the lower-back muscles
- undergoing physical therapy
- steroid injections

I have also considered other possible surgical approaches as explained to me by my surgeon. The benefits and disadvantages of these alternative methods have been explained to me.

RISKS OF LUMBAR SPINE SURGERY

I agree that the decision to have this procedure includes weighing the risks of surgery as well as the benefits. I understand and accept that possible risks

and complications may include but are not limited to the following:

- Adverse reaction to anesthesia**—Both local and general anesthesia involve risk. There is a possibility of complication or injury from all forms of anesthesia and sedation.
- Bleeding**—It's possible, though unusual, to experience an episode of bleeding, which may be excessive, during or after surgery. Bleeding may require additional treatment or transfusion. Certain medications, such as anti-inflammatory drugs, may increase the risk of bleeding.
- Blood clot development**—Blood clots may occur with *any* type of surgery. Clots can block blood flow and cause complications, including pain, swelling, inflammation, tissue damage, airway blockages due to compression of the trachea and compression of the spinal cord.
- Cardiac complications**—There is a small chance that having the procedure could cause an irregular heartbeat or a heart attack.
- Death**—Although the risk is remote, death may occur during or soon after *any* surgical procedure.
- Failure of the procedure**—There is a chance that undergoing lumbar spine surgery will not alleviate pain, numbness, weakness or other symptoms.
- Increased pain**—It's possible, though unlikely, that pain or other symptoms will increase in severity following the procedure.
- Infection**—Infection may occur in the wound, either near the surface or deep within the tissues, and may include the spine.
- Nerve root injury**—Injury to the nerve roots may result in weakness in the arm, paralysis in the affected muscle group or loss of sensation in the affected area.
- Recurrence**—There is a chance that pain, numbness, weakness or other symptoms in the lower-back region will recur and require additional surgery.
- Respiratory difficulties**—Breathing difficulties, which are usually temporary, or post-operative pneumonia, may occur as a result of surgery. Pulmonary embolus (blockage of an artery in the lungs) could occur from blood clotting in the veins.

IMPORTANT POINTS

Allergies/Medications—I have informed the doctor of all my known allergies. I have also informed my doctor of all the medications I am currently taking, including prescription drugs, over-the-counter medications, herbal/homeopathic therapies, nutritional supplements, illicit drugs and alcohol. I understand the advice I have been given about using any or all of these medications and drugs on the days before and after the procedure. **Smoking**—It has been explained to me that if I smoke in the days before or after my surgery, I may be impeding my own recovery. I understand that if I smoke, I will have a greater risk of wound-healing complications.

As you recover from your surgery, you should experience progressive improvement in your preoperative pain. It is not unusual to feel some pain, numbness, tightness, burning or other "funny" feelings for a while following your operation. Usually these sensations will lessen and mostly go away with time. Numbness can last for weeks to months.

At the time of discharge, the hospital nurse should give you prescriptions and a follow-up appointment. If you were not given a return appointment, please call our office upon arriving home to schedule this visit. Please call between 9:00 a.m. and 4:00 p.m., Monday through Friday.

Wound Care: If you have staples or sutures in your incision, you will be given an appointment for removal one week following your operation. Most patients will have no sutures or staples that require removal. If your wound has been closed with Derma-bond, please follow the care instructions from the Derma-bond handout. Do not scratch the Derma-bond. It will begin to slough off 7-10 days after your surgery. At this time you may use a warm wet washcloth to rub the rest of it off. If your wound has been closed with steri-strips (butterfly-like skin closures over your incision), you should remove them 7-10 days after your operation, if they have not fallen off on their own.

If your wound has been closed with Derma-bond, you may get your incision wet in the shower, as soon as you wish, since this closure is waterproof. If your wound has been closed with staples, sutures or steri-strips, you may remove your dressing two days after

the surgery and, at that time, you may get your incision wet in the shower. New bandages or dressings are not necessary. Use only soap and water to gently clean the area around your wound. Do not soak your incision for four weeks following the operation. During this time, bathtubs, hot tubs,

swimming pools, whirlpools, and the like, are not allowed. Do not let the shower water "beat" on your incision.

You should not put any salve, lotion, ointment or Vitamin E on your incision during the first month after surgery. If you notice any problems with your incision, such as severe redness, drainage, swelling, etc., please call the office as soon as possible for instructions. It is not uncommon to have mild redness with staples.

Activities & Driving: You are not permitted to drive a motor vehicle for several weeks following the surgery. You may not drive while taking pain medication. You should not do any lifting, bending, straining, stooping, or twisting. You should not lift anything heavier than ten pounds. You should minimize sitting in the postoperative course. You may recline in a recliner, lie on the sofa, or be upright. Sitting increases the pressure on the surgery site and may increase low back discomfort and spasms. Sitting also increases the risk of recurrent disk rupture. The only exercise permitted, and in fact encouraged, is walking. After you have been up and around for several days, begin a walking program, gradually progressing to one mile, two to three times a day. When you return for your first postoperative visit (1 month), I will give you more exercises to do.

Prescription Refills: You have been given several medications. One is a pain medication, which you may take regularly for the first few days following the surgery, and then as needed. You may have been given Flexeril, which helps relieve muscle spasms. You should take this medication three times a day for the first three days following the surgery and then as needed. You may take Ibuprofen, Advil, or Tylenol, as necessary. You have been given a 30-day supply of these medications from the time of surgery and you should not require any more. If you require medication refills, please call the office between 9AM



PATIENT INFORMATION

Lumbar Discectomy

and 5PM, Monday through Friday. We will do our best to expedite your request, but please allow 24 hours for us to process your refills. **Please note: The on-call physician will not refill prescriptions at night or on weekends.**

Out of Work: You can expect to be out of work for a minimum of three to six weeks following your operation, depending on your healing progress and type of work you do.

We want your surgical experience to go smoothly. If you have any questions or problems, please do not hesitate to call the office at 508.771.0006.

You may find the following websites to be helpful regarding your surgery: www.allaboutneckpain.com, www.spineuniverse.com, www.neurosurgery.org, www.spinehealth.com, www.allaboutbackpain.com.

Thank you for allowing me to take part in your care,

Achilles Papavasiliou, MD
Paul Houle, MD
Patrick Murray, MD
G. Kenji Nakata, MD