

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 surgical procedure was **Decompressive Lumbar Laminectomy**—This procedure is performed to relieve the symptoms associated with *spinal stenosis*, a condition that is a by-product of aging and may be marked by degenerated (herniated) discs, thickened ligaments and the overgrowth of bone in the lumbar spine. During surgery, the overgrown bone and thickened ligaments that are causing pressure on the spine and nerve roots are removed through an incision in the lower back.

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 laminectomy, 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.

At the time of discharge, the nurse should have given you prescriptions and a follow-up appointment. If you were not given a return appointment, please call our office immediately 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 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 slough off in approximately two weeks after your surgery. If your wound has been closed with steri-strips (butterfly-like skin closures over your incision), you should remove them seven to ten days after your operation, if they have not fallen off on their own. It is not uncommon for them to fall off on their own before the seven to ten day period.

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. Do not soak your incision for two 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 or ointment on your incision. If you notice any problems with your incision, such as 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. 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.

Prescription Refills: You have been given prescriptions for a pain medication and a muscle relaxant. You should take these medications 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 and 4PM, Monday through Friday. Please realize that we will try to expedite your request, but plan on waiting for at least 24 hrs after your call before checking to see if meds were called in. Call your pharmacy in 24 hour first, before calling



PATIENT INFORMATION

Lumbar Laminectomy

the office back about your refill. **Please note: *The on-call physician will not refill any prescriptions at night or on weekends.***

Out of Work: You can expect to be out of work for a minimum of four 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

Thank you for letting me take part in your care,

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