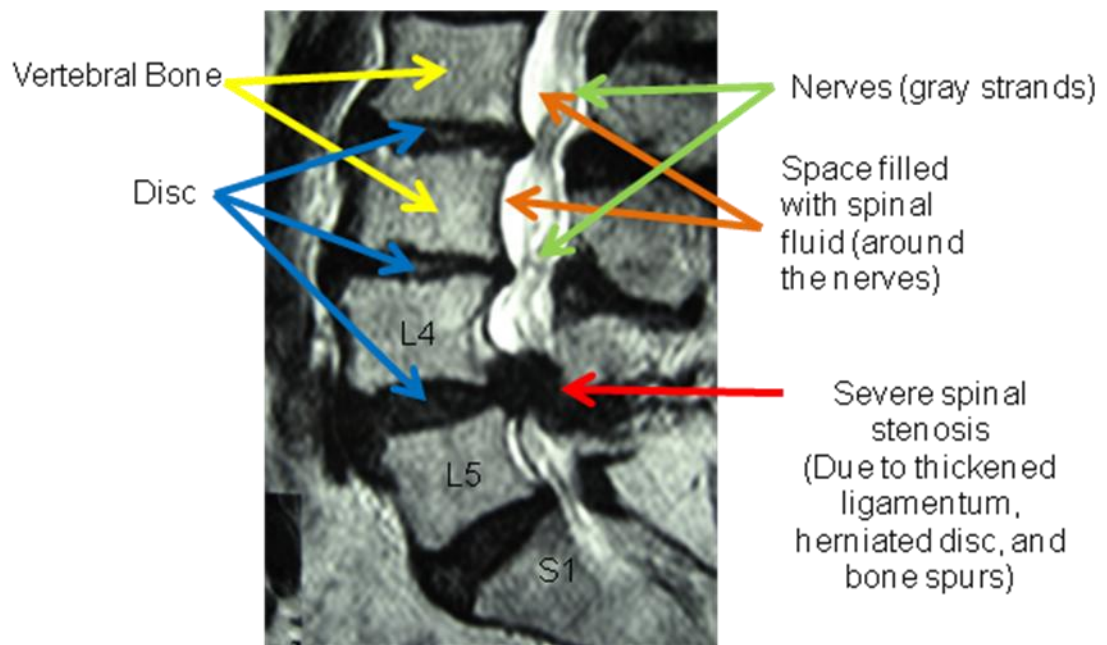


## **TOWN CENTER ORTHOPEDIC ASSOCIATES SPINE SURGERY- Dhruv B. Pateder, MD**

1860 Town Center Dr. Suite 300, Reston, VA\* (703)435-6604      6201 Centreville Rd. Suite 600, Centreville, VA, 20121\* (703) 378-4868

### **Post-operative Discharge Instructions: MINIMALLY INVASIVE LAMINECTOMY**



#### **I. ACTIVITY RESTRICTIONS until first follow-up appointment:**

- Return to work will be discussed on an individual basis.
- No driving while taking NARCOTIC medications.
- Walking after surgery is very important and I highly encourage it. While there are no specific rules on how much one should walk, I recommend a course of walking short distances followed by resting. As you recover, you may increase the frequency and distance that you walk. In general, start out slowly and increase activity as tolerated. You

may also ride a straight back stationary bicycle at a slow pace. You may also use an elliptical machine as long as you do not use your arms to pull.

- Do NOT partake in the following activities for the first 6 weeks: high impact exercises (running, skiing, jumping rope, etc.), weight lifting (squats, dead-lifts, etc.). Weight lifting exercises that put excess stress on your back (squats, dead-lifts, etc.) are to be avoided on a long-term basis if possible.
- You may continue to experience back stiffness for several weeks after surgery. This is generally most common upon awakening or staying in a fixed position for a long time (sitting for a long time). We recommend laying down on a heating pad for 10-15 minutes before you get out of bed in the morning and start your day (this is similar to a baseball pitcher who “warms up” before a game). We also recommend that you do not sit for long periods of time. If you have a desk job, try to get up and move around as much as possible.

## II. PAIN MANAGEMENT:

*The first 1-2 weeks tend to be the immediate recovery period. Most patients experience the most discomfort and pain in this time period. Discomfort in the back, buttock, and thigh is normal and is experienced by most patients. This is the result of muscle dissection, bone, and bone spur removal, and/or excision of herniated discs.*

- Recovery from this surgery can range from several days to several weeks.
- We generally give patients prescriptions for three classes of medications:
  1. Narcotics (Percocet, Vicodin, etc.)
  2. Muscle Relaxers (Flexeril, Robaxin, Valium, etc.)
  3. NSAIDs/ Anti-inflammatory medications (Motrin, Naprosyn, etc.)
- Most patients stop taking narcotic medications and muscle relaxers within a couple of days after surgery. However, there are no “rules” about when a patient should stop taking these medications. You may use narcotic medications and wean off over the course of several days to weeks depending on your pain level. Do NOT take more narcotic medication than prescribed unless you have discussed it with April or Dr. Pateder. We generally recommend using NSAIDs for at least one week and possibly more if it is beneficial. Please stop using NSAIDs or any other medications and call our office if you develop a rash, have stomach discomfort, gastrointestinal bleeding, etc.
- Most patients report that they are “fully recovered” by 6-8 weeks with complete resolution of leg pain and significant improvement of incisional pain. Your recovery may be faster or slower depending on several factors: number of levels, general medical health, severity of stenosis, etc.
- Medications will **only** be refilled during office hours. **Please** be aware of how many pills you have left so that you will not run out when the office is closed.

### III. INCISION CARE

•Incision care for this surgery is generally very easy. There are 2 layers of dressing. The outermost layer is a waterproof dressing that is removed on the second day after surgery. Under that dressing are Steri-strips which are directly on the incision. The Steri-strips are also waterproof and can be washed with soap and water. The Steri-strips will fall off in about 10 days.

• If the Steri-strips have not fallen off by day 14 after surgery, you may remove them.

•The “Dressing & Incision Care” section has pictures which further demonstrate this.

•Sometimes, we use staples to close the skin (in cases where the skin is very thin, revision surgery using a previous incision, poorly controlled diabetes, etc.). Before you leave the hospital, the outer dressing will be removed and the staples may remain uncovered and “open to air.” The staples are generally removed in the office at your first post-operative visit 3 weeks after surgery (if you DO have staples, schedule your first post-operative visit 3 weeks after surgery).

•Do NOT soak the incision by taking baths or sitting in a pool/hot tub until the incision is completely healed and the Steri-strips have fallen off (generally 2-3 weeks).

•Healing tissue that will exist along your incision does not contain the pigment melanin (normally protects the skin against the sun). For cosmetic reasons, it helps to protect the incision from the sun by using sunblock with at least **SPF 30 or higher for 6 to 12 months.**

•Physical therapy is started, if one needs it, after you are seen at the first post-operative visit. Until your first post-operative visit, we recommend that you gradually increase the amount of walking you do and try to do as many of your activities of daily living as possible.

**IV. CALL** Dr. Pateder’s Practice Coordinator (703- 483-4679) during business hours or our main office (703-435-6604) if it is after business hours/weekends, your private physician’s office or present to an emergency room **IMMEDIATELY** if any of the following occur:

• Fever (>101.5 degrees Fahrenheit), chills or sweats that occur beyond 2-3 days after surgery. It is NOT unusual to have a low grade fever (100.5 degrees Fahrenheit) for 2-3 days after surgery.

• Redness, swelling or warmth around the incision(s), NON-clear drainage from the incision, or increased pain in or around the incision.

• Any neurological change in the arms or legs such as new weakness or increased pain/tingling/numbness.

- Persistent or increased difficulty swallowing or speaking.
- Severe headaches that are different in nature to prior headaches and ones that are worsened with standing and better with lying down.
- Abdominal bloating associated with persistent nausea and vomiting (often these symptoms will be accompanied with constipation or inability to have a bowel movement).
- Calf swelling, redness, pain or warmth as this can be a sign of a deep venous thrombosis (also known as a “blood clot”).
- Chest pain, difficulty breathing or cough.

## **V. FOLLOW-UP APPOINTMENT**

- Your first *post-operative* appointment is generally 2 weeks after surgery with Dr. Pateder’s physician assistant, April Cournoyer. If this appointment has not already been scheduled, please call Dr. Pateder’s administrative assistant (703-483-4679) to do so.
- Your second *post-operative* appointment is generally 6-12 weeks after surgery with Dr. Pateder. The exact time of the second appointment will be determined at your first post-operative follow-up appointment.

**ALWAYS FEEL FREE TO CONTACT US WITH YOUR QUESTIONS & CONCERNS.**

ADMINISTRATIVE QUESTIONS: Practice Coordinator 703-483-4679

MEDICAL QUESTIONS: April Cournoyer, PAC 703-483-4656