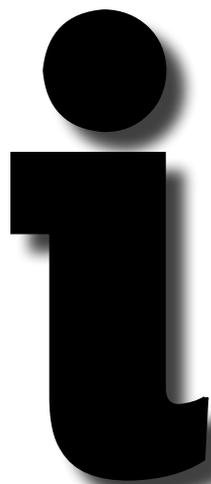


# Lumbar Spine - Discectomy/ Decompression *(page 1 of 5)*



## The Spine

Your spine is one of the strongest parts of your body. It is made up of solid bony blocks (vertebrae) joined by discs to give it strength and flexibility. It is reinforced by strong ligaments and surrounded by large and powerful muscles that protect it.

The spinal cord is part of the nervous system that lies within the spine and is protected by it. Nerves branch out from the cord and carry messages to and from the brain. They allow us to feel temperature, pressure and pain. If a nerve is pressed by a disc or by bony changes this can cause pain which may be felt in the back, or in the leg or both.



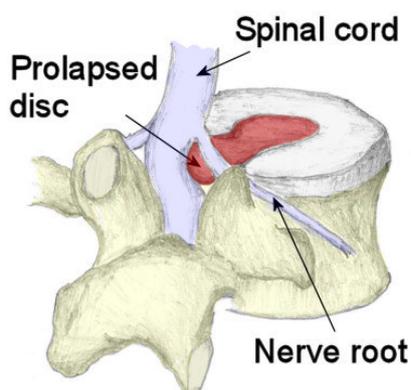
If you need your information in another language or medium (audio, large print, etc) please contact Customer Care on 0800 374 208 or send an email to: [customercare@salisbury.nhs.uk](mailto:customercare@salisbury.nhs.uk)

You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

Please complete The Friends & Family Test to tell us about your experience at: [www.salisbury.nhs.uk/FriendsFamily](http://www.salisbury.nhs.uk/FriendsFamily) or download our App from the Apple App store or Google Play Store.

The evidence used in the preparation of this leaflet is available on request. Please email: [patient.information@salisbury.nhs.uk](mailto:patient.information@salisbury.nhs.uk) if you would like a reference list.

## Discectomy



If a disc has bulged and part of it is pressing on a nerve this piece of the disc can be removed. It is not usually necessary to remove all of the disc.

## Decompression

This is the process of making more space around a nerve by removing a small amount of bone.

Often these two procedures are done during one operation.

## Benefits of having surgery

The main aim of surgery is to relieve pressure on the nerve and /or the spinal cord. This will mean there is a good chance that the pain in your leg will go, or at least be much reduced.

If you have had pressure on the nerve for a long time, or if the nerve has become damaged by the pressure, you may not get complete recovery of the nerve function. This means that you might always have some numbness in parts of the leg, or weakness in some of the muscles.

Surgery does not always relieve the back pain but often reduces it.

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## **Complications of Surgery**

### **Venous Thromboembolism (VTE)**

Any operation which leads to a reduction in normal mobility poses a risk of blood clots developing in the legs (Deep Vein Thrombosis) or lungs (Pulmonary Embolism). These two conditions are known as VTE, although the risk of this after this operation is extremely small. You will be given another information sheet about this. Getting up out of bed as soon as possible after the operation and drinking plenty of water are important things that you can do to reduce your risk.

### **Infection**

Around two to three people in 100 will get a wound infection after surgery. If this happens you will need antibiotics and, rarely, may need a further operation.

### **Dural tear**

A tear in the protective membrane around the nerves and spinal cord can occur during surgery. This is repaired at the time and usually heals without problems. Tears occur in around two to three in 100 operations having this operation for the first time and five to ten in 100 patients having revision surgery.

If any spinal fluid has been leaked during surgery it may cause a headache afterwards. Treatment will be bed rest for 48 hours before getting up and about as normal.

### **Nerve/spinal cord damage**

The risk of damage is less than one in 100 operations. If it occurs you may notice increased numbness in part of your leg and/or some weakness of movement.

### **Bladder and bowel disturbance**

There is a very small risk of damage to the nerves that control the bladder and bowel. This could cause problems with passing water or opening you bowels. This occurs in only one in 500 operations.

### **Recurrence of disc prolapse (where the disc bulges out and starts to trap the spinal nerves)**

However carefully the disc is removed there is always a risk of recurrence. About eight to ten patients in 100 will get another disc prolapse.

### **Recurrence of symptoms**

All healing occurs with the formation of scar tissue and in a small number of patients this can cause a recurrence of symptoms, a condition called epidural fibrosis.

In this case, the wear and tear to the spine will continue, and in some cases can cause persistent back pain requiring further evaluation and possible treatment.

One in 100 patients will need further surgery.

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## After your operation

You are usually able to get up and about the day after the operation or even on the day of surgery if you are able. It is the best way to get your muscles moving and prevent post-operative complications.

### Getting out of bed

Bend your hips and knees, roll onto your side, swing your legs over the side and push up with your hands. You can progress to getting up normally over time.

It is not unusual to feel dizzy/light headed/nauseous the first time you get out of bed and, depending on how you are feeling, you can take a walk and sit out in the chair for a short period.

Sit in an upright chair with arms. Only sit for short periods initially – no more than 30 minutes.

### Walking

Whilst walking you should maintain a good posture at all times. You should not need any walking aid.

Regularly change from resting on the bed, sitting in a chair and walking around so that you do not stay in one position for too long.

Avoid sitting for long periods.

### Exercises

#### Transverse Abdominus

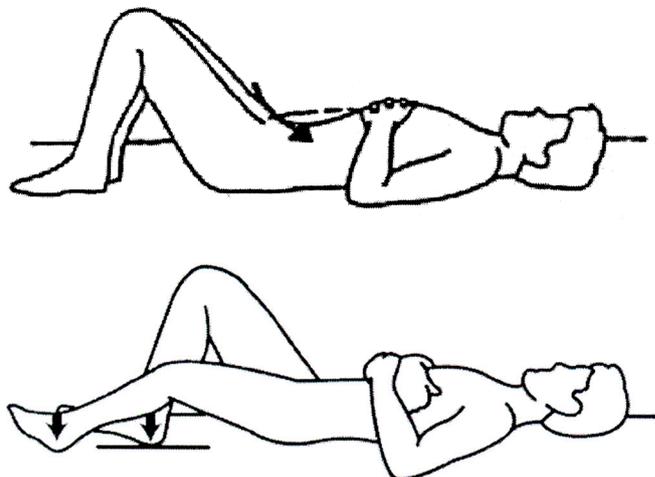
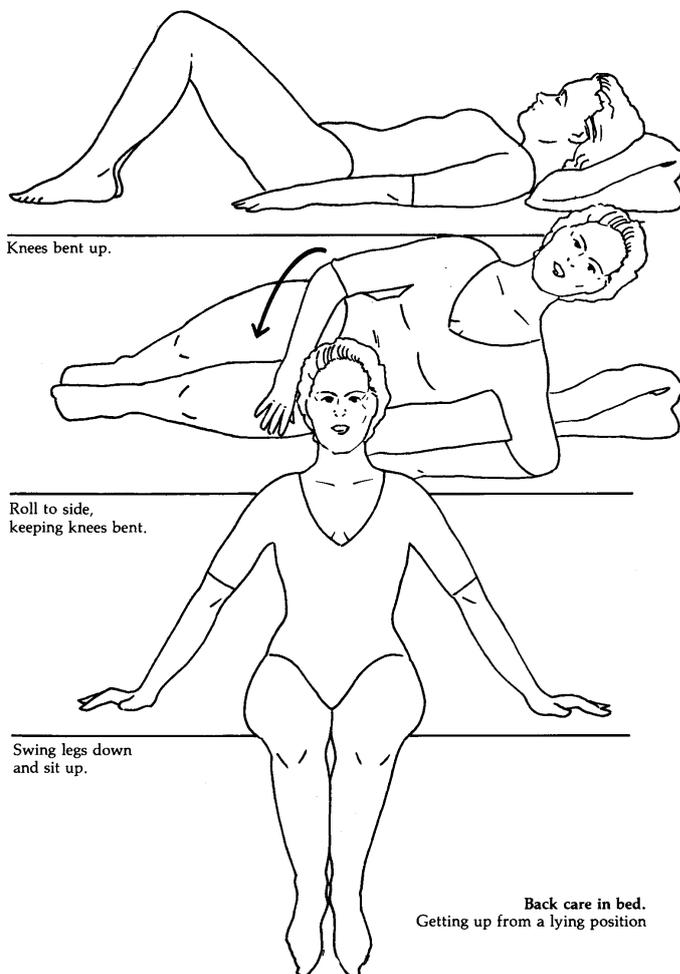
This muscle is a deep support muscle for your spine. Whenever you move it contracts and stabilizes the lower spine.

1. Lie on your back with your knees bent and your feet in line with your hips.

Pull your tummy button down towards your spine. You should feel a gentle tightening in your lower stomach.

Do not allow your pelvis to move. Hold and

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sustain the contraction for ten seconds if you can.

Repeat five times.

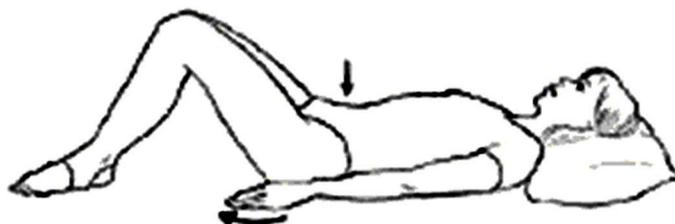
2. Maintain the contraction, slide one heel away so the leg becomes straight. Then slide the heel back to the starting position. Do not allow you pelvis to move.

Repeat five times with each leg.

## Pelvic tilting

Bend your knees up and gently flatten the small of your back onto the bed and tilt your hips up.

Repeat 10 times.

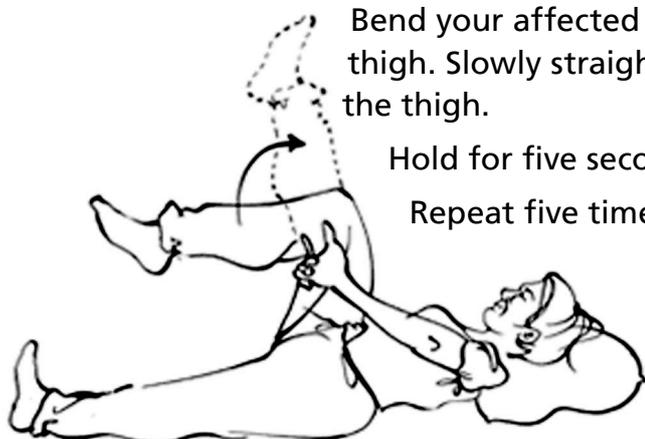


## Sciatic nerve stretch

Bend your affected leg up towards your chest and hold behind the thigh. Slowly straighten the knee until a stretch is felt at the back of the thigh.

Hold for five seconds then relax.

Repeat five times.



Some simple tips you can use to get going

- Use a shower rather than a bath
- Use slip on shoes or put your foot on a chair. When you need to tie laces/fasten straps use a shoe horn.
- Sit down to put on trousers and socks.
- Try sitting at the washbasin rather than bending over it.
- Stand and walk about as much as you can.

## Strike a balance

Within a few weeks you should be doing most things fairly normally. However some physical activities are likely to take more time.

Try to strike a balance between being as active as you can and not putting too much strain on your back. The basic rules are simple.

- Keep moving – pace your activity.
- Don't stay in one position too long.

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- Move about before you stiffen up.
- Move a little further and faster each day.
- Don't stop doing things – just find an easier way to do them

## Ordinary daily activities – some practical tips

**Sitting** – Chose a chair and position that is comfortable for you. You may want to use a lumbar roll behind your back. Get up frequently and move about. Take advantage of TV adverts !

**Driving** – You may start to drive two - four weeks after surgery. Adjust your seat from time to time. Stop every half hour for a few minutes break. Get out of the car, walk about and stretch.

**Daily activities/hobbies** – Don't do any one thing for too long. Keep changing activities.

**Sleeping** – If your bed is comfortable that's fine. Avoid a sagging mattress.

**Lifting** – Think before you lift. Don't lift more than you need to. Keep the load close to your body. Don't twist while you are lifting- turn your feet.



## Going back to work

Most people are able to return to work within two – eight weeks depending on the type of job they do.

If you have a sedentary job you may be able to return to work after two weeks.

It may take six weeks or more before you can resume heavier/manual work.

## Returning to sport

Contact sports are to be avoided for three months

You may start swimming and cycling after six weeks.

Any further queries on returning to work or sport can be discussed at your clinic appointment.

## Further advice

If you have problems after you have gone home contact your GP or out of hours contact NHS 111.

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