

# DISCHARGE INSTRUCTIONS

For Patients Who Have Undergone

## Microdisectomy/Microsurgical Decompression/Laminectomy

**1. Sutures:** Most often our patients have sutures that are absorbed by the body. At the time of your discharge please make sure you inquire as to the type of sutures you have, absorbable or non-absorbable. If you have absorbable sutures, you might notice clear suture material (appears similar to fishing wire) at each end of your incision held in place by a steri strip (small piece of white tape) which will either fall off on it's on or be cut flush with your skin at your first post-operative visit. Do not remove steri strips if present. Should one become loose or start to fall off, you may remove it gently. If you **do not** have absorbable sutures, they need to be removed within 10-14 days after surgery. If you had a dural tear with **non-absorbable** sutures, they need to be removed around post-op day 21. You can have them removed by your primary care provider or call our office (212-606-1946) to schedule an appointment for suture removal.

**2. Wound Care:** You may shower 24 hours after your surgical drain is removed. If a surgical drain was not placed at the time of surgery then you may shower two (2) days after your surgery. NO bathtubs, swimming pools or hot tubs! You do not have to cover your wound with a gauze dressing however, should your incision be sensitive or if your clothing is rubbing up against your incision, you may apply a clean, dry gauze dressing. If you are experiencing drainage from your incision, please apply a clean, dry gauze dressing and call the office for further directions. Immediately report any signs of infection, which would include an elevated temperature, drainage, fever, redness, swelling around the operative site or a severe increased pain to either the site or your extremities.

**3. Incisional Swelling:** Swelling around the incision after surgery is normal. Icing the surgical site for 20 minutes making sure to protect the skin with a thin layer of cloth is encouraged. You may even notice a slight increase in swelling after activities. This will dissipate in time; however, please report any severe increased pain, swelling, redness, fever or drainage immediately.

**4. Anti-inflammatory medications (NSAIDs):** Upon discharge you will receive either a (2) week course of NSAIDs or a five (5) day course of Toradol (ketorolac) followed by (2) weeks of an NSAID (such as Naproxen) for pain control, unless medically contraindicated. You should take these medications with food.

**5. First Post-Operative Examination:** Patients are seen by surgeon six (6) weeks after the date of surgery unless otherwise instructed. Please contact the office to schedule this appointment, if it has not been already given to you. If you have any specific questions

regarding your progress, it is a good idea to list them and address these questions when you come in for your visit.

**6. Brace:** You should wear your brace when you are out of bed for a period of time and especially when you go out for a walk or ride in a car. Don't become alarmed if you cannot tolerate wearing your brace during the initial post-op period. You may have residual inflammation and swelling around the surgical area which may make wearing the brace somewhat intolerable. Your spine is stable and the brace is intended to aide in pain control and help you be more mindful of the spinal precautions. If you cannot tolerate the brace then you can use it as needed for pain control. We recommend that you wear your brace while traveling to our office for your first post-operative visit.

**7. Things to Avoid:** Prolonged standing in one place and prolonged sitting is not recommended as this may cause increased soreness and/or stiffness. If you need to sit for a prolonged period of time, it would be wise for you to get up intermittently, walk around and stretch your legs. Refrain from bending, twisting, or lifting more than 15 lbs until your first post-op visit around the 6 week post-operative mark. You will be given instructions by a physical therapist while in the hospital on proper body mechanics.

**8. Activity Guidelines:** Walking for exercise is strongly encouraged as soon as you feel up to it, as tolerated, at a leisurely easy pace. This will help to improve your endurance. If you had weakness in one or both lower extremities pre-op, this may persist after surgery so remember to use your cane when walking outside.

- You may begin to use a recumbent (back supported) bicycle or elliptical machine 10-14 days post-op if you feel up to it.
- You may begin to drive 7 to 10 days post-op if you are comfortable sitting. Use your brace to protect your back.
- You may return to sedentary desk work as soon as you feel able to. We generally ask patients to wait 10 days post-op. If you have to travel a long distance to work we ask that you try to take either car service or be driven by a family member. Don't sit for extended periods of time without breaks.
- You will begin a formal outpatient physical therapy program approximately 6 weeks after your surgery. Home Physical therapy for ambulation, gait training, and activities of daily living are allowed upon discharge from the hospital.

**9. Pain Medication:** Please refer to our practice prescription pain medication policy.