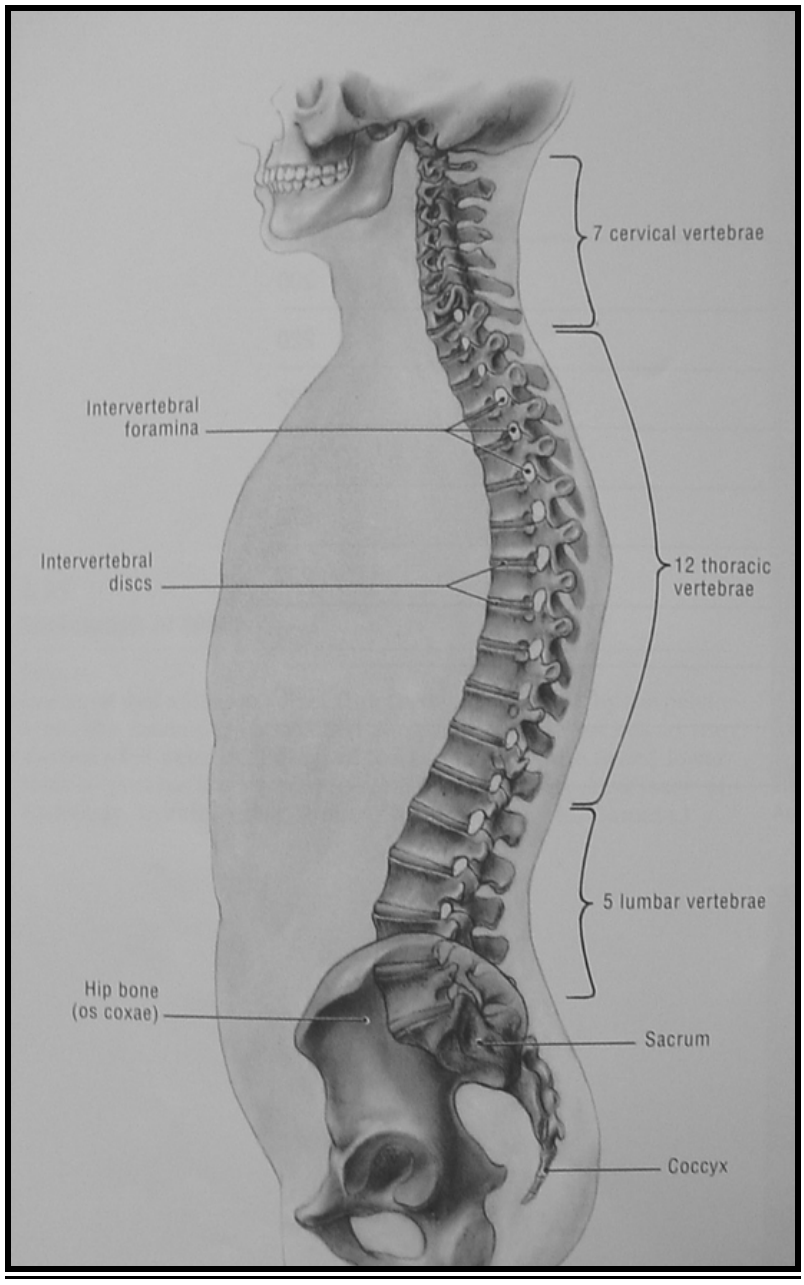
UNIVERSITY HOSPITAL OF NORTH STAFFORDSHIRE NHS TRUST

LUMBAR DISCECTOMY / DECOMPRESSION



A GUIDE FOR PATIENTS

CONTENTS

Welcome to the Spinal Service of the University Hospital of North Staffordshire NHS Trust.

This Trust has 3 Orthopaedic Consultants specialising in surgery of the spine:

Mr M F Brown

Mr E B Ahmed

Mr V Jasani

This booklet is designed to assist you in understanding your condition and to support the information given to you by your Consultant.

This booklet is a guide to what you may expect when you are having discectomy or decompression surgery to relieve pressure on the nerve roots in your lumbar spine (lower back).

Your Surgeon will give you more detailed information, and will be happy to answer any specific queries that you may have.

WORDS YOU MAY HEAR

Intervertebral Disc -

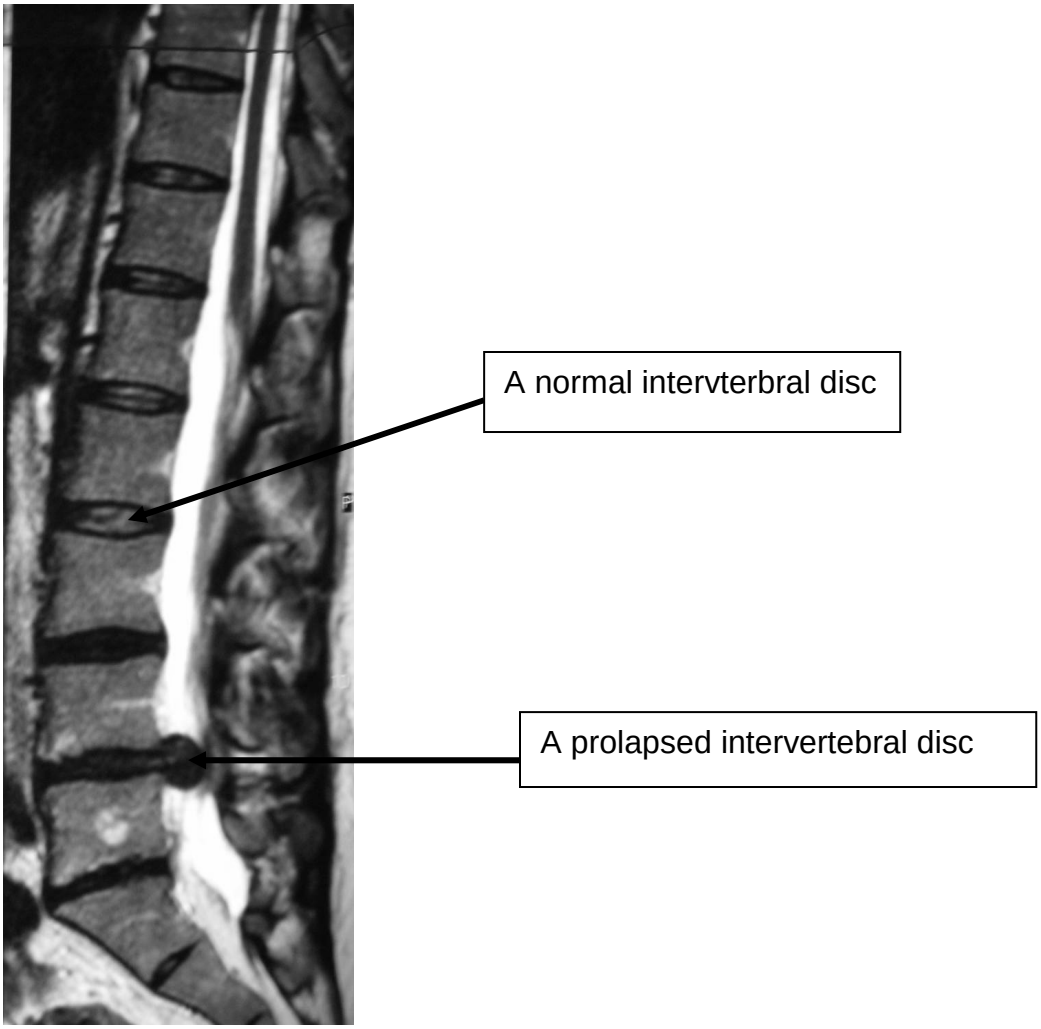
The discs are the cushioning tissue which separate the bones of the spine (vertebrae) and act as “shock absorbers”

Prolapsed Intervertebral Disc -

The disc herniates (pushes out) from its normal position, and as a result, can lead to pressure on the nerve leading to leg pain, pins and needles, numbess or weakness.

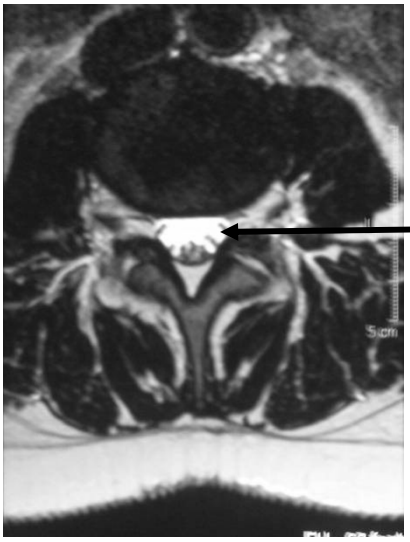
Sciatica -

This is the term given to pain down the leg. The pain is caused by irritation of the sciatic nerve - the main nerve in to the leg.

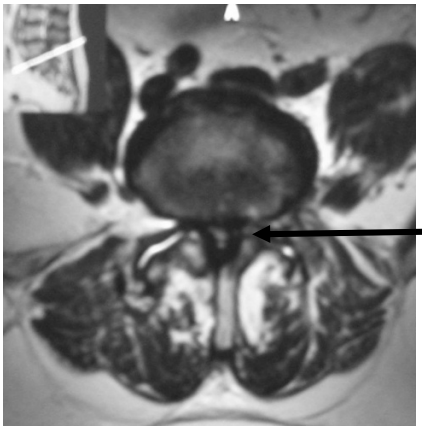


Stenosis –

This is the term given to the situation that results in pressure on the nerves due to a narrowing of the spinal canal. The commonest reason for this is due to wear and tear causing thickened ligaments, overgrown joints or bony spurs. This can lead to leg pain, pins and needles, numbness or weakness in your legs.



A normal spinal canal with the nerve roots in plenty of space



A narrowed spine canal with much less room for the nerve roots (stenosis)

WHAT IS A LUMBAR DISCECTOMY?

It is the surgical procedure to remove a prolapsed (bulging) part of the intervertebral disc in order to relieve the pressure on the nerve and hopefully alleviate leg pain. It is not an operation to relieve back pain, but can sometimes reduce some back pain.

WHAT IS A LUMBAR DECOMPRESSION

It is the surgical procedure to remove pressure on the nerve roots in your spine due to thickened ligaments, overgrown joints or spurs of bone. It hopes to improve leg pain, and sometimes numbness and weakness. It is not an operation to relieve back pain, but sometimes can reduce it.

WHAT ARE THE RISKS OF THIS OPERATION?

These operations usually are successful in 85-90% of patients that have them. They are not always able to get rid of all of your symptoms, but do improve most of them. No operation is guaranteed, and all operations carry risks. Some of the risks with a spinal operation include:

General -

- Infection (less than 5% risk)
- Deep Venous Thrombosis (DVT) (less than 1% risk)
- Risk of serious life threatening or other complications due to allergies, anaesthetics or bleeding are very rare (less than 1 in 1000)

Specific -

- Less than 1% risk of damage to the nerve involved leading to weakness and/or numbness to the leg
- Less than 0.001% risk of major nerve damage which could lead to problems with the bladder and bowels
- Around 1-2 % chance of leakage of spinal fluid through the wound. This complication may need you to stay in hospital for longer, but can usually be corrected
- This operation is not performed to relieve back pain

It must be stressed that problems are rare and most patients are happy with the outcome of their surgery, but you need to be aware of the risks in order to give informed consent for the operation. Your surgeon will discuss all these risks with you in detail.

EXAMINATION AND INVESTIGATIONS

Physical examination

Detailed medical history

Spinal disorder questionnaire

X-ray of lumbar and sacral spine

CT scan

MRI scan

Nerve conduction studies

Blood tests

You may not have had all the tests listed or you may have had a test which is not listed. Your Consultant will decide which are appropriate for you. He will discuss if surgery is your best option and what alternatives are appropriate. Your name will then be entered on the Waiting List and you will receive a letter asking you to attend Pre-operative Assessment Clinic once you have been allocated an operation date.

PRE-OPERATIVE ASSESSMENT CLINIC

At this appointment, you will meet the nurse responsible for taking a detailed history of your health and social support available to you.

What to bring with you -

- Any current medication or repeat prescription sheet
- A sample of your urine (you can obtain a bottle from your GP)
- Any scans or x-rays in your possession relating to your operation

What to expect -

- A time to discuss, in private, any worries or concerns you have with the nurse
- Further tests in preparation for your operation -
    1. Blood tests
    2. Urine test
    3. ECG
    4. Swabs from your nose and groin

All these tests are designed to give an overall picture of your health and should problems be found, they can be dealt with quickly prior to surgery. Some of the tests listed are done to minimise the risk of infection following surgery. Skin and urine infections, if found early enough, can be treated easily in a majority of cases with no need to postpone your operation.

- Meet the junior doctor who will perform a physical examination and confirm the medical history taken by the nurse. Your current medication will be discussed to identify any management needs before, during and after surgery. Any questions about the details and after-effects of your surgery can be discussed.
- A provisional date for surgery may be given to you and you will also be sent a letter confirming your admission details.

- You may also see your consultant, who can answer any questions you may have. You might be asked to sign a 'Consent to Surgery' form at this stage.
- A WRVS counter is available for the purchase of refreshments.
- The assessment process may take a few hours.

If you are unsure about going ahead with the surgery or your symptoms have improved, please bring this to the attention of the nurse. At no stage are you obliged to go with the operation, and your Consultant will be happy to discuss with you any concerns you may have.

DAY OF ADMISSION TO HOSPITAL

You will receive a letter informing you of which ward you are to be admitted to and at what time if you were not given this information at your pre-operative assessment clinic appointment. You are often asked to come in on the day of your operation.

What to bring in -

- Your medication
- Scans and x-rays pertinent to your operation
- Nightwear
- Toiletries
- Towel
- Wet-wipes
- Juice drinks
- Light weight day clothes
- Sensible footwear
- Walking aids that you currently use
- Any sanitary products that you currently need

What to expect -

- You will wait in the Admission Lounge attached to the ward whilst your pre-operative screening continues
- A nurse will re-check all the information documented from your previous visits.
- All the results from the investigations carried out prior to admission will be checked and a further blood test will be Performed. The nurse will also check to ensure that all your scans and x-rays are available.
- Your anaesthetist will discuss the anaesthetic that you are to receive.
- Once the Theatre List running order is available on the ward - the nurse can give you an approximate time that you can expect to go to theatre.
- All patients MUST fast prior to their operation. This is to minimise the risk of the stomach contents moving into the lungs when the anaesthetic is

administered, a life-threatening situation. The nurse will advise you of the safe fasting time for you in relation to the time of your surgery.

- You will be measured for TED anti-embolism stockings on admission unless you have any skin condition that contra-indicates their use. These are worn to minimise the risk of DVT and will need to be worn for approximately 6 weeks following your operation or until you are fully mobile again.
- Staff will discuss what you can expect whilst in hospital. Your relatives will receive information regarding visiting times and telephone numbers. However, we recommend that you nominate 1 member of your family to ring the ward and the rest of your family and friends ring that person. This helps us to carry out nursing care instead of dealing with numerous enquiries for the same patient.
- Before going to theatre, you will be asked to have a shower using anti-bacterial soap - to minimise the risk of infection.

- You may see your Consultant and be requested to sign a Consent to Surgery form if you haven't already done so.

THE DAY OF YOUR OPERATION

Before your operation

What to expect -

- A visit from your anaesthetist (if not already seen)
- Fasting instructions MUST be followed or your operation may be cancelled
- You will have a shower in anti-bacterial soap then you will put on your theatre gown and a pair of disposable pants. All your own clothes MUST be taken off. All jewellery must be removed except for your wedding ring - this can be taped in place to ensure that it will not be lost. Jewellery is removed to prevent it from interfering with the equipment used in theatre.
- A porter will come and fetch you when it is your turn to go to theatre. You will be taken there on your bed and a nurse will escort you.
- You will proceed to the anaesthetic room where you will receive your anaesthetic. Your anaesthetic will last for approximately 1½ to 2 hours and you will be lying on your front for your operation.

After your operation -

You may stay in Extended Recovery overnight following your operation, but this is not always necessary. Visiting is strictly between 7pm and 8pm and 2 visitors at any one time on Extended Recovery. Visiting is restricted in this area because theatre lists run until about 6.30pm and it is important for these patients to have privacy and confidentiality whilst they are recovering from

their anaesthetic. Your visitors will need to report to ward 124 and staff there will be happy to show them to the Recovery area.

What to expect -

- You will be attached to equipment that monitors your pulse, heart rate and rhythm.
- The nurse will be monitoring your condition and asking you questions about how your current leg pain and movement compares to before the operation.
- You may have PCA (patient controlled analgesia) in place. This is a system where you will give yourself a measured dose of morphine should you feel any pain. There are safety measures in place to prevent you from giving yourself too much morphine. The recovery nurses will explain how to use the equipment and how to keep yourself as pain-free as possible. We cannot guarantee that you will feel no pain but we will endeavour to make you as comfortable as possible.
- If you experience any numbness, tingling or movement restriction to your legs, inform the nurse looking after you.
- You will be turned on your side regularly so that your wound can be checked.
- Due to lying flat in bed, you may find that you are unable to pass urine. If this becomes a problem, you may require a catheter. This is a tube that is passed into the bladder to allow it to empty. The nurse will explain this in detail should a catheter be necessary.
- If you do not feel nauseous, you can have some water to drink. If this doesn't cause you to be sick, you may wish to try a light meal and a hot drink.
- Some patients find lying flat uncomfortable. You may want to try sitting up a little or have a pillow placed under your knees. There is no problem with doing so unless your Consultant has specified that he wants you to stay lying flat initially. If you want to move into another position, the nurses will assist you to move in order to minimise pain.
- When sitting, it is important that you bend at the hips rather than bending your back, ensuring that a good, comfortable and safe posture is maintained.

RETURNING TO THE WARD

You will be transferred to either ward 121 or ward 124 from Extended Recovery. The nurses on these wards will take over your care.

What to expect -

- If you have PCA, this will continue for the most part of this day
- You are advised to have regular tablet painkillers for at least 3 days. If the tablets have little effect, inform the nursing staff.
- Once on the ward, the physiotherapist will see you and assist you to get out of bed safely. You will be helped to take a short walk on this day.

- If you needed to have a catheter after your operation, this will be removed at night-time.
- Regular checks are made of your wound dressing but it is not disturbed unless absolutely necessary.
- You will have regular recordings of your temperature, pulse and blood pressure.
- The Occupational Therapist will see you once you are able to walk safely.
- The physiotherapist will give you exercises to do at home.

DISCHARGE ARRANGEMENTS

You can plan to be in hospital until the day after your operation, but this can vary. Everyone is different, but 1- 2 days in hospital is a guide. Certain criteria have to be fulfilled before the doctor will allow you to go home.

You must -

- Be able to pass urine as you did prior to your operation
- Not have a high temperature
- Be able to eat and drink
- Be relatively pain-free
- Be able to walk unaided and negotiate stairs
- Be able to get on/off the toilet without difficulty
- Have no problems with your wound

This list should be used as a guide only. Your doctor or nurse will be able to answer any questions you may have. Always wait for the nurse to tell you that you are ready to go before you arrange for your family to pick you up.

You will need to have the following organised BEFORE you leave the ward -

- GP's letter
- Outpatient appointment for approximately 6 weeks time
- Sicknote (if needed)
- Discharge medication
- Outpatient physiotherapy appointment if indicated

Once these are sorted out, you will be transferred to the Discharge Lounge to wait for your lift home.

ONCE AT HOME

Recovery - Expect to feel tired for at least 2 weeks after your operation but short walks are encouraged. You may still feel a degree of soreness in your back and you may still fell some pain in your leg. It is important that you take regular breaks in activity at this stage. By 4 weeks, you should be increasing your activity level as the pain and soreness decreases. By 6 -8 weeks after your operation, you should be feeling less tired and capable of leading a lifestyle which is your normal.

Wound - will be looked after by either your practice nurse or the District Nurse. You can bathe once your wound has healed or if you have a water-proof dressing on the wound. However, we advise you not to sit down in the bath for a few weeks as you may find it too difficult to get in and out of it. Showers are easier to negotiate but you may wish for a member of your family to assist you initially in case you struggle.

Physiotherapy - if your Consultant wishes you to have outpatient physiotherapy, this will be arranged prior to your discharge.

Exercise - Short, frequent walks are encouraged. Your Physiotherapist will discuss specific exercises with you which may benefit your recovery. You are advised not to go swimming for a few weeks, until your wound has fully healed.

Posture - Do not bend, twist or lift heavy objects. Continue to follow the advice of your Physiotherapist regarding sitting and keeping your back straight. You must use common sense and ask for advice regarding a certain activity if you are unsure if it is appropriate BEFORE you do it.

Driving - Generally, you may wish to avoid this for 4-6 weeks, but if you feel comfortable sitting for a short time and are capable of doing an emergency stop, you may be fit to drive. **Always check with your Insurance Company before driving for the first time following your operation.**

Sport – As a guide, most low impact sports can start again between 6-8 weeks after the operation. Swimming can usually start earlier, once the wound has healed (2-4 weeks). Any high impact sports or sports that you want to start fro the first time need to be avoided for 3 months. Ask your consultant about any specific queries.

Work – As a guide, working from home can start between 2-4 weeks. Any office work can start between 6-8 weeks. Work involving long distance driving or manual work may be best avoided for 8-12 weeks. Again your surgeon will guide you when you talk to them before the operation.

USEFUL TELEPHONE NUMBERS

Pre-operative Assessment Clinic - 553216

Ward 121 - 553519

Ward 124 - 552700

Extended Recovery - 553741

Secretaries –

Mr Ahmed - 553117

Mr Brown - 553121

Mr Jasani - 553108

Waiting List -

Mr Ahmed - 553117

Mr Brown / Mr Jasani - 553670