

Lumbar Spinal Laminectomy: What to Expect at Home Your Recovery

- After surgery, you can expect your back to feel stiff and sore. You may have trouble sitting or standing in one position for very long and may need pain medicine in the weeks after your surgery.
- It may take 4 to 6 weeks to get back to doing simple activities, such as light housework. It may take 6 weeks for your back to get better completely.
- If your job doesn't require physical labor, you will probably be able to go back to work after 3 weeks. If your job involves light physical labor, it may take more than 3 weeks. People whose jobs involved heavy lifting should be able to go back to work with restrictions in 6 weeks post op. Work restrictions will be determined by the surgeon- per your progress- and paperwork from the surgeon's office for these restrictions could take up to a week to be issued.

This care sheet gives you a general idea about how long it will take for you to recover. But each person recovers at a different pace. Follow the steps below to get better as quickly as possible.

How can you care for yourself at home?

Activity

- Rest when you feel tired. Getting enough sleep will help you recover.
- Try to walk each day. Start by walking a little more than you did the day before. Bit by bit, increase the amount you walk-several short walks are better than one
- long walk. Walking boosts blood flow and helps prevent pneumonia and constipation. Walking may also decrease your muscle soreness after surgery. Walk on a flat obstacle-free surface. When standing for long periods try to rest one foot on a small step and shift your feet frequently.
- If advised by your doctor, you may need to avoid lifting anything that would cause excessive strain on your back-such as above waist level or reaching above your head. Keep your spine straight. Try to limit the number of times you climb the stairs to two times a day -uses handrails and place your entire foot on the stair.
- Excessive strain, lifting greater than 15 lbs., may involve: lifting a child, heavy grocery bags, a heavy briefcase or backpack, cat litter, dog food bags, or a
- Vacuum cleaner.
- Avoid twisting and arching your back while in bed.
- Lifting your hips from the bed. "Logroll" to your side prior to getting out of bed.
- Avoid strenuous activities, such as jogging, weight-lifting, or aerobic exercise.
- Do not drive for 4 weeks after your surgery. **You need to be off opioids when you drive.**

- Avoid riding in a car for more than 30 minutes at a time for 2 to 4 weeks after surgery. If you must ride in a car for a longer distance, stop often to walk and stretch your legs.
- Try to change your position about every 30 minutes while sitting or standing-Do not sit longer than 30 minutes. Sit in a firm straight back supportive chair- avoid low soft cushioned surfaces. Sitting puts more pressure on your spine than does lying, stand or walking. This will help decrease your back pain while you are healing.
- Sleeping in a recliner is acceptable for post-operative back patients.
- You will probably need to take at least 3 to 6 weeks off from work. It depends on the type of work you do and how you feel.
- You may have sex after advised by your doctor after the first follow up appointment. Avoid positions that put stress on your back or cause pain.
- Perform only the 4 leg exercises you learned from the therapist during your hospital stay. (i.e. ankle pumps, pillow squeeze, quad sets, and knee extension)
- **If provided with sequential compression devices, wear them as directed until your follow up appointment with your surgeon. Please wear sequential compression devices when sedentary for greater than one hour.**

Diet

- You can eat your normal diet. If your stomach is upset, try bland, low-fat foods like plain rice, broiled chicken, toast, and yogurt.
- Drink plenty of fluids (unless your doctor tells you not to).
- You may notice that your bowel movements are not regular right after your surgery. This is common. Try to avoid constipation and straining with bowel movements. You may want to take an over-the-counter fiber supplement every day. If you have not had a bowel movement after a couple of days, try a mild laxative.

Medications:

- Take pain medicines exactly as directed.
- Take the pain medication as needed.
- You can take an over-the-counter medicine for pain= Tylenol.
- If you think your pain medicine is making you sick to your stomach:
- Take your medicine after meals (unless your doctor has told you not to).
- Ask your doctor for a different pain medicine.
- **PAIN CONTROL:** Pain is highly variable after surgery. Some patients have little or no pain, some have severe pain. Most patients will take opioids for pain for 1-2 weeks with a joint replacement.
- Please remember that all opioids are harmful to you. They have serious side effects including nausea/vomiting, constipation, sleep disruption, personality changes, etc.
- **IF** you take opioids every 4 hours around the clock for pain relief more than a few days post operatively, your body becomes immune to the pain relief effects of the opioids This often results in the **perception** of the need for increasing the doses of opioids. Increasing the dose of the opioids in the early post-operative period can result in opioid

dependency(addiction). Waiting longer between doses of opioids will often result in adequate pain relief and decrease the chances of addiction, subsequently.

- Our patients who wean themselves early post operatively resume normal activities most quickly.
- Please resume any blood thinners 96 hours after procedure/surgery unless otherwise directed.

Incision care

- Have someone check your incision twice a day for any changes. Ok to shower one day after the drain is discontinued. Clean water over the incision.
- The steri-strips will wear off the wound in 10 days-or will be removed by the surgeon in the office.
- Then wash the incision with your hand with soap and water. Gently rinse the incision, do not rub it or apply lotions until fully healed.
- Call your doctor if your incision has increasing redness, swelling or warmth. Monitor your temperature, and evaluate for numbness, tingling or weakness.

Exercise

- Do back exercises as instructed by your surgeon. Avoid core body exercises for the first 6 weeks post op.
- Your doctor may advise you to work with a physical therapist to improve the strength and flexibility of your back. Walking, riding an exercise bike or swimming are the only exercises recommended for the first 6 weeks -post op.
- **If provided with sequential compression devices, wear them as directed until your follow up appointment with your surgeon. Please wear sequential compression devices when sedentary for greater than one hour.**

Call St. Clair Orthopaedics-586-416-1300 or page the ON-CALL surgeon in off hours before you go the the ER if:

- You have pain that does not get better after you take pain pills.
- You have a headache that does not get better when you take medicine for it.
- You have loose stitches, or your incision comes open.
- You have blood or fluid draining from the incision.
- You have signs of infection, such as:
 - Increased pain, swelling, warmth, or redness.
 - Pus draining from the incision.
 - A fever.
- Watch closely for any changes in your health, and be sure to contact your doctor if:
- You have new numbness or tingling in your legs.

- You have new pain or weakness in your legs.

When should you call for help?

Call 911 anytime you think you may need emergency care. For example, call if:

- You passed out (lost consciousness).
- You have sudden chest pain and shortness of breath, or you cough up blood.
- You lose bladder or bowel control.
- One or both legs suddenly feel weak or numb.