About Your Surgery

A guide from Azalea Orthopedics

LUMBAR DECOMPRESSION AND FUSION

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Lumbar Decompression and Fusion

Arthritis of joints of your low back leads to bony overgrowth with resultant narrowing (stenosis) of the spinal canal. Lumbar spinal stenosis causes pressure nerves in your lower back that produce symptoms that cause problems in the low back, legs, and/or bladder - bowel control. This condition is one of the major causes of pain and suffering in patients, particularly as patients become older.
This is a brief overview of the operation that has been recommended to you and is not intended to include complete information about your condition or surgery. Your surgeon will discuss details of the proposed surgery more fully. You are encouraged to ask your surgeon and members of his team concerning any questions you may have.

Surgery may be recommended for patients experiencing symptoms (including but not limited to):

- Low back and buttock pain
- Pain, numbness, and/or weakness of the legs
- Bladder and bowel retention or incontinence
- Difficulty walking long distances

Tests that may be ordered prior to the operation (any one or all of the following)

- MRI of the low back (lumbar spine): A magnetic resonance imaging scan is also called an MRI. An MRI uses magnetic fields to take pictures of the inside of your body. This test helps doctors identify normal and abnormal areas
- CT-myelogram of the low back: A procedure that images the spinal canal with contrast material (dye). A CT-myelogram uses a special x-ray machine with a computer called a CT scan that takes internal images of the body.
- EMG/NCS of the legs: An EMG is used to test how well your muscles and nerves are working. It may be used to assist your physician in determining whether you have muscle or nerve problems.
- Medical clearance: Most surgeons require that their patients undergo a medical evaluation and lab workup called pre-admission testing prior to surgery. The tests are done to evaluate your health before surgery to minimize potential risks.

Treatment performed prior to surgery (any or all of the following)

- Medications (pain pills, muscle relaxants, anti-inflammatory medications)
- Physical therapy, acupuncture, and/or chiropractic manipulation to the back
- Epidural blocks to the lumbar area

Purpose of surgery

- To control pain, numbness, and/or weakness of the legs
- To remove pressure of a disc rupture or arthritic spur causing low back and leg pain, numbness, or weakness
- To provide stability to the spine that may be lacking structural support

Technique of surgery

- You will have a needle placed in a vein to receive fluids and medicine, and a tube will be placed in your windpipe to help you breathe during the operation. Occasionally a catheter is placed in your bladder.
- The incision is made in the center of your lower back.
- Removal of discs and/or bone spurs from your lower back at one or several levels
- During the spine fusion portion of the surgery, you will undergo placement of bone and may also undergo the addition of metal rods and screws to enhance your chance of obtaining fusion of the lumbar spine. If synthetic or man-made bone enhancing materials (BMP/Infuse) are used it may not be approved by the Food and Drug Administration (FDA) for this particular surgery. While the FDA regulates this type of approval in the United States, physicians have the option to use these products when they believe they may be beneficial to the patient.
- A drain is left in your back to drain excessive amounts blood from the incision to a drainage bag.
- The incision is closed

Risks of operation (including but not limited to the following)

- Infection. You will be given antibiotics during the operation and for 24 hours after the operation, but there is a risk of infection even when antibiotics are used.
- The operation may be performed at additional levels of the spine due to disease at those levels or unusual configurations of the spine.
- Weakness and/or numbness of the legs.

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- Paralysis of bladder and bowel control (rare).
- Failure of fusion to heal. You should quit smoking for at least 3 weeks before the operation to enhance a successful fusion. Patches or nicotine gum are unacceptable methods to assist you in quitting smoking.
- Failure to obtain relief from preoperative symptoms.
- There are risks from anesthesia and the risk of death (heart attack; pneumonia; stroke; blindness; pseudarthrosis; death). Your surgeon will discuss these with you.

Expectations following surgery (including but not limited to)

- There will be some pain following the operation. No operation can be performed totally free of pain.
- Medications will be ordered for pain relief, muscle relaxation, and inflammation as necessary
- Intravenous pain medications will be converted to pain pills within 24 hours after the operation.
- You will be required to sit at the bedside on the day of the operation and walk the following day
- The drainage bag will be removed within 1-3 days after the operation as the volume of blood drainage decreases.
- Assistance with walking by physical therapy.

Anticipated length of stay in the hospital

- 1 – 3 days.
- Home health may be needed after surgery .
- Inpatient rehabilitation is rarely needed after surgery.

ABOUT YOUR SPINE FUSION

Considering having back surgery is a complex decision that requires much thought and detailed information regarding your surgery.

Your physician has reviewed your history, performed a physical exam, and diagnostic testing may have been ordered. All of this information combined, creates your complex, individual medical history and can assist you and your physician in making the right decisions regarding your treatment.

One of the main goals of any surgical procedure performed on the skeletal system is to provide pain relief to joints that are degenerative, or “worn out”. One of the best ways to provide pain relief to a joint is to immobilize it, or fuse it together. A fusion is an operation in which two bones, usually separated by a joint, are surgically joined together or fused into one bone.

BEFORE SURGERY

You will be called when your surgery has been scheduled. You may be requested to visit your doctor to have lab work or other outpatient testing performed. Failure to attend pre-surgical clearance appointments may lead to the cancellation of your surgery. Please call our office if you have any questions.

THE DAY OF SURGERY

You will need to register at Outpatient Registration one-and-a-half hours before your scheduled surgery time. After completing paperwork, you will be escorted to the holding area, where an intravenous (IV) line will be started and you will be asked to remove your clothes. Also during this time, you may be visited by your physician and/or an anesthesiologist. One or two people may wait with you during this period. When you are taken into the operating room, your family will be asked to wait in the surgery waiting area.

DURING SURGERY

Your surgery may last from 2 to 6 hours, depending on the type of procedure you are having done. Spine instrumentation (medical devices) will be used to enhance the fusion rate. The purpose of the instrumentation is to hold the area of the back very still while the bone becomes solid. Patients who have spinal instrumentation implanted are known to return to their daily activities faster, due to shorter hospital stays and a more rapid recovery period.

You may be having a posterior fusion, (an incision is made in the back side), an anterior fusion (an incision is made in the front), or a combination of both. This will be decided and discussed with you by your physician.

If possible, your physician will use a bone graft as the fusion material. There are two purposes of using a bone graft:

1) To stimulate the bone to heal
2) To provide support to the skeleton by filling in gaps between two bones.

The bone graft may be taken from the back of your iliac crest on your hip area. The use of bone graft during your surgery is to stimulate healing. When the bone is crushed into a powder, the chemicals in the crushed bone stimulate the bone to heal. If the bone is taken from your body, in a process called autograft, it may still have living cells in it that survive after being transplanted to the new location and will continue to help create new bone. Bone taken from someone else, in a process called allograft will stimulate bone growth, but will not have living bone cells. Allograft is usually taken from organ donors whose bone graft has been placed in a bone bank, where it is treated and tested.

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AFTER LUMBAR (LOW BACK) SPINE SURGERY

THE SURGERY

The length of your surgery can be from 2 to 6 hours, depending on the type of procedure you are having done. After surgery, your body will require a comprehensive rehabilitation period to strengthen weakened muscles and soft tissues.

YOUR HOSPITAL STAY

The type of lumbar procedure that is performed will determine how long you will need to stay in the hospital and how much assistance you may need after surgery. Typically, you will be in the hospital for one to three days. The day after surgery is considered day one.

ACTIVITY

Under the supervision of a physical therapist, you may sit on the edge of the bed and stand with support. Patients are encouraged to stand and sit (with assistance if needed) within 24 hours after surgery. Walking, however, is approached gradually and in a guided manner that avoids injury. You should be walking more comfortably and climbing stairs by the time you are released form the hospital. Once you are at home, remember to build up your activity level gradually to avoid a flare-up of symptoms.

TREATMENTS

To help expand your lungs and prevent pneumonia, you may have an incentive spirometer, which is a blue tube attached to an air chamber. This device works by placing the end of the tube in your mouth and drawing your air through it. The objective is to keep the blue box located in the air chamber at a constant height and not fluctuating up and down. This device works on inspiration (breathing in), not expiration (breathing out), helping to increase expansion of the lungs and move secretions through them.

It is common to continue intravenous (IV) fluids for one day after surgery.

You will have a catheter inserted into your bladder. This will be removed when you are able to get out of bed more easily and more comfortably.

DIET

Your physician will order your diet. Recovery form anesthesia varies from person to person, so your diet will be adjusted as your intestinal function returns to normal. Typically, you will be given clear liquids as soon as you are able to eat. If you tolerate the clear liquids, your diet will be progressed.

MEDICATION

Antibiotics are given through your IV for 24 hours to help fight infection. Pain medication is available to ensure your comfort and may be given by mouth, injection or through your IV. If you are uncomfortable, please let your nurse know. It is important to try and maintain your pain at a manageable level so that you may continue to progress with your activities.

INCISION CARE

Keep your incision clean and dry. There is no need to keep a dressing over the incision. Dermabond, which functions like glue, will be placed over your incision and it will come off on its own within the first two weeks of surgery. There is no need to attempt to peel it off.

Notify your physician if any yellowish drainage, significant redness or swelling occurs at the incision site. Also be sure to notify your physician if you develop a fever higher than 101 degrees Fahrenheit, if you have dramatic increase in pain, or if you notice a new numbness and tingling in your arms or legs.

YOUR POST-OPERATIVE PERIOD

Attention to appropriate post-operative care is critical in leading to successful back surgery. After a fusion surgery, it takes approximately three to six months for the fusion to successfully set up and achieve its initial maturity. The bone will continue to fuse and evolve over the next couple of years. In the event that there has been significant injury to the nerves, it may take up to two years to determine how much nerve recovery will occur.

Read the following information about your post-operative recovery period carefully, and remember to ask any questions you might have.

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THE FIRST TWO WEEKS

It is important to take short walks during the day, possibly during the mid morning, afternoon and evening hours. Increase your walking exercise to 15-20 minute intervals by the end of the second week. You may climb stairs slowly, one at a time. You may use and elevated toilet seat at home.

Do not drive until released to do so by your doctor (usually at the first post operative visit). You may shower as soon as you get home, but do not take a tub bath for four to six weeks. It is safe to resume sexual activity when it is comfortable for you.

Do no lift anything over 10 pounds. You may lift from the waist, as you would when pulling a gallon of milk for the refrigerator to the counter. Do not lift from the ground up. Retain from forceful pushing or pulling, such as vacuuming or mowing the lawn.

THE THIRD AND FOURTH WEEKS

Increase your walking exercise to 30-40 minutes, two to three times a day. It is important to continue to gradually increase your activity.

YOU WILL NEED TO BE SEEN WITHIN 4-6 WEEKS AFTER SURGERY. PLEASE MAKE SURE TO SCHEDULE THAT VISIT WHEN GET THE DATE OF YOUR SURGERY.

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