

About Your Surgery

A guide from Azalea Orthopedics



LUMBAR MICRODISCECTOMY

AZALEA
ORTHOPEDICS

Lumbar Microdiscectomy

Expectations

Your doctor may recommend that you undergo a lumbar microdiscectomy if you are suffering from symptoms of a disc herniation in the lower part of your spine known as the lumbar area. A lumbar microdiscectomy is a procedure that involves surgically entering the low back near the belt line and removing a damaged disc (discectomy). A lumbar microdiscectomy usually does not require a simultaneous spine fusion.

This is a brief overview of the procedure but is not intended to constitute complete information about your condition or the planned surgery. Your surgeon will discuss any recommended surgery with you in greater detail. You are encouraged to ask your surgeon or his assistants any questions that you may have.

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

- Pain in the low back, buttocks, and/or one or both legs (known as sciatica)
- Numbness and weakness in the legs caused by pressure on a nerve
- Unsteadiness or weakness on walking
- Bladder or bowel problems

Tests that may be ordered prior to your 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 scan. An MRI uses magnetic fields to take pictures of the inside of your body. This test helps physicians see normal and abnormal areas of your spine including bone, nerves, muscles, and ligaments.
- CT-myelogram of the low back: A procedure to examine the spinal canal in which contrast material (dye) is injected into the spine. A CT-myelography includes the use of a special computerized X-ray machine called a CT scan which takes pictures of the body.
- EMG/NCS of legs: An EMG is used to test how well your muscles and nerves are working and if there is any pressure against the nerves in your back. It may be used to help identify if your symptoms are coming from muscles or nerves.

- Medical clearance: Most surgeons require patients to undergo a medical evaluation (pre-admission testing) and 'clearance' prior to the surgery. These tests are done to evaluate your health before surgery.

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

Technique of surgery:

- You may have a needle placed in a vein to receive fluids and medicine and a tube in your windpipe (trachea) to help you breathe. Occasionally a catheter will be placed in your urinary bladder.
- An incision will be made in the midline of your low back.
- Part of the herniated disc causing pressure on a nerve in your back as well as the central core of the disc will be removed. The outer rim of the disc will be preserved to maintain stability.
- One or more discs may be removed during the same operation, depending on the extent of your symptoms as well as the appearance of the tests
- The incision is closed using sutures

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

- Infection. You will be given antibiotics during the operation, but infection is a risk even with the use of antibiotics
- The operation may be performed at different or additional levels of the spine due to disease at those levels or unusual configurations of the spine.
- Weakness and or numbness in the legs
- Dural tear causing a spinal leak.
- Paralysis of the legs or loss of bladder and bowel control (rare)
- Failure to obtain complete relief of symptoms
- Anesthetic risks (heart attack; pneumonia; stroke; blindness; death)

Expectations following surgery (including but not limited to)

- Medications will be ordered to limit pain, inflammation, and muscle relaxation. However, no operation is entirely without pain.
- You will be encouraged to walk on the same day as your operation
- You will be encouraged to breath deeply following surgery
- You should avoid bending, twisting, and lifting over 10 lbs for the first 6 weeks. You should also sit upright only for meals. It is ok to walk, recline, or lie flat as much as you would like.

Anticipated length of stay in the hospital

You will customarily be discharged from the hospital the same day as surgery or in some circumstances the following day. If multiple levels of discs are removed, discharge may be delayed until the second postoperative day.



3414 Golden Road •

8101 South Broadway • Tyler, Texas

(903) 939-7500 • (800) 248-0426