

YOUR SURGERY PACKET

Minimally Invasive Lumbar Discectomy (Microdiscectomy)

Patient name: _____

Surgery date: _____

Surgery location: _____

Follow-up appointment: _____

What's in this packet

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Before you go

- Read Part 1 before surgery so you know what to expect.
- Keep Part 2 handy at home. It covers recovery, medicines and when to call us.
- You will also get a separate Surgery Day Guide for the hospital or surgery center where your operation is scheduled. It has arrival and parking details.
- Have a question after surgery? Our Virtual Assistant answers 24/7 (see Part 3).
- Bring this packet to your appointments and write down your questions.

Questions? Our Virtual Assistant is available 24/7:
md-aid.com/c/southernneurosurgery · or call (470) 293-9800

For chest pain or trouble breathing, call 911 or go to the nearest ER.

ABOUT YOUR SURGERY

Lumbar Microdiscectomy (Minimally Invasive Lumbar Discectomy)

When a herniated disc is pinching a nerve and the leg pain won't let up, a microdiscectomy can often correct the problem through an incision about an inch long, and most patients go home the same day. For some patients, Dr. Grunch adds annular closure to help keep the disc from herniating again.

What Is a Lumbar Microdiscectomy?

A lumbar microdiscectomy, sometimes called a lumbar discectomy, is a minimally invasive surgery that removes the piece of a herniated disc in the lower back that is pressing on a spinal nerve. It is the most common surgery for sciatica, the sharp, burning or electric pain that travels from the lower back into the buttock and down the leg.

Between each pair of bones in your spine sits a disc, a rubbery cushion with a tough outer wall (the annulus) and a soft, gel-like center (the nucleus). When a weak spot or tear forms in that outer wall, some of the soft center can push out and press on a nearby nerve. That's a herniated disc.

The "micro" in microdiscectomy means the surgery is done through a small incision, using a microscope or magnification to see the nerve and disc clearly. Dr. Grunch removes only the loose or herniated fragment and leaves the rest of the healthy disc in place. The bones, joints and stability of the spine are left intact, and no fusion is needed.

Annular closure with Barricaid: helping the disc stay put

Removing the herniated fragment takes pressure off the nerve, but it leaves an opening in the disc's outer wall where the herniation came through. In some patients that opening is large, and a large opening raises the risk that more disc material will push out again later. This is called a recurrent herniation, or re-herniation.

For these patients, Dr. Grunch can add annular closure to the microdiscectomy using the Barricaid device. Patients with a smaller opening usually do well with a microdiscectomy alone. Barricaid is a small, flexible implant that is placed during the same surgery, through the same incision. It acts like a patch over the opening in the disc wall and is held in place by a small anchor in the vertebra next to it. In a large randomized clinical trial, patients with large openings in the disc wall who received Barricaid had fewer re-herniations and fewer repeat surgeries than patients who had a discectomy alone.

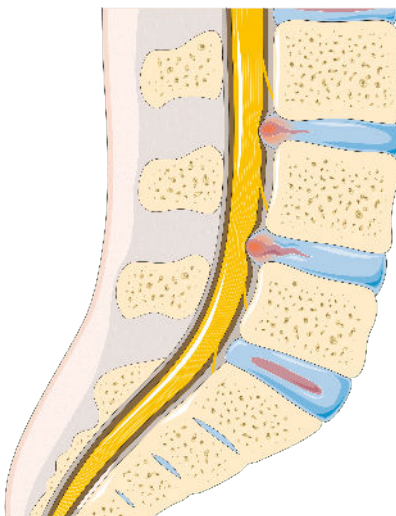


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Who Needs a Lumbar Microdiscectomy?

Most people with a herniated disc start with non-surgical care. A microdiscectomy is usually recommended when:

- Leg pain from a pinched nerve (sciatica or lumbar radiculopathy) hasn't improved after about six weeks of good conservative treatment
- The pain is severe enough that it keeps you from working, sleeping, walking or living your life
- You have weakness in the leg or foot, such as foot drop, numbness that is getting worse, or trouble standing on your toes or heels
- Your MRI shows a herniated disc that matches your symptoms and exam

Microdiscectomy works best for leg pain, not back pain alone. If most of your pain is in your back, Dr. Grunch may look at other causes, such as degenerative disc disease or discogenic back pain.

Call 911 or go to the nearest emergency room if you have new numbness in the groin or inner thighs, trouble controlling your bladder or bowels, or weakness in both legs. These can be signs of cauda equina syndrome, a surgical emergency.

How a Microdiscectomy Is Done

A microdiscectomy usually takes about an hour per level. Here's what happens, step by step:

- **1Anesthesia:** You'll be fully asleep under general anesthesia and positioned face down on a padded frame.
- **2A small incision:** Using X-ray to confirm the exact level, Dr. Grunch makes an incision about an inch long in the middle of your lower back.
- **3Gentle access:** The back muscles are gently separated rather than cut, and a small tube-shaped retractor holds them aside. A small window of bone and ligament is opened to reach the nerve (this part is called a laminotomy).

- **4Freeing the nerve:** Under magnification, the nerve is gently moved aside and the herniated disc fragment is removed. Any other loose pieces of disc are cleared away so the nerve has room again.
- **5Annular closure (when needed):** Dr. Grunch measures the opening in the disc wall. If it is large, the Barricaid implant is placed to close it and help prevent re-herniation. If it is small, this step is skipped.
- **6Closing:** The muscles fall back into place, and the skin is closed with dissolvable stitches and skin glue.

Benefits and Risks

Benefits

- Fast relief of leg pain for most patients, often noticeable as soon as they wake up
- A small incision, less muscle disruption and less pain after surgery
- Usually same-day discharge
- No fusion, so the spine keeps its normal motion
- Annular closure lowers the chance of the disc herniating again in patients with a large opening in the disc wall

Risks

Microdiscectomy is one of the safest and most common spine surgeries, but every operation carries some risk. Dr. Grunch will review these with you in detail:

- Recurrent herniation, most often within the first year
- A small tear in the lining around the nerves (a spinal fluid leak), which is usually repaired during surgery
- Infection or bleeding
- Nerve injury, which is rare
- Numbness or tingling that lingers while the nerve heals
- Risks related to anesthesia
- With annular closure, rare problems related to the implant or its anchor

What to Expect

Before surgery

You'll meet with Dr. Grunch or one of her physician assistants to review your MRI, your exam and your goals, and to decide together whether a microdiscectomy is right for you. Our team will coordinate any pre-operative testing, review your medications (including blood thinners you may need to pause) and walk you through the day of surgery so nothing is a surprise. If you smoke or use nicotine, stopping before surgery lowers the risk of complications and re-herniation.

Procedure day

You'll arrive a couple of hours before surgery to check in and meet the anesthesia team. The operation itself usually takes about an hour. Most patients walk the same day and go home that afternoon or evening with a responsible adult to drive them.

Recovery timeline

- **First days:** Leg pain is often much better right away. Some soreness in the low back and around the incision is normal, and a mild sore throat from the breathing tube usually clears within a week. Ice the incision twice a day for 20 minutes during the first week.
- **Walking:** Walk 30 to 60 minutes a day, broken into 10- to 15-minute sessions, and try not to sit for more than 30 minutes at a time.
- **First six weeks:** No bending at the waist, no twisting and no lifting more than 10 pounds. That includes household chores, yard work, golf and lifting young children or grandchildren.
- **Two weeks:** Your first follow-up visit is about two weeks after surgery. Many people with desk jobs are back at work around this time.
- **Six weeks and beyond:** Most patients return to normal activities, including exercise. Jobs that involve heavy lifting may take longer.
- **Several months:** Numbness, tingling and strength can continue to improve as the nerve heals.

Your post-operative guidelines explain how to care for yourself at home, and when to call our office.

Questions after surgery? Our Virtual Assistant answers common questions 24/7 at md-aid.com/c/southernneurosurgery, or call our office at (470) 293-9800. For chest pain or trouble breathing, call 911.

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AFTER YOUR SURGERY

Postoperative Guidelines for Minimally Invasive Lumbar Surgery

Incision care

- Your incision is closed with sutures (also called “stitches”) on the inside of your skin. These are absorbed over time by your body. The outside of your skin is closed with a skin glue. The skin glue will eventually come off in its own time.
- Sometimes patients may need sutures on the outside of their skin. If you have sutures on the outside, these will be removed at your follow up appointment.
- You may take a shower the day after your surgery. Do not scrub your wound, but gently cleanse it and pat dry.
- If you have sutures on the outside of your skin, wait 3 days before showering.
- Do not submerge into water or a tub for 6 weeks.
- Leave the wound open to dry unless otherwise directed.
- It is normal to have a small amount of brown to reddish colored ooze for a few days.
- Do not apply ointments or creams to the incision.
- Ice the incision twice a day for 20 minutes at a time for the first week. This will help with pain and swelling.

Pain Expectations

- It is normal to expect pain after back surgery. That is why we prescribe medication to ease you through the healing process.
- After surgery, common pain areas are in the low back and around the incision.
- This pain will get better with time as your body heals, so it is important to be patient as your body is healing.
- Many patients report that their prior back pain and/or leg pain is much improved soon after surgery.
- It is normal to have a sore throat after endotracheal intubation, and this will improve over the week after surgery.

Medications

- You will be given prescriptions for a pain medication and a muscle relaxer.
- Do not take pain medication on an empty stomach. This may make you feel nauseated.
- Do not drink alcohol if you are taking pain medication.
- If you feel that your pain is well tolerated, you may begin to wean yourself off of your pain medication sooner than your post-op visit.
- Because pain medication can cause constipation, it is important to have stool softeners and laxatives at home such as Colace or Senna to prevent constipation.
- Take the stool softener daily and use the laxative as needed.

- If you still have constipation after using these medicines, you may use an over-the-counter suppository or enema.

Medications to avoid

- NO blood thinners such as Aspirin, Coumadin, Warfarin, Xarelto, Plavix, etc. for 5-7 days after your surgery. We will tell you when you may resume your blood thinners.

Therapy

- When you are at home, walk between 30-60 minutes a day, but not all at the same time. Divide your walks into smaller intervals of 10-15 minutes at a time.
- It is important to walk for your overall recovery for a number of reasons. Getting out of bed is good for your lungs, it prevents blood clots from forming in your legs, and speeds your recovery.
- Do not sit for more than 30 minutes at a time. Move around to prevent your muscles from tightening and becoming stiff, which can lead to more discomfort.

Restrictions

- Activities such as bending at the waist, lifting >10 lbs, and twisting are restricted during your recovery period, which is about 6 weeks.
- This means NO household chores such as vacuuming and laundry, hobbies such as golfing, and yard work and gardening.
- If you have young children or grandchildren, do NOT pick them up.
- Allow someone else to help you at home.
- You may drive as long as you are not taking narcotic pain medication.
- It is ok to ride as a passenger if you are taking narcotic pain medication.
- If you are unable to work due to these restrictions, please let us know if we need to complete any paperwork for your employer.

Diet

- It is important to remember to eat and drink fluids so that your body may properly heal.
- If you are experiencing nausea, follow a "BRAT diet" which is Bananas, Rice, Applesauce, Toast and advance as tolerated.

Smoking

- Smoking constricts your blood vessels which carry oxygen and nutrients to your healing bone and muscles.
- Vaping and other nicotine products also slow healing.
- Carefully consider quitting smoking during this time. If you would like help in smoking cessation, please let us know.

Sexual Activity

- Back pain can interfere with your sex life, but we want you to resume normal relations with your partner as soon as possible after surgery. We recommend avoiding sex for 6 weeks after surgery. Once you have begun the healing process, use the position that is most comfortable. You may find that lying on your back is the most comfortable if you can support your partner's weight or your partner can support him/herself with arms and knees. Side lying may also be comfortable since neither partner is bearing the burden of the weight. Decide if a small pillow at the waist is helpful in supporting the spine and you will probably want a pillow located under your neck and head. Be careful not to twist the lower back. Be sure you communicate your fears and concerns with your partner before you resume sexual relations.

Call our office if you have any of these symptoms:

- Fever over 101°F.
- Constipation that is not relieved by stool medications.
- Redness, warmth, or significant drainage from your incision.
- Pain, swelling, or redness in your calves.
- Unexplained incontinence or accidents involving your bladder or bowel, or if you are unable to urinate.
- Worsening back or leg pain than before surgery.

Call 911 or go to the nearest emergency room for chest pain, shortness of breath or trouble breathing.

Follow up appointment

- We have scheduled a follow up appointment for you that is about two weeks after your surgery.
- You will be provided with a card listing the date and time.
- If you need this appointment changed, please call our office.

If you are experiencing any problems or have any questions, please call our office.

6 Tips for Recovery from Spine Surgery

1. Put commonly used items within reach.

In the early stages of recovery from spine surgery, patients should avoid bending, lifting, and twisting. It is helpful to place items you use daily on the countertops or shelves where you can easily reach them. Keep toiletry items near the sink. Place dishes on the kitchen counter. You may choose to purchase disposable plates, cups, and cutlery to avoid the need to wash dishes for the first few days after you return home.

2. Arrange for someone to stay with you.

If you live alone, it is a good idea to have a friend or family member stay with you for the first few days after surgery. You may need help with errands or getting around the house. If you require more extensive help after surgery, our office may arrange for home health services.

3. Prepare meals ahead of time.

It can be difficult to prepare healthy meals the first few days you are recovering from back surgery. Prepare your meals ahead of time that you can keep in your freezer. You should also stock your refrigerator and pantry with healthy snacks so you are not tempted to reach for unhealthy convenience foods.

4. Items like slip-on shoes and grabbers can help to avoid bending.

Bending is restricted after surgery. You may want to have shoes that you can easily slip on to avoid bending over to tie your shoes. If you are doing physical therapy exercises or walking for longer periods of time, you may want to have someone help you lace up your shoes instead of wearing slip-on shoes. Grabbers are hand-held devices that are about 2-3 feet long and have a grabber on the end to pick up small items. They can be purchased at large department stores and pharmacies.

5. Take precautions to avoid slipping.

Patients are encouraged to get up and walk around to avoid stiffness. You will want to make sure to avoid any slipping hazards in your walking path. Before surgery, make sure that the areas where you will be walking are clear of tripping hazards. Electrical cords should be secured and out of the way. Rugs should be removed or taped down. A shower mat can help avoid slipping in the shower.

6. Make sure you have extra pillows for support when sitting or lying down.

When lying on your back, a pillow placed under the knees can help to take pressure off your lower back. If you prefer to lay on your side, you can place a pillow between your knees. Reclining chairs and donut pillows can sometimes help to increase a patient's comfort while sitting.

By taking time to prepare yourself and your home before surgery, it will help to ease your mind to know that everything is in place for you when you return home from surgery.

Questions after surgery? Our Virtual Assistant answers common questions 24/7 at md-aid.com/c/southernneurosurgery, or call our office at (470) 293-9800. For chest pain or trouble breathing, call 911.

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PART 3

Questions After Surgery? We're Here 24/7.

Recovering from surgery often brings up questions between appointments: about your activity restrictions, your collar or brace, incision care, or what's normal and what's not. You don't have to wait for a call back. Our Virtual Assistant answers common post-operative questions 24 hours a day, 7 days a week, using information approved by our clinic.

Fastest way: scan the code

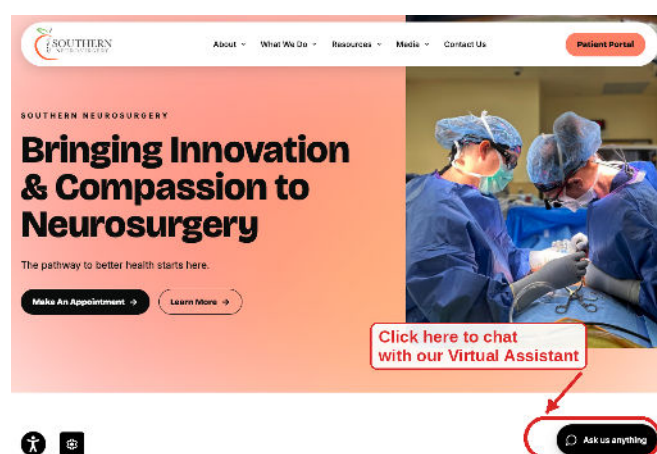
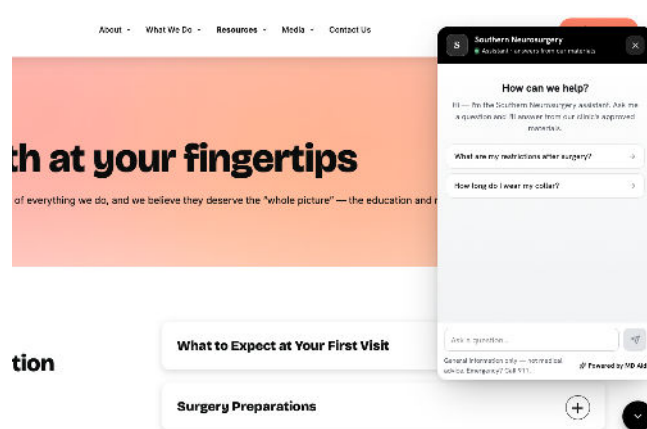
Point your phone's camera at the QR code to open the Virtual Assistant directly, or type this address into your web browser:

md-aid.com/c/southernneurosurgery



Or use our website

1. Go to southernneurosurgery.com and click the black "Ask us anything" bubble in the bottom right corner of the screen (left picture).
2. Type your question, or tap one of the suggested questions to get started (right picture).



Need to talk to a person?

If you don't find your answer or would rather speak with our team, call our office at (470) 293-9800.

Medical emergency? Call 911.

Do not use the Virtual Assistant or wait for a call back in an emergency.

The Virtual Assistant provides general information only. It is not a substitute for medical advice from your physician.