

Robert W. Lowe III, MD

TENNESSEE ORTHOPAEDIC ALLIANCE

345 23RD AVENUE NORTH, SUITE 212

NASHVILLE, TN 37203

P: 615.963.9200 • F: 615.963.9201

Lumbar Laminectomy Discharge Instructions

(including lumbar laminectomy with discectomy)

Wound Management:

1. You will likely have an incision located in the middle of your low back. The size of the incision depends on how many levels were decompressed and included during the surgery.
2. There is skin “glue” covering the incision, this will generally start to flake off over the next few weeks. Please try not to pick at the glue. Please keep incision covered for one week after surgery.
3. You may shower once you are home, if dressing gets wet, please change to a fresh dressing. **DO NOT KEEP A WET DRESSING ON INCISION.**
4. After one week, if your wound is dry, and no drainage is noted, there is no need to apply a dressing. You may shower the incision and keep the wound exposed to air.
5. If the wound is draining or does not appear to be completely sealed, apply a new bandage or gauze pads over the incision and keep it covered until the draining stops and the incision is healed.
6. Do not apply any creams or ointments (e.g. Neosporin) to your surgical site.
7. **Many patients experience significant swelling and sometimes bruising around the surgical site.** The swelling and bruising generally occurs during the first week following your surgery. Swelling can be uncomfortable and sometimes painful. Swelling is a normal part of surgical recovery and swelling may progress over the first 1-2 weeks.

Signs and Symptoms to Report:

1. Notify the office if your temperature rises above 101. **Please note that a low-grade temp below 100.4 is not uncommon in the first 3 days after surgery.**
2. Calf pain
3. Increased drainage from incision
4. Excessive swelling and/or warmth around incision site

**** If you experience chest pain or shortness of breath report to an emergency room ****

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Activity:

1. Ambulation as tolerated is encouraged. It may be helpful to use a walker or cane in the first two weeks if needed. Walking helps prevent blood clots and promotes healing. A walker will be ordered while in the hospital if you do not already have one.
2. Do not lift more than 10 pounds. This is equal to a gallon of milk. This restriction will stay in place until AT LEAST your first post-op appointment (in 4 weeks).
3. Please avoid bending at the waist and twisting at the waist. This is important to allow your back and incisions to heal. You should have had a nurse also review restrictions with you (the BLTs) during your hospital stay.
4. Apply an ice pack for 20 minutes every hour as needed for swelling and discomfort. We recommend 5-6 times per day for the first 2 weeks.
5. **Any submersion in water, including a bath, jacuzzi, or swimming pool is NOT permitted during the first 6 weeks.**
6. Driving: There is nothing your surgeon can sign, do, or say that will determine when you may resume driving. You should not attempt to drive until you are off all narcotic pain medication and are able to walk with a cane. It is also important that you can look out of all mirrors after your surgery before you begin driving.
7. High impact activity such as jumping, aerobics, tennis, and skiing should be avoided during the first 3 months after surgery.
8. You should have a follow up appointment 3-4 weeks after your surgery. Please call (615) 963-9200 to schedule that appointment if it has not already been made.

Diet:

1. Resume your regular home diet. You should also resume taking your routine, maintenance medications (e.g. blood pressure meds) unless directed otherwise prior to your discharge.
2. Be sure you have a well-rounded diet with plenty of protein to aid in wound healing.
3. If you are diabetic, make sure you keep blood sugars **below 140** to promote healing.

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Medications:

1. You will be sent home on a few different medications to help control your pain and muscle tightness post-operatively.
2. Generally, a narcotic is given. This may be Oxycodone or Hydrocodone. This is a strong opioid medication that is to be strictly taken on an **AS NEEDED** basis. Please note, that due to DEA regulations, we will not be able to fill these medications early if you take more than prescribed.
3. You may only require your narcotic medication for the first 1-2 weeks after surgery.
4. Also, you will be sent home on a muscle relaxer. This is generally Valium (diazepam) or Robaxin (methocarbamol). This is to help with the muscle tightness in your back muscles that can occur after surgery. This is also to be taken on an as needed basis only.
5. Muscle relaxers and opioid medications can cause significant dizziness and adverse side effects. You cannot drive on these medications.
6. Sometimes you may be sent home on a nerve medication (Gabapentin) or a strong anti-inflammatory steroid pack (Medrol Dose Pack). This will be different for every patient and dependent on if your surgeon finds it appropriate for you when you are discharged. Please see list below for which specific medications you are discharged with.
7. Post-operative pain is to be expected but manageable on the above medications. After your first post-operative visit, we will start decreasing your medication dosages as appropriate.

Discharge Medications For Me:

(TOA USE ONLY)

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