



CENTER FOR BRAIN & SPINE

Dr. Amin Amini
www.CenterbrainSpine.com
301.585.7900

Microdiscectomy/Lumbar Laminectomy

Your procedure (levels): _____

Date/Time: _____

Location: _____

ABOUT MICRODISCECTOMY: Discectomy is the removal of the damaged parts of a herniated disc. A herniated disc can cause pain, numbness or weakness by compressing nearby nerves. Often times, patients also experience pain that radiates down the arm or leg. In these cases, microdiscectomy can provide good relief from symptoms. Discectomies can be performed either via traditional incisions or via small incisions and the use of a microscope for faster healing time, less pain and smaller scars. The portion of damaged disc removed may be replaced by a bone graft. Your surgeon will then fuse the adjacent vertebrae together with metal hardware to keep the spinal column stable.

ABOUT LUMBAR LAMINECTOMY: Laminectomy is a surgical procedure that removes the lamina, the back portion of the vertebral body that covers the spinal cord. With a minimally invasive approach, the surgeon uses cutting edge technology to minimize disruption of normal anatomy while reaching the targeted lumbar vertebrae. Removal of the lamina through small incisions gives the spinal canal more room and relieves pressure from the spinal cord and nerves. The hole through which the nerve passes can be enlarged to further relieve pressure. Sometimes, a piece of bone (bone graft), metal cage or screws may be used to strengthen the area that was decompressed. Laminectomy is usually recommended for patients who have not received much relief from conservative treatments like medications or physical therapy or for patients who have severe symptoms from nerve compression.

BEFORE YOUR PROCEDURE:

- Please arrive 2 hours before your scheduled surgery for registration and preparation. If your surgery is scheduled for 7:00, please arrive at 6:00 am or at whatever time the pre-op nurses advise you to arrive.
- Stop taking Aspirin, Ibuprofen (Advil, Motrin), Aleve/Naprosyn, Plavix, Coumadin or any other blood thinners or platelet inhibitors 7 days before your scheduled procedure. Please be sure to talk to your primary care doctor or cardiologist so they are aware of your upcoming surgery and medication schedule. If you have a question about taking a particular medication, please ask us.
- No eating or drinking after midnight, the evening before your procedure.
- If you were given a brace, please bring it on the day of your surgery.
- Bring all blood test results done as part of your medical clearance.
- Bring all images (CT scans, MRIs).
- Quit smoking at least 2-3 months prior to your surgery.

CENTER FOR BRAIN AND SPINE LOCATIONS:
1300 Spring St #210 Silver Spring, MD 20910
9905 Medical Center Dr #300 Rockville MD 20850
2900 Mercy In 2nd Floor, Cheverly, MD 20785

Phone: 301.585.7900
Fax: 240.766.8088
Monday thru Friday 8:30 am – 4:30 pm

After your surgery there are several points we would like you to keep in mind. Most patients will be able to maintain a fairly normal level of activity following surgery. We do ask that you adhere to the activity restrictions described, as well as note some of the other care instructions. We value your health, well-being and comfort. If you do have any questions or issues related to your recent lumbar spine surgery, please feel free to call our office at 240.678.8341. Please leave a message and one of our practitioners will return your call.

Activity Restrictions

- Refrain from lifting, pushing, stooping or straining for at least 6 weeks. For most patients, this means lifting nothing heavier than 10 lbs for the first 4 weeks; and no lifting objects above shoulder level.
- Depending on the type of surgery you had, we may ask you not attempt any significant lifting or straining activities for up to 3 months.

How Will I Feel?

- You may experience some muscle spasms. These will get better with time also. Range of motion exercises and pain control medications will help.
- For general aches, normal and expected as part of the body healing, use pain medications AS NEEDED.

Dressing Removal & Wound Care

- You may be discharged from the hospital with a dressing over the incision. We ask that you remove the dressing within 1-2 days following your surgery.
- You may have tiny strips of tape over the incision, called steri-strips. These usually fall off after 5-7 days; usually with showering. We ask that you remove any steri-strips that remain within 7 days of your surgery.
- If you have staples/sutures, they need to be removed within 7- 10 days following surgery. Please call our office or your Primary Care doctor to setup an appointment for suture/staple removal.
- We ask that you monitor your incision for any significant swelling, redness or drainage and notify us promptly if you notice any of the above.

Showering & Bathing

- You may shower within 48 hours of your procedure. We ask that you refrain from soaking in a bathtub, hot tub or pool for the first four weeks.
- Do not scrub the incision

Eating & Drinking

- You may resume a normal diet following your procedure.

Medications

Blood Thinners

- You may resume your usual medications immediately after surgery, with the exception of any blood thinning agents, anti-inflammatory agents and aspirin based products. Blood thinning agents such as coumadin, plavix, heparin and aggrenox may usually be restarted within 5 days of surgery, so long as there has been no recent incisional swelling or drainage. We will specify when it is okay to resume these medications.

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Anti-Inflammatory Medicine

- If you have had a lumbar fusion, we ask that you not take any non steroidal anti-inflammatory medications for at least 6 weeks following surgery. These include aspirin, ibuprofen and naproxen sodium. These agents can delay the healing process as it relates to bony fusion. If you need to take aspirin for heart disease or stroke risk, we ask that you resume this within 48 hours of surgery.

Smoking

- We ask that you refrain from smoking. Smoking delays the healing process and increases the risk that a fusion will not take place.

Return to Work

- Dr. Amini will inform you when you can. It usually occurs between the 2nd and 4th week with increasing work hours.

Office Follow Up

We recommend regular office follow-ups following your spine surgery. For patients undergoing spine surgery we recommend follow-ups at 4 weeks, 3 months and 6 months after surgery. For patients undergoing a fusion, we usually recommend x-rays to be taken prior to your visits (please bring these images to your follow up visits). If you develop any new signs or symptoms before a scheduled follow up and need to be seen, please contact our office.

Suture/staple Removal: Usually 7-10 days after your surgery.

Follow-Up Visit: Routine postop visits are usually 4 weeks after your surgery. Please call us as soon as you are discharged to make your appointments.

Please call our office at 240.678.8341 if you notice any of the following signs or symptoms:

- Fever with a temperature greater than 101.5 degrees F.
- Worsening back or leg pain with or without new neurologic symptoms
- New neurologic symptoms including leg weakness, incontinence, inability to urinate or defecate.
- Swollen, painful calf with or without fever.
- Significant redness, swelling or drainage from the incision site.
- Significant clear fluid drainage from the incision site.

NOTE: If you are unable to reach our office and have noticed any of the above conditions, please report to the nearest Emergency Room for prompt medical attention.

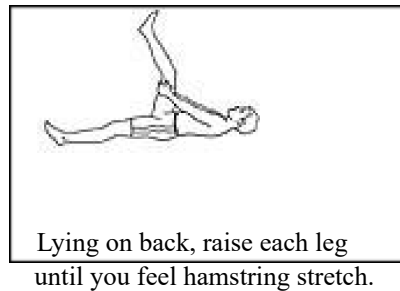
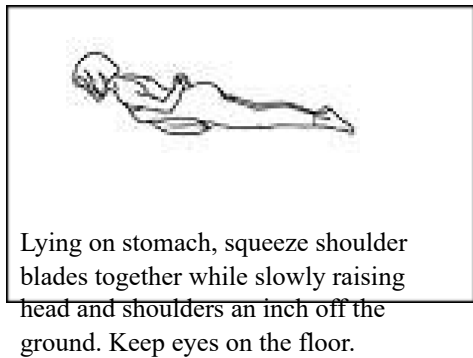
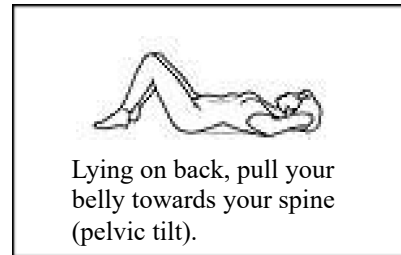
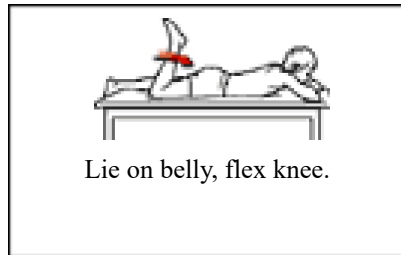
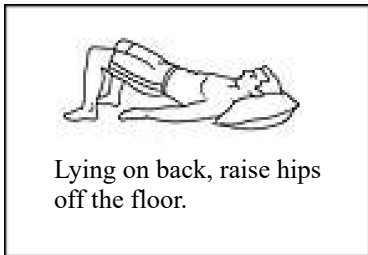
Physical Therapy:

Physical therapy is a very necessary part of your recovery process. Dr. Amini recommends that you begin range of motion exercises

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- Walking is an important part of recovery and should be done daily. This will speed your recovery and minimize scar tissue formation.
- This stabilization exercise is best performed two to three weeks following microdiscectomy surgery. It helps to strengthen the muscles in your back and spine for better posture. Starting on all fours, raise your right arm in the air, lifting it to your front at shoulder height. Maintain your balance as you extend your left leg backward. Hold this position for 10 to 15 seconds, then lower the leg and arm. Repeat the exercise using the opposite hand and leg.
- Additional exercises:



MBS understand that many of our patients have struggled with pain, chronically or acutely and may need pain medications. Dr. Amini prescribes pain medications as part of the recovery process after surgery. Beyond the standard recovery period, pain medications are prescribed only on a very limited, case by case basis. Dr. Amini feels that anyone requiring long term or chronic pain medications would be better served by seeking care by a pain management specialist or with your primary care provider. We are happy to provide you with a list of pain management specialists should you require one.

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