HEARTLAND NEUROSURGERY

8919 Parallel Parkway, Suite 331
Kansas City, KS 66112
Phone: 913-955-3300
Fax: (913) 653-8950

HOME INSTRUCTIONS

Minimally Invasive Lumbar Decompression with Fusion

Dr. Holladay

- Call 913-955-3300 main number to make a follow up appointment to be seen with x-rays in 3 weeks.
- Ask for Kellie, RN-ARNP for questions.
- Medication refill for Hydrocodone or muscle relaxants call your pharmacy.
- Surgical procedure information can be viewed at: www.understandspinesurgery.com

Stenosis can occur in any portion of the spine and is caused by degenerative changes in the disc space, bones, and ligament structures. As the degeneration occurs, the space for the nerve roots becomes compressed. Symptoms are related to the area of compression.

Spondylolisthesis is present when one vertebra is offset from the vertebrae below creating additional stenosis. This segment may not be as safe to decompress due to risk of the development of increased instability. The fusion is added to the decompression to stabilize the segment and allow for wider decompression of the area of stenosis.

Lumbar decompression is performed to remove the compression from the nerve roots. This may be performed at one or more levels as required to accomplish the task. The surgery takes 2 to 4 hours, depending on the levels involved. Minimally invasive

spine surgery is designed to minimize tissue trauma and disruption to the normal spine. Incisions are placed to provide the most appropriate access to the area of the spine which needs to be decompressed. Incisions are typically 1 inch in length, but commonly incisions are connected for good cosmetic closure and to ensure good healing. For a one level minimally invasive fusion, two parallel 3cm incisions are placed about 3-4cm off the midline of the back. The muscles are dilated to an opening about the size of a quarter. At this time, a microscope is brought in and the decompression of the stenotic region is completed using a high speed drill and cutting instruments. Once decompression is completed, pedicle screws are inserted one on each side of the vertebrae and at all levels involved. The screws are connected by a small rod and secured in place. Occasionally, additional small stab incisions are required to place the rods between the screw heads without causing further tissue trauma. Bone which is salvaged from the decompression is broken up into small pieces. This bone is added to bone substitute media and placed along the outer aspect of the screws and rods. This will eventually form a solid bone fusion. Depending upon the nature of the surgery, structural plastic cages, filled the pieces of the patient's own bone, bone substitute media and bone growth promoting protein, are positioned to replace the disc material between the vertebral bodies to provide additional surface for fusion. The muscle and tissue are closed with suture. The skin is then typically closed with sutures placed underneath the skin and covered with an adhesive dressing.

Generally you will be in the hospital anywhere from 1 to 2 days in order to increase your activity, to teach you care of the incision & home activities, and to adjust your pain medication before discharging you home. Rehabilitation may be involved to assist with teaching you post-operative back education and assess any need for placement in an acute rehabilitation program, if indicated. Home health may be assigned to help you at home for safety evaluation, equipment, and ongoing education needs.

Please bring comfortable clothing to wear, pajamas of your choice, and shoes for walking on the unit. You may dress the next day as tolerated. You will be able to shower the second day following surgery. The dressing will be changed as needed in the hospital and can be removed in 3 to 4 days at home. If steri-strips are placed, they may be removed in 14 days. You may shower as usual, but avoid direct water pressure on

the incision area. Some incisions may drain for up to 5 days and ranges from bloody to pink-tinged drainage. If the incision continues to drain longer or the character of the fluid changes with the wound becoming red or swollen, then call the office for evaluation.

Activity is as you tolerate. Light activity around the house for the first few days; then set about a walking program daily. Start slow and increase the distance on a weekly basis. Be consistent with activity throughout the week. Lifting, pushing, pulling is restricted to 5-10 lbs for the 2-4 weeks. The muscles will be sore for the first 2-3 weeks. Driving can generally be resumed in 1 week.

Use an ice pack to the incision 45 minutes every 4 hours for the first 72 hours. You may use ice or heat to the muscles around the back, and you may use Ben Gay or Icy Hot type products as well when the incision is well healed. You can expect to have some discomfort in the back and legs as you increase activity. Cramping of the back and legs is common for several weeks.

You may be placed in a brace after surgery. The brace is to be worn when out of bed at all times except for showering. Plan to be in the brace for the next 8 to 12 weeks. Brace fit is important and you can contact the brace company to ensure proper fit. If the brace rubs or irritates the incision, remove the brace and contact the brace representative or call our office.

Physical Therapy is recommended on a case-by-case evaluation. Walking is the main plan for exercise recovery and this can be done on a treadmill as well. Start low and increase the time and distance as you tolerate. Consistency is the best for your recovery. Participation and resuming sports and exercise programs should be addressed during your follow-up appointments. A fusion will not interfere with your long term plans to return to your normal activity or participation in sports. Each case is individually evaluated.

You will have a narcotic medication for pain and may also have a muscle relaxant. **Anti-inflammatory medication such as ibuprofen or Aleve should be avoided** as these can interfere with the bone fusion. The medication will be weaned over the following weeks as you increase your activity and decreased pain is attained. You should not require long-term pain medication. To avoid constipation, please drink plenty of fluids, juices, and add stool softeners and laxatives as needed. Walking helps the bowel function by stimulation.

Smoking cessation information is available at the hospital. Smoking causes progression of degeneration and can cause problems with interfering with healing of a fusion. Smoking cessation is strongly advised.