



Lumbar Disc Replacement Post Op Instructions

Kyle Kesler, MD

(423) 624-2696 | Sportmed.com

Lumbar Disc Replacement removes bone spurs and/or bulging discs that are putting pressure on the spinal cord and/or nerve roots.

Post-op pain: Usually mild to moderate (not severe).

Goals of Surgery:

1. Decrease back and leg pain.
2. Stop symptoms of nerve compression/unstable spine from getting worse.

Top 4 things your surgeon wants you to know:

1. A moderate amount of increased back pain is expected after your surgery, this will get better over the next 4-6 weeks.
2. **Leg pain is usually better, but not always completely gone after surgery.** Numbness, tingling, and weakness take longer to get better after surgery. This is normal. 30% of patients have NEW leg pain. It improves over a few months and is treated with medicine.
3. You should avoid Nicotine before and after your spinal surgery to help with healing.
4. Early low impact/light weight activity is important to regain mobility and flexibility.

Answers to Frequently Asked Questions

Pain/Weakness

- **Surgical neck pain and muscle spasms are normal after a spine surgery.** This usually gets better over the next few weeks.
- Numbness, tingling and weakness that you had before surgery may take time to improve.
- If you develop significant new weakness after you get home, you should call the office at (423) 624-2696 or go to the Emergency Room.

Dressing/Shower

- You can take your dressing off 2-3 days after surgery. You can take a shower 2-3 days after surgery, once the incision is sealed and not open or leaking fluid.
- Ok for gentle soap and water to run over the incision, do not scrub, pat dry with a towel.
- Please avoid tub baths, swimming pools and hot tubs until the incision is completely healed (4-6 weeks).
- Occasionally your incision may bleed and your dressing may get saturated with blood, this is okay. The dressing can be changed to a new, clean dressing. If the bleeding does not slow down or stop with a clean/dry dressing, you may need to be seen for a wound check. You will be cleared at your 4-week postoperative visit.

Incision care

- If there is no drainage, your incision can be left open to air without a dressing after 3 days.
- If there is drainage, cover with a clean and dry dressing. If it does not slow down or stop after a few days, you may need to call the office to have your wound checked.
- If you have skin glue or tape, try to leave it intact for the first 2 weeks.
- Notify our office if you have a fever of 101.5F or if you notice redness at your incision site and the area around incision is warm or hot to your touch.
- The incision area should always be kept clean and dry.

Nicotine/smoking

- You should avoid Nicotine before and after your spinal surgery to help with healing.

Anti-inflammatories (NSAIDS)

- It is okay to take NSAIDS postoperatively. (Examples of NSAIDS: Ibuprofen (Motrin™, Advil™), Naproxen, Naprosyn (Aleve™), Meloxicam (Mabie™), Celebrex, Diclofenac, etc...)

Pain Medication/Refills

- Pain management typically involves a combination of opioid medications, neuropathic pain relievers and muscle relaxants, with the goal of gradually transitioning to over-the-counter pain medication as tolerated and/or as needed and appropriate for the patient's pain level.
- If you need refills on your prescriptions, please contact CSMO 2-3 days before you are out of medications so we have sufficient time to process your request. **Refill requests on Friday afternoons/holidays will likely be addressed on the next business day.**
- **Opioids are an addictive medication, therefore, you should start weaning off opioid pain medications on your own as soon as you are able to (Ex: Hydrocodone/Oxycodone).**
- Gradual Tapering: As pain subsides, the dosage of opioid medication should be gradually reduced to minimize dependence and a regimen to wean down medication will be instructed.

Other Medications

- Tylenol (Acetaminophen): Your pain medication likely has acetaminophen in it. Taking additional Tylenol/acetaminophen can put you over the daily recommended 3,000mg, which can harm your liver. Do not exceed this amount.
- Muscle Relaxers: One of the side effects of your muscle relaxer is drowsiness. If you begin to feel too drowsy and you are not able to get up safely to ambulate, decrease the frequency of your muscle relaxer.

Activity

- When you go home you may get up and walk... **we want you to be active!!**
- You may go up and down stairs, but make sure to hold on to the rail and have someone with you.
- **Gentle bending and stretching is okay. Avoid lifting anything over 8lbs or high impact activities such as jogging.**

Driving

- No driving until you are off of all narcotic/sedative medications AND can move well enough to be safe behind the wheel, **this is usually after your first post-operative appointment.**
- **Check with your doctor at your first about when you should start driving.**

Constipation/Bloating

- **A common side effect of narcotic pain medication is constipation.**
- Taking over the counter stool softeners/laxatives may help. Please follow package instructions.
- Stool softeners/Laxatives include:
 - Milk of Magnesia, Miralax, Dulcolax suppository, fleets enema, Magnesium Citrate. Drinking fluid, activity, and diets high in fiber are also helpful in relieving constipation.

Bowel Regimen Protocol

PURPOSE: To provide patients undergoing surgery and/or being treated with pain medications some healthy options for promoting and maintaining bowel health when facing anesthesia and the possibility of limited mobility and the use of pain medications which have the potential to slow bowel function and cause constipation.

These recommendations are also appropriate for non-surgical patients who are being treated with controlled substances (pain medications).

PREOPERATIVE RECOMMENDATIONS:

- Begin taking stool softener (over the counter) one to two days prior to surgery and continue as long as pain medication is required.
- Try to have a bowel movement the day before surgery.
- Drink extra water every day (8 cups recommended).

POST-OPERATIVE RECOMMENDATIONS:

- Take over-the-counter stool softener (Colace) or osmotic laxative (MiraLAX or Milk of Magnesia) of your choice daily.
- Take laxatives as needed.
- Drink extra water every day (8 cups recommended).
- Drink juices, especially prune juice and apple juice, to promote stool softening.
- Drink a hot beverage about ½ hour before usual time for a bowel movement. Suggested: Caffeinated drinks such as coffee or hot tea.
- Increase dietary fiber: whole-grain breads, cereals, pasta, fresh fruits, fresh vegetables, dried beans, peas, barley, or brown rice.
- Take probiotic foods (yogurt, prunes, etc) or probiotic supplements.
- Walk every day.
- Reduce pain medication as pain level allows.

NOTIFY PROVIDER (surgeon or nurse):

Please call our office at (423) 624-2696 and ask to speak with a nurse if you have not had a bowel movement or have stopped passing gas within 3 days after surgery or while taking pain medications.

Follow up with Primary Care Provider

- If you have any of the below problems, **we suggest you see your Primary Care Provider within 1 week after your surgery** to make sure your other medical issues are doing ok.
- **See your primary care provider if you have a history of:** Heart problems, lung problems, stroke, diabetes, are over the age of 65, are taking a blood thinner, or have several medical problems, or take greater than 10 prescription medications.

Emergency Room Use

You have trouble breathing, chest pain, or significant NEW weakness after your surgery, please go to a CHI Memorial Emergency Room immediately.

Contact our office during office hours : 8:00 am - 4:30 pm at (423) 624-2696.

(800) 757-2696 (outside Chattanooga)

After office hours phone calls go to on call surgeon/PA. Please only call after hours in urgent situations.

If you have any other problems related to your surgery, PLEASE CALL OUR OFFICE BEFORE GOING TO THE EMERGENCY ROOM, as we can likely address your problem or get you an appointment scheduled and save you a trip to the ER.

Thank you for choosing Center for Sports Medicine and Orthopedics.