Lumbar Decompressive Laminectomy: Planning and Preparing for Surgery

This handout will review planning and preparing for your lumbar decompressive laminectomy.

What is a lumbar decompressive laminectomy?
A lumbar laminectomy is back surgery that relieves pressure off the lumbar and sacral nerve roots. Because of too much bone growth in the lumbar area of the spine, these nerve roots no longer have the room they need. Symptoms may include back or leg aching or pain, not being able to walk very far, and leg numbness or tingling. The surgery takes bone off the sac of nerve roots, giving them the room they need.

Planning and preparing for Surgery
Preparing for Surgery
Please refer to your booklet “Having Surgery at UW Hospital” for general instructions.

To prevent constipation after surgery read these instructions:
- Please begin taking a stool softener two days before surgery. We recommend the stool softener called Docusate with Senna-take this with at least 8 ounces of water.
- Do not take any fiber or stool softener on the morning of surgery.

Urination
If you are having any trouble with urination, please let a member of your surgical team know, they may want to start a medication to help with urination before surgery.

Returning Home
Most people who have a lumbar decompressive laminectomy will leave the hospital the next day after surgery. You will need to arrange to have someone spend at least 2-5 days with you when you return home. If you live alone, you will need to problem solve who can help you after surgery. If you and your doctor anticipate you will have rehabilitation goals after surgery, and you do not have help at home, you will need to make arrangements to plan for a discharge to a subacute rehabilitation at a skilled nursing facility after discharge. You do need to have physical and occupational therapy goals for discharge to a skilled nursing facility for subacute rehab.
What to Expect after Surgery

Pain

To help decrease pain in your back

- Change positions often
- Use heat or ice on your lower back. If you use ice cover the ice pack with a cloth and apply for 20 minutes per hour
- Take pain medicines as prescribed

You should not take any non-steroidal anti-inflammatory medicines for six weeks after the fusion.

Examples of these medicines are:
- Ibuprofen Aleve®
- Naproxen®
- aspirin
- Advil®
- Naprosyn
- Celebrex®

Taking these will slow down the healing process. After six weeks, you can start taking these medicines for pain relief. Your pain should lessen after surgery. All pain medicines should be taken with food and at least 8 ounces of water.

Activity

- **Do not** lift more than 10 pounds. Your doctor will tell you when you can lift more
- do not lie on your stomach
- **No** pushing or pulling motions
- **No** bending or twisting
- Sit for only short periods of time for the first 2 weeks
- Sexual activity can be resumed after 2 weeks
- You may drive when you are no longer taking narcotic pain pills. Limit driving to short trips and slowly increase your driving time.

Brace

Your surgical team will let you know if you will need a brace after surgery. This is highly variable depending on many factors the doctor takes into account.

If you are wearing a brace you will have specific instructions for wearing it.

Your family member will be taught how to put the brace on and take it off. Some braces, you will not be able to put your brace on by yourself. You do need someone to help you, especially in the beginning. You should not lie on your stomach. You may be more comfortable using pillows for support.

After surgery, please refer to your discharge packet for specific brace instructions.

Work

You may need to make plans to be off 2-6 weeks depending on the work you do. Heavy lifting may not be allowed for 12 weeks. Check with your doctor before returning to work.

Preventing Constipation

When you are home, you may take Docusate with Senna twice a day while you are on the narcotic pain medicine. If you do not have a bowel movement within two days or beyond your normal routine, take Milk of Magnesia (6 teaspoons two to three times a day) until you have a bowel movement. Use food like prunes or prune juice instead of the Milk of Magnesia. Be sure to drink several 8-ounce glasses of water or juice daily. This ensures that your body has enough fluids with the medicine.

Wound Care

Your incision may be closed with stitches, metal staples, plastic strips of tape called Steri- Strips, or Dermabond skin adhesive (clear glue).

Please follow the instructions in your discharge packet for incision care.

Call your doctor if you notice any signs of infection.
• Increased redness, swelling, or any drainage
• Increased pain that does not go away with pain medicine
• Fever greater than 100° F for two readings taken four hours apart
• Any incision concerns

Once the incision is healed, use sun screen for the next year to avoid the incision turning dark in color.

If you have sutures or staples, they will have to be removed in 12-14 days by your doctor’s office

**Reasons to Call Your Doctor**
- Severe or increasing pain
- New weakness
- Fever
- Concerns with your incision

Any drainage from your incision or any signs of infection, as listed above

**Important Phone Numbers**

Neurosurgery Clinic, is open Monday-Friday, 8:00-5:00 pm, and can be reached at 608-263-7502.

After hours, this number will be forwarded to the paging operator. You will need to ask for the doctor who is on call for your doctor.

If you live out of the area, please call 1-800-323-8942 and ask for the Neurosurgery Clinic.

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**If you have any questions or concerns please call:**

The Neurosurgery Clinic at **608-263-7502**

After Hours, Nights and Weekends, this number will connect you with the paging operator. Ask for the neurosurgery resident on call. Give the operator your name and phone number with the area code. The doctor will call you back.

If you live out of the area, please call **1-800-323-8942**.