

Postoperative Instructions and Recovery Lumbar Laminectomy / Laminotomy - Discectomy

This guide offers general milestones; however, your surgeon may adjust instructions based on your specific condition. Always follow the instructions given by your healthcare team.

Immediate Post-Op (0–2 Weeks)

1. Incision and Wound Care

- Keep your incision and dressings clean and dry.
- **Do not remove your dressing.** It will be removed at your 2-week visit by your healthcare provider.
- Your dressing is **water-resistant (not waterproof!).** It is okay to shower or sponge-bath and let water gently run across dressings or incisions, **but no bathing, soaking, or swimming.**
- If your dressing falls off, replace it with bandages and change daily while gently cleaning the incision. Pat to dry, do not rub.
- If you have surgical glue, do not peel/pick from the skin. It will dissolve with time.
- Check daily for redness, swelling, or drainage.
- Sutures will likely be removed at your 2-week office visit.

2. Bathing

- Typically, you may shower **24–72 hours** after surgery
- Gently let water run over the dressing/incision—no scrubbing.
- **No baths, hot tubs, or swimming** during this period to avoid soaking the wound.

3. Pain Management

- Take prescribed pain medications **only as needed**, following the instructions.
- Use ice packs to reduce pain and swelling along the neck..
- If no restrictions, **it is OK to utilize** non-narcotic medications like **Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and Tylenol (Acetaminophen).** Examples of NSAIDS include:
 - i. Ibuprofen (Advil, Motrin IB)
 - ii. Naproxen (Aleve, Anaprox DS)
 - iii. Meloxicam (Mobic)
 - iv. Diclofenac
 - v. Indomethacin
 - vi. Etc.

Follow the bottle instructions for dosing.

- Narcotic medications you may be taking for pain control can cause constipation. You may take stool softener to avoid this. Keep bowels regular by drinking fluids, adding fiber to diet, and being active (getting out of bed, sitting up in a chair, and going for a walk).
- Restart home medications as directed by primary care.

4. Activity

- **Lifting Limit:** No lifting heavier than **5–10 pounds** (about a gallon of milk).
- Avoid **excessive lifting, bending, twisting, or sudden jerky movements.**
- Get up and walk short distances multiple times a day to prevent blood clots and promote circulation.

5. Work

- It is advised **not** to return to work during this period.

6. Driving

- Refrain from driving or operating heavy machinery at this time.

7. Concerning Symptoms

Call the office if:

- Fever over 101.5°F or Chills
- Worsening pain, numbness, or weakness in your back, legs, or feet.
- Signs of infection (redness, swelling, foul odor, purulence)

Present to the Emergency Department if:

- Difficulty breathing / Shortness of breath
- Chest pain
- Loss of bladder or bowel control.

We will see you back in the office 2 weeks after surgery for a wound check.

Please call the office to make or confirm this appointment.

Early Recovery (2–6 Weeks)

1. Incision and Wound Care

- Continue to observe the incision for any signs of infection.
- You may choose to keep incisions uncovered or continue to use bandages, replacing them daily.
- Keep the incision clean and dry. Shower or sponge-bath by letting water gently run across the incision—**no scrubbing, bathing, soaking, or swimming.**
- **Do not use any over-the-counter ointment or creams** on the incision.

2. Bathing

- Continue to avoid **baths, hot tubs, and swimming** until at least 6 weeks

3. Pain Management

- You may start tapering off stronger pain medications if your pain levels allow.
- Continue to use NSAIDs / Tylenol to aid in pain relief.

4. Activity

- **Walking:** Gradually increase your walking distance. Aim for multiple short walks daily, increasing length each week.
- **Lifting:** You may **slowly** advance your lifting limit to **50 pounds by the 6th week.**
- Continue to avoid **excessive lifting, bending, twisting, or sudden jerky movements.**

5. Work

- You may consider returning to work at this time **if you feel comfortable.**

6. Driving

- You may return to driving **only if** you are no longer taking narcotic pain medications

**We will see you back in the office 6 weeks after surgery
Please call the office to make or confirm this appointment.**

Mid-Recovery (6–12 Weeks)

1. Incision and Wound Care

- Your incisions should be well on their way to fully healing at this point.
- You may keep the incisions uncovered.
- You may start using over-the-counter ointment or creams at **8 weeks.**

2. Bathing

- You may begin to use baths, hot tubs, and return to swimming.

3. Pain Management

- You should be relying less on prescription pain medications.
- Over-the-counter medications (e.g., NSAIDS / Tylenol) should be sufficient.

4. Activity

- You should be able to handle most daily activities with caution.
- You may begin progressing to **heavier lifting**. Always use **proper body mechanics** (bend at your knees, keep your back and neck aligned).
- Physical therapy or a structured exercise program may now focus on **core stabilization, upper-body strength, and rebuilding neck and shoulder muscle strength**.
- You may slowly begin to return to **higher-impact exercises** (like jogging or light running) if cleared by your provider.
- Expect continual improvement in **flexibility, strength, and endurance**.
- **Physical Therapy**: If prescribed, may start around week 6 to improve neck strength, posture, and range of motion.

5. Work

- If your occupation requires **significant physical exertion**, you should be able to return to work by now.

**We will see you back in the office 3 months after surgery
Please call the office to make or confirm this appointment.**

Long-Term Maintenance (3 Months and Beyond)

1. Ongoing Exercise

- Continue a regular exercise program that includes **neck and core strengthening, flexibility, and low to moderate-impact aerobic exercises** to maintain spinal health.
- Use **safe body mechanics**—minimize high-impact stress on the spine.

2. Annual Check-Ups

- You may be scheduled for **yearly follow-ups** to ensure the cervical fusion remains stable.

3. Lifestyle Modifications

- Maintain a **healthy weight**, focusing on nutrition and exercise
- Practice **good posture**, and consider using **ergonomic furniture** at work and home.

**We will see you back in the office 6 and 12 months after surgery
Please call the office to make or confirm this appointment**

Key Reminders Throughout Recovery

- **Avoid Smoking:** Smoking hinders wound healing and drastically affects spine health.
- **Proper Nutrition:** High-quality protein, calcium, vitamin D, and other nutrients are essential for wound healing.
- **Hydration & Rest:** Stay hydrated and get adequate sleep to support your body's healing.
- **Follow Instructions:** Always adhere to your surgeon's specific guidelines and attend all follow-up appointments.
- **Concerning Signs:** Do not hesitate to contact us for any concerning signs or symptoms.

Contact Information

Dr. Andrew Meyers

Phone: _____

After-Hours Phone: _____

Call the office if:

- Fever over 101.5°F or Chills
- Worsening pain, numbness, or weakness in your back, legs, or feet.
- Signs of infection (redness, swelling, foul odor, purulence)

Present to the Emergency Department if:

- Difficulty breathing / Shortness of breath
- Chest pain
- Loss of bladder or bowel control.

Disclaimer: This timeline is a general guide. Individual recovery can vary based on factors like age, overall health, and the extent of surgery. Always follow the personalized instructions provided by your surgeon and healthcare team.

Patient Signature: _____ **Date:** _____

Surgeon Signature: _____ **Date:** _____

