

Minimally Invasive Microdiscectomy Post Op Instructions

Description of Procedure

A **minimally invasive microdiscectomy** is a procedure used to treat disc herniations that are causing nerve compression symptoms. This procedure is done minimally invasively, which means a vertical skin incision, only 1.5 inches long, is made lateral to the spine. A series of soft tissue dilators are placed to gently divide the skin and soft tissues, allowing enough space for 22mm tube. Once the tube is in place, Dr. Hanson directly visualizes the spinal anatomy and uses a drill to remove a small portion of the lamina to gain access to the spinal canal. Additional surgical instruments are used to remove the herniated disc material and anything else that may be causing nerve compression. Once the nerve is decompressed, the instruments are removed, and the wound is closed with stitches underneath the skin. Skin glue, skin tapes, and a gauze dressing are applied to the top of the incision.

What's Normal After Surgery?

- ⇒ **Back Pain:** Achiness or back pain is very common after surgery. However, if your pain is severe and not well-managed with acetaminophen and prescription pain medication, please call the office.
- ⇒ **Buttock or Leg Pain, Numbness, or Tingling:** Many patients experience buttock or leg pain, numbness, or tingling prior to surgery. On occasion these symptoms can temporarily worsen following surgery. Many times, this is because of postoperative inflammation, swelling, or remnants of nerve irritation from prior to surgery. Please let us know if these symptoms gradually worsen or are not improving after a few days.
- ⇒ **Sore Throat, Hoarse Voice, or Difficulty Swallowing:** The tube to help you breathe during the surgery can cause a scratchy or sore throat or difficulty swallowing for a few days.

What's Not Normal After Surgery?

- ⇒ **Sudden onset severe headache or a headache that is positional.**
- ⇒ **New onset bowel or bladder dysfunction.**
- ⇒ **Difficulty breathing, chest pain, or inability to swallow.**
- ⇒ **Unilateral extremity swelling, warmth, and/or redness.**
- ⇒ **Fever/chills, purulent incisional drainage, and/or expanding redness around the incision(s).**

****If you have any of the above, call the office & consult with the emergency department immediately.**

Appointments

Follow up after surgery begins 1-2 days after surgery when you receive a phone call or text message from Dr. Hanson checking in on how you are doing. Approximately 7 days later our office staff will contact you to answer any questions. You will meet with Dr. Hanson approximately 2 weeks after surgery. This will be done via telehealth or in office. This information is listed on your original surgery confirmation letter that was given to you.

Once the steri-strips have fallen off the surgical site, please send a picture of your incision to 612-670-4971 via text or you may email it to scheduling@msispine.com.

Typically, returning to clinic for routine follow up in the first 3-4 months is usually not necessary because of the other follow up you will receive. If you have any concerns or do need to come to clinic then contact our staff to discuss any questions you may have.

Restrictions

After surgery, limit lifting, pushing, and pulling to 10-20 pounds as tolerated for the first 2 weeks. After surgery start a walking program to increase your activity and aerobic endurance. After two weeks, your provider will work with you to gradually decrease your restrictions to return you to a more normal and active life. We encourage you to increase the amount you walk each day postoperatively.

When Can I Go Back to Work?

We will reassess if you can go back to work 1-2 weeks after surgery. If your job requires heavy lifting or requires you to be full duty prior to going back to work, we will modify your restrictions accordingly.

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Can I Take Narcotic Pain Medication Prior to Surgery?

You can take pain medication prior to surgery, but please use it with caution. The dose and quantity you require prior to surgery can affect your recovery period after surgery. Patients who require high amounts of narcotic pain medication prior to surgery, have a more difficult time managing their postoperative pain. Preoperative narcotic pain medication will generally not be prescribed prior to surgery. Please consult with your primary care provider if you think you require narcotic pain medication to manage your pain prior to surgery.

Postoperative Prescription Medications

Three prescription medications will be prescribed to you after your surgery. These include a steroid dose pack, pain medication, and a 2-day course of antibiotics. The specific medication itself is patient-specific and will be determined by Dr. Hanson at the time of surgery.

Medication Refills

For medication refills, please call the office at 612-670-4971. Kindly allow 72 hours for us to refill the requested prescription. If you require longer management of your pain, we will help to find the right solution.

Incision Care

The skin tapes should be left on for 5-10 days or until they fall off. The stitches are underneath the skin and will dissolve, so you will not need them removed.

Signs of Infection

Monitor your incision(s) daily to ensure they are healing properly. Common signs of infection include fever and/or chills, purulent discharge from the incision, warmth on or near the incision, expanding redness coming from the incision site, and incisional pain. Although these signs are rare, please contact our office if you experience any of these signs.

Can I Bathe?

You can shower the day after surgery. But avoid scrubbing or soaking the incision, this includes hot tubs and swimming.

Should I Wear a Brace?

In many cases, wearing a brace after surgery is not necessary.

Should I Use Ice or Heat?

Ice is the best option after surgery. Use an ice pack for 20 minutes, then remove for 20 minutes & repeat. Do not put the ice pack on bare skin – it can cause frostbite! Heat can worsen inflammation and swelling after surgery.

Will I Need Physical or Chiropractic Therapy?

Most patients do well on their own and are able to get back to their normal activities without therapy. Some patients may require therapy to aid in regaining their strength. Those who have heavy lifting requirements at work/home may need their exercises adjusted to help them return to an active life.

When Can I drive?

You should not drive after taking prescription pain medication.

Delayed Healing

Smoking, tobacco use, diabetes, poor general health, advanced age, and/or obesity can increase your risk of delayed healing. Although some of these risks are unavoidable, quitting smoking or stopping tobacco use and keeping your diabetes under control can help to reduce your risk of delayed healing.