



DR. JANE'S POST-OPERATIVE INSTRUCTIONS FOR LUMBAR LAMINECTOMY

INCISION/ WOUND CARE

- Following surgery, a large bulky dressing was applied, which helps to control bleeding and swelling. This will be removed before you are discharged from the hospital and replaced with a lightweight Telfa® dressing. You will be given supplies to change the dressing every day for the next six days.
- You should **NOT** take a tub bath for the next 7 days, but you may shower if you keep the incision covered. You will be given clear, adhesive water resistant bandages (Tegaderm®) for this purpose.
- The best time to change your dressing is after you shower. Apply the water resistant adhesive over the soiled dressing and shower as usual. You should have someone in the house for you first few showers in case you need help getting in and out of the tub.
- After showering, remove the soiled bandage and the clear adhesive covering. If the incision is wet or damp, gently pat dry with a clean towel. You may or may not have paper strips (Steri-strips) covering the incision. These may be removed after 7 days. If they fall off before 7 days, they may be left off.
- Inspect the area for signs of redness, swelling, or drainage. A small amount of bloody or blood-tinged drainage is considered normal. If you have continuous bloody drainage or clear fluid draining from you incision, contact the Department of Neurosurgery at 1-800-362-2203. Inspect the incision for external stitches that will need to be removed. Most incisions are closed with a subcuticular, or under-the-skin stitches that will dissolve.
- Do not scrub, pick at, or attempt to clean the incision. Do not apply creams or lotions, including antibiotics and hydrogen peroxide.
- Apply a clean Telfa® bandage and place adhesive tape on all 4 sides of the dressing. Repeat this procedure every day for the next 6 days. You do not need a dressing over the incision after 7 days. You may shower normally at that time **if you do not have external stitches**.
- If you have external stitches, they will need to be removed 7-10 days following surgery. You may have this done by your local physician or return to the Department of Neurosurgery. Call 1-800-362-2203 if you need an appointment.

PAIN CONTROL

- Incisional pain, discomfort and soreness are normal following surgery. This should improve each day and be gone about 7 days following surgery.
- You will be given medications or prescriptions for medications to help control post-operative pain. These medications should control your pain during the immediate post-operative period and will **NOT** be refilled. You will be given instructions on how to take these medications at the time of discharge.
- If you have severe, unremitting pain or worsening pain after 7 days, call the Department of Neurosurgery at 1-800-362-2203.

PHYSICAL THERAPY

- Physical therapy is an important part of your rehabilitation following surgery. It helps to speed your recovery by decreasing pain, increasing mobility and preventing scar tissue formation.
- If your physical therapy was not arranged prior to surgery, you will be discharged with a prescription for physical therapy that should be accepted by any facility. If you did not get a prescription, call the Department of Neurosurgery at 1-800-362-2203.
- Call to arrange and initial evaluation by your therapist as soon as your return home. You should begin your rehabilitation program as soon as possible.

ACTIVITY

- Although you may feel better after surgery, use caution in resuming your previous activities without proper rehabilitation and instruction from your physical therapist, particularly concerning body mechanics. Remember to start slowly and give your muscles time to warm up before starting any activity. Walking is an excellent form of exercise and does not require and special equipment.
- Do NOT lift anything heavier than 10 pounds for the first two weeks following surgery. After that, you may slowly increase your activity with the guidance of your therapist. Do not make any sudden movement and avoid twisting of the back.
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- Plan rest periods for each day.
- We do not recommend driving for the first week following surgery. If you must drive, use caution and allow extra time to reach your destination.
- You may sit and sleep in any position that is comfortable for you.
- You may resume sexual activity at any time following surgery.
- The general rule of thumb for all activity is: **IF IT HURTS, DON'T DO IT.**

FOLLOW-UP

- You will be contacted by Dr. Jane's office shortly after your discharge from the hospital. It is not necessary to make a return appointment as long as your recovery is progressing without problems. We will be available to see you within just a few days should problems arise.
- If your job requires strenuous activity or heavy lifting, physical therapy will be a necessity. If you have a sedentary (sitting) or less active job, physical therapy may still be necessary but you may return to work sooner. Your physical therapist will be able to give you some guidance for your return to work.

CALL YOUR DOCTOR IF ANY OF THE FOLLOWING OCCUR:

- You have continuous drainage from you incision (blood, pus, or clear fluid)
- The incision is red or swollen
- The incision breaks open
- You have a temperature over 100°F (39°C)
- You have sever, unremitting pain or worsening of pain after 7 days.

If you have any questions or problems, please call the Department of Neurosurgery at 1-800-362-2203, or after hours call 434-924-0211 and ask to speak to the Neurosurgeon on-call.