IMPORTANT!
Please bring this with you:
• Pre-Surgical Screening Unit/Pre-Admission Clinic
• When you come to the hospital for your surgery
• To all related medical appointments

Appointment Dates and Time:
• Pre-surgical Screening Unit/Pre Admission Clinic
  ________________________________________
• Surgery date: ____________________________
• Follow-up: ______________________________

Lions Gate Hospital
231 East 15th Street
North Vancouver BC V7L 2L7
Tel: 604-988-3131

Vancouver General Hospital
899 West 12th Avenue
Vancouver BC V5Z 1M9
Tel: 604-875-4111
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Introduction

Getting the Most Out of Your Spinal Surgery

Section one of this booklet provides general information for any patient having surgery. Section two provides specific information for those patients having lumbar spine surgery. This booklet describes what you can do before, and after your surgery to have the best possible outcome and quality of life. Research shows that well prepared patients participate better in their care, have a better and faster recovery, fewer problems with pain, and feel better overall.

Research also shows that patients usually eat, sleep, and heal best at home. Patients who have this type of spinal surgery may go home the day of surgery or the next morning. You will go home once you are medically stable.

Our role as a health care team is to help you get back to your daily activities so that you can be safe and independent as soon as possible after surgery. What you do on a daily basis before and after surgery will help your recovery time and the overall success of your surgery.

Your role starts even before you come to the hospital. You need to get yourself in shape, your home prepared, and your support systems (i.e. family and friends) ready.

NOTE: This booklet is given to all patients who are having spine surgery. If you receive instructions from the health care team that are different than what is described in this booklet, please follow the specific instructions for your situation.
Section One: Preparing for Surgery

Location

A. Lions Gate Hospital

1. How do I get to Lions Gate Hospital?

Parking:
- Hospital pay parking—Enter on 15th Street (close to St. Georges Street)
- There is limited parking on the streets surrounding the hospital. Most of the areas close to the hospital are 1 and 2 hour parking only. Be sure to check the signs.

Bus Service is available
- For bus information, please call Trans Link at 604-521-0400.

2. Where is the Pre-Surgical Screening Clinic (PSSC)?
- The PSSC is located on the second floor of the hospital. You can use either the 15th or 13th street entrances.

3. Where do I go the day of surgery?
- The Surgical Services Care Unit is also located on the second floor of the hospital.
- Use the 15th Street entrance. Take the central stairway in the lobby directly up to the Surgical Services Care Unit. An elevator is also available in the main lobby for your use.
- If you have any questions, the PSSC nurse will go over the map with you so you are certain about the directions.
4. How do I get to Vancouver General Hospital?

**Parking:**
- Hospital parking—Enter off of Laurel Street
- Parking rates may change but the average cost is $4 per ½ hour or $18.75 for 24 hours
- There is limited parking on the streets surrounding the hospital. Most of the areas close to the hospital are 1 and 2 hour parking only. Be sure to check the signs.

5. Where is the Pre-Admission clinic?
The Pre Admission clinic is located on the first floor of the Jim Pattison Pavilion, 899 West 12th Avenue, Vancouver. Enter the main door of the Jim Pattison Pavilion and turn left at the Information Kiosk. The Pre-Admission clinic is located on your right.

6. Where do I go the day of surgery?
You must check in at the Admitting Department, located on the first floor of the Jim Pattison Pavilion. Enter the main door of the Jim Pattison Pavilion and the Admitting department is located to the right of the Information Kiosk directly in front of you. After the admitting process is finalized, you will receive a map directing you to the Perioperative Care Centre located on the second floor.
Before You Come to the Hospital

Check List ✓

As soon as you have seen your surgeon, begin working on the following:

☐ Read this booklet thoroughly and write down what you want to ask the surgeon or healthcare team

☐ Prepare your home for convenience and safety see page 23

☐ Arrange for someone to take you home after your surgery, and for someone to stay with you for the first 24 hours.

☐ Bring this booklet with you the day of surgery and to all medical appointments.

☐ As directed by your surgeon stop taking all non steroidal anti inflammatory medications (Advil, Ibuprofen, etc.) vitamins, and herbal preparations five to seven days before your surgery.

☐ On the day of surgery take your morning medications with a sip of water (refer to page 15)

☐ Do not eat anything after midnight the day prior to your surgery. Do not eat any candy or chew gum

☐ Take a shower/bath the evening before and the morning of your surgery using antiseptic soap.
A. Pre-surgical Screening Clinic (PSSC)/ Pre-Admission Clinic (PAC)

If this appointment is required before your surgery, you may meet with different health care professionals who will help you get ready for surgery. The LGH PSSC or VGH PAC will contact you by phone to make an appointment. In some cases, depending on the type of surgery and your medical history, the necessary screening can be completed over the phone and you will not need to come in. If you need to come to the hospital, the staff at the clinic will arrange an appointment with you. This appointment will occur close to the day of surgery.

Check List

What do I bring to my PSSC/PAC appointment?

☐ Bring this booklet “Back Surgery - a patient and family education booklet”
☐ Health Care Card.
☐ Medications in their original containers. Include prescription, over the counter and herbal medications
☐ List of all surgeries you have had in the past.
☐ Credit card or cheque (if requesting a private or semi-private room)

Frequently Asked Questions:

1. Should I bring a family member or support person with me for my appointment?
   • We encourage patients to bring only one family member or a support person.

2. How long is my PSSC / PAC appointment?
   • Most appointments take about two hours; however, you could be here up to 4 hours. We try very hard to keep your stay in the Clinic as short as possible but occasionally you may have to wait. Thank you for your patience. If you have any concerns please notify one of our staff and they will assist you.

3. What will happen during my PSSC/PAC appointment?
   If required, attending the LGH PSSC or VGH PAC is an important step in making the surgical process a success.
   • A nurse will review your health history, medications and allergy status and teach you about pain management and what to expect before, during and after surgery.
   • An anesthesiologist (the doctor who puts you to sleep for your surgery) may see you as well.
   • Any tests ordered by your surgeon may be done during this visit (eg. Blood tests, X-rays, etc.)
10 Before your Surgery

4. **What if I do not speak English?**
   - If possible, have an English speaking person with you or
   - Let the hospital booking clerk know so an interpreter can be arranged for your appointment, if one is available.

5. **Do I eat before my appointment?**
   - You can eat and drink normally before your appointment.
   - If you are diabetic, please bring a snack with you

6. **What if I miss my appointment?**
   - Your surgery may be cancelled and you may be charged a fee
   - 48 hour cancellation policy in effect

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- It is very important that you are on time for your scheduled PSSC/PAC Appointment. If you are late, you may need to be re-scheduled.

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**B. Telephone Interview**

1. **How will my telephone interview be arranged?**
   A hospital booking clerk or a nurse will be contacting you close to the date of surgery.

2. **How do I prepare for the telephone interview?**
   - We suggest that you try to be in a private, confidential space, as the nurse will be discussing your medical history. Cellular phones are not recommended for telephone interviews.
   - Have all your medications in their original containers. Include prescription, over the counter and herbal medications
   - Have a pencil ready to record important instructions in this booklet “Preparing for Surgery”.

3. **How long will the phone interview take?**
   - It will take about 30 minutes

4. **What do I do if my doctor orders tests?**
   - Most tests can be done at your local community lab
   - For certain blood tests, you must report to the hospital where you are having surgery at least one day before your surgery. The nurse will give you further instructions during the telephone interview.
Arranging Transportation Home

Arranging Transportation home is your responsibility. Please make arrangements for someone to pick you up from the hospital. On the day of surgery the Pre-admitting clerk will ask for the phone numbers of the responsible adult who will be taking you home:

Name: ____________________________ Phone Number: ____________________
Alternate: _________________________ Phone Number: ____________________

Going Home (Discharged) the Same Day as Surgery:

You must have a responsible person available to take you home after surgery and be available to care for you overnight.
- You will not be allowed to drive yourself or take a bus home. **You will be considered legally impaired.**
- You may take a taxi if a responsible adult accompanies you. **Your surgery will be cancelled if you do not have someone to pick you up or accompany you home.**

Discharge After One or More Nights:

You will be discharged in the morning between 8:00 a.m. and 11:00 a.m. Have a responsible adult accompany you home.

If you have a long trip home, plan your route ahead of time to allow you to stop and take a rest break along the way.

**By Car** – When in a vehicle, use the front passenger seat and alternate your position between sitting up and reclining back.

**By Ferry** – When booking your passage, if possible choose a ferry that has an elevator and ask to have the wheelchair accessible parking space reserved for you. The booking agent can help to make these arrangements with you ahead of time. If you are going home the same day as your surgery ask your nurse for a priority boarding pass.

**By Plane** – If you are traveling home by commercial flight, please make the necessary arrangements ahead of time by purchasing an “open-ended” plane ticket. When you arrange a flight, tell the agent you may require assistance to get to/from the boarding gate and on/off the plane, and ask for a seat with additional space, i.e. bulkhead. Staff at the airport will assist you if you notify them ahead of time.
Arranging Home Supports

Running errands, grocery shopping, making meals, cleaning your home, doing laundry or other housekeeping task are your (or your family’s) responsibility. Some people rely on the assistance of family/friends while others choose to hire and pay for private help. This should be arranged before coming to the hospital. Many services are available and can be found in the ‘Yellow Pages’ under ‘Home Support Services’ and ‘House Cleaning’.

Planning for Your Discharge Home

It is important to start planning for discharge before you come to the hospital for your surgery. Discharge planning involves you, your family, your doctor, the hospital team and community service providers.

If you currently use homemakers, Home Nursing or are enrolled in the Long Term Care (Continuing Care) program, you may want to call them to talk about changing their services temporarily to help you after your surgery.

Professional services such as nursing or physiotherapy, if required postoperatively, will be arranged by the hospital. Be clear about your limitations and restrictions after surgery.

What to Bring to Hospital

Check List ✔

- Health Care Card
- All your prescription medications including vitamins and herbal remedies in their original, labelled bottles.
- An interpreter if you do not speak English
- Any necessary items such as dentures, hearing aids and glasses. Contact lenses should not be worn.
- Your own walking aid (cane, walker, crutches or wheelchair etc.) Please label it with your name and contact information. The hospital is not responsible for any personal equipment lost.
- Wear loose comfortable clothing; button or zip-up tops are easier than pullovers, but t-shirts can be worn as well. You will also need closed-heel, rubber-soled shoes/runners.
- WorkSafeBC (formerly the WBC) or ICBC and your Case Coordinator’s contact information if applicable.
What Not To Bring to Hospital

Unfortunately, thefts do occur in the hospital. Regardless of where you may be in the hospital it is very important that you keep valuable items with you at all times. The hospital cannot be held responsible for any lost or stolen items.

- Unnecessary money ($20 max) or credit/bank cards
- No pets except for approved dogs to support special needs of patient
- A lot of personal items or clothing
- Valuables or jewelry
- Electrical appliances e.g., hair dryer or cell phones

All Hospitals are Scent Free Zone. Please advise family and friends not to bring scented flowers or wear scented products to the hospital. Many staff and patients have allergies to scented toiletries and perfumes. Do not wear these products to the hospital.

General Instructions

Medications

- Stop taking aspirin and non-steroidal anti-inflammatory medications (i.e. NSAIDs) such as Voltaren, Celebrex, Ibuprofen (e.g. Advil, Motrin) 1 week before your surgery as these medications can increase bleeding and in some cases delay healing.

- Stop taking vitamin and herbals 2 weeks before your surgery

- If you are taking aspirin or Coumadin (i.e. blood thinners) dabigatran or apixaban, or other antiplatelet drugs for heart or other conditions, the doctor prescribing these medications and your surgeon must be informed that you are going to have surgery. You may need to stop these medications before your surgery, please clarify with your surgeon and specialist.

Diabetes – Blood Sugar Management

If you are diabetic, keeping your blood sugar in strict control before and after your surgery will help promote healing and reduce your risk of a post-operative wound infection. If you are having problems keeping your blood sugars within normal levels, speak to your family doctor or diabetic clinic nurse.

- For Fasting instructions please refer to page 14.

Sickness Prior to Surgery:

If you have a cold or flu-like symptoms (fever, chills) the week before your surgery, please contact your surgeon’s office as soon as possible. If symptoms appear on the day of surgery please come to the hospital and inform staff as soon as you arrive.
The Day Before Surgery

• The surgeon’s office will confirm the date of your surgery and tell you what time to report to the Surgical Day Care Unit/Surgical Services Care Unit. The surgeon’s office will call you after 1:00 pm the day before your surgery. If you have not heard from the office, contact the surgeon’s office for your surgery time.

• Shower and wash your hair the night before and on the morning of your surgery.

• Remove all make-up, nail polish, false eyelashes, jewelry, body piercing, and hairpins. Acrylic fingernails may be left on.

• If you will be staying one or more nights pack a small bag with the following items:
  - Toiletries—toothbrush/paste, comb/brush, razor, shaving cream, deodorant, denture cleaner
  - Pyjamas, nonskid slippers or runners
  - Comfortable clothes for discharge

• Be sure you are clear about which medications you have been instructed to take on the morning of your surgery. If you are uncertain, please call your surgeon’s office for clarification.

Fasting Instructions:

Before any kind of anesthetic is administered, it is important to have an empty stomach. Stomach contents can move from the stomach to the lung and this could result in a very serious lung injury. These guidelines should be followed carefully:

Solid Foods
• Do not eat any solid food after midnight unless otherwise instructed.
• Do not chew gum, eat mints, candies or drink alcohol after midnight.
• A light dinner is recommended

Clear Fluids
• You may drink a maximum of 6 oz. (180 mls) clear fluids (not alcohol) until 4 hours before you arrive at the hospital.
• Clear fluids are: apple juice, cranberry juice, clear broth, black tea or black coffee and water (no citrus juices with pulp eg. orange juice).
• Do not drink milk or carbonated beverages.
Day of Surgery: Medication Instructions

If you have received specific instructions by your surgeon or the anesthesiologist, follow their guidelines.

These are general guidelines:
- If your surgery is in the morning, take the following medications earlier than you usually do with only a sip of water
- If your surgery is in the afternoon take the following medications at your usual time with only a sip of water

DO take the following Medications for your:
- Heart
- High blood pressure
- Breathing
- Parkinson’s
- Antidepressants
- Birth control
- Inhalers (and bring them in with you)
- Ulcer and acid reflux
- Pain

DO NOT take the following Medications unless your doctor has instructed you otherwise:
- Water/diuretic pills
- All Diabetic medications (oral and insulin)
- NSAIDS (non steroidal anti-inflammatory drugs such as aspirin and ibuprofen)
- Anticoagulants— “blood thinners” (i.e. Coumadin, Aspirin, Plavix, heparin)

Pain Management: During Surgery

Anesthesia means loss of sensation. This loss of sensation may be achieved by using a General, Regional or Local anesthetic or a combination of these. The type of surgery and how long it is likely to last will influence the kind of anesthetic that you are given.

Types of Anaesthesia:

1. **General anaesthesia** may seem like being asleep, but it is quite different. By using a combination of very potent drugs, your anaesthesiologist keeps you in a state of carefully controlled unconsciousness so that your surgery is painless.

2. **Regional anaesthesia** involves injecting a local anaesthetic solution through a needle placed close to the nerves supplying the region of the body involved in the operation. This type of anaesthesia may also be called a nerve block. These injections temporarily stop the nerves from working so that no sensation or movement in that part of the body occurs. The most common type of regional anaesthesia is spinal anaesthesia which is used to anaesthetize the abdomen and legs. Other regions of the body such as arms and shoulders can be safely anaesthetized in this same way. You may remain completely awake if you wish, but usually your anaesthesiologist will give you a drug to make you relaxed and sleepy.

3. **Local anaesthesia** refers to injecting a local anaesthetic into the skin surrounding the surgical site temporarily numbing the area so that a minor procedure can be done painlessly.
Pain Management: After Surgery

We are committed to making sure you are comfortable after your surgery. We use a “Pain Scale” so that staff is able to assess your comfort level. The Pain Scale is a simple system that uses numbers to measure your pain. “0” is no pain and “10” the worst pain possible. We want to control your pain at “4” or less.

Be sure to tell the nurse if you become uncomfortable. Do not wait until the pain is severe. Consistent severe pain can hamper your recovery. Pain can prevent you from moving, sleeping and following your exercise program. All these situations can lead to complications and delay your recovery. You may have been given suppositories for pain before your surgery to minimize your pain after surgery. To keep you comfortable after surgery, taking pain medications regularly may keep pain manageable in the early stages after surgery. If you are going home on the same day or only staying overnight, it is unlikely that you will have a PCA pump or an epidural catheter. You may receive pain medication after surgery in a variety of ways (injection, intravenous, oral, suppository). Your anaesthesiologist or surgeon will decide which method is best for you.

**PCA pump**
Your doctor may order a Patient Controlled Analgesia or PCA pump. This is a computerized pump that helps you safely manage your pain. Whenever you need pain medication, press your hand control button and the pump will give you a dose of medication through a tube in your vein called an intravenous. It limits the overall amount of medication you will be given.

**Epidural pump**
You may come from the Operating Room with a very fine tube placed in your lower back. This is called an epidural catheter. This tube is attached to a computerized pump that delivers pain medication continuously. This medication numbs the painful area. Epidurals are usually stopped three to five days after surgery.
Steps of Surgery

1. Admission to the Surgical Services Care Unit (SSCU) at Lions Gate Hospital or Perioperative Care Centre at Vancouver General Hospital

- The admitting clerk will greet you, and after asking you a few questions, will show you where to change into a hospital gown and where to wait for the admitting nurse.
- You will be asked for a phone number of where your relative, friend or support person can be reached. If you are a daycare patient please provide the two phone numbers listed on page 11 in this booklet.
- The admitting nurse will ask you questions about your medical history. They will make sure you understand your surgical procedure and they will give you an opportunity to ask any questions you may have.
- The nurse will also confirm with you, the location of your surgery (example: right side, left side when applicable.)
- The nurse will take your blood pressure and your weight. If your surgeon has ordered an intravenous or any preoperative medication you will receive them at this time.
- You may keep glasses and dentures until just before you go to the operating room. Hearing aids may be worn into the operating room.
- If you have long hair tie it back with an elastic band (no metal or hard plastic)
- When you are prepared for your surgery, the admitting nurse will take you to the waiting area where you can wait with your family until you go into the operating room.

2. Operating Room (OR)

- About 15 minutes before your surgery, a nurse from the OR will arrive in the waiting area and ask you some of the same questions that you have already answered. This is an extra check to make sure all the information we have is correct.
- The nurse will ask you to remove your dentures and glasses or other items that could possibly get lost in the operating room. These items will be returned to you either in the recovery room or on the ward.
- You will then be taken into the OR where you will meet the team of nurses and doctors and technical staff that will be looking after you during your operation. The room may feel cold to you, so we will give you a warm blanket if you need it.
- Once you are on the operating room bed, heart-monitoring patches, blood pressure cuff and oxygen monitor will be applied. If an intravenous (IV) has not already been started, the anaesthesiologist will start one. All the medications you receive in the OR from now on will go through this IV.
- Just before you go to sleep the anaesthesiologist may ask you to breathe some oxygen though a mask placed over your nose. Just relax, and breathe in and out slowly and deeply.
- During your surgery the OR team will watch you carefully to make sure you are safe and comfortable while you are unconscious. After your surgery is finished and you are beginning to wake up, you will be moved onto a stretcher or bed and taken to the Recovery Room.
3. Post Anaesthetic Recovery Room (PAR)

- After surgery you will go to PAR.
- You may wake up with several monitoring devices attached to you, e.g., blood pressure cuff, heart monitoring patches, a small finger clip (to check oxygen levels), extra intravenous and/or catheter (urine tube) etc.
- A nurse will be at your bedside to check your blood pressure, pulse, breathing, bandages, and comfort level, at regular intervals.
- Most patients are drowsy while in the PAR, due to the general anaesthetic and pain medications given post-operatively.
- You may be given oxygen by facemask or by small nose prongs. Your nurse will check your oxygen level with a small finger clip.
- You will have an IV in your hand or arm so the nurse can administer medications and IV fluids.
- There are different ways to control your pain. The nurses will ask you about your pain using the pain scale.
- If you feel sick to your stomach the nurses will give you a medication.
- You will stay at least 1 hour in PAR. Due to the busy nature of PAR phone calls are restricted and no visitors are permitted so that all our attention can be given to our patients.
- When you start to wake up you may be aware of other patients recovering in the unit as well as voices of nurses, doctors, etc.
- Your dentures and glasses will be returned to you when you are awake.

4a. Recovery in Daycare

- You will be going home the same day as your surgery.

For the 24 hours following surgery:
- **Do not** drive or operate machinery (possibly longer depending on the type of surgery you have had). You will be considered legally impaired.
- **Do not** make important decisions
- **Do not** travel alone by public transportation
- **Do not** drink alcohol

4b. Recovery on the Hospital Ward

- There will be a locker in your room for the items in your small suitcase
- Visiting hours vary depending on the ward. Please check at the hospital ward for specific visiting times
- Due to space limitations, family members are not permitted to stay overnight.
- The hospital is a **non-smoking** building.
- Services available during your hospital stay:
  - Televisions are in the lounges or bedside TVs can be rented
  - Telephones (enquire on the nursing station)
  - Spiritual Care
Anatomy of the Spine

Your lower back (lumbar region) or spinal column is made of five vertebra (bones). (Fig. 1, 2). Between each vertebra lies a disc, which acts like a cushion or shock absorber. Each disc has an outer cartilage and a gel-like centre, similar to a jelly doughnut. These discs allow movement between vertebra. The vertebra and discs form a tunnel that protects your spinal cord. The spinal cord carries nerves to and from the brain.

Nerves come out of the spinal cord between each lumbar vertebra. These nerves supply the sensation (feeling) and muscle strength (movement) to the lower back, legs, and feet. These nerves also play an important role in bladder, bowel, and sexual function. (Fig. 3).

Photos used with permission from Medronic
Disc Problems

Fig. 4 Side view of lumbar spine showing example of disc problems

Disc Herniation

Fig. 5 Herniated Disc

The gel-like material (nucleus) within the disc may bulge, leak, or protrude into the spinal canal due to injury, or degeneration (wear and tear). The outside walls of the discs are pain sensitive. When a disc bulges it hurts. The protruding gel-like substance may irritate or put pressure on the spinal nerves. Pressure on the nerves or spinal cord from a herniated (protruded) disc can cause pain, tingling, numbness, or muscle weakness.

Spinal Stenosis

Fig. 6 Spinal Stenosis

Your spinal canal and openings for your spinal nerves may be too narrow, causing pressure on your spinal cord or spinal nerves. Some people are born with a narrowing of the spinal canal, others develop this later in life. Pressure on your spinal cord or nerves can cause back and leg pain, cramps or leg weakness and difficulty walking long distances.
Osteoarthritis
As you age, your bones may become rough and wear down (degenerate). Sometimes this roughness or bone spurs puts pressure on your spinal nerves causing leg pain and weakness. Bending forward or sitting may temporarily relieve symptoms by opening up more space for your spinal nerves.

Types of Back Surgery

The purpose of your back surgery is to relieve pressure on the spinal nerves and/or spinal cord. It is hoped that relieving the pressure will reduce your pain and improve your strength and sensation.

Microdiscectomy:
Your surgeon will make an incision into your lower back over the spine. The muscles are moved carefully to the side to allow your surgeon to see the back of the vertebra. The bulging part of your disc and sometimes a small portion of bone are then removed. At the end of the surgery dissolving stitches close the deep layer of the incision. “Steri-strips” (sterile tape) close the skin layer.

Lumbar Laminectomy:
Your surgeon may remove one or more lamina (part of the bone of your vertebra) to make room for your spinal cord and/or spinal nerves.
Back Surgery

Your surgery will take approximately one to two hours. Immediately following surgery you will be taken to the Post Anesthetic Recovery Room (PAR). No visiting is permitted.

For Discectomy and Microdiscectomy surgery:
You may be discharged (go home) eight hours after surgery as instructed by your surgeon and/or once you have achieved these goals:

• You are medically stable
• Your pain and nausea is managed with medication(s)
• You are able to empty your bladder
• You are able to walk short distances, for example to the bathroom.

NOTE: You will be expected to get up within 2–4 hours after your surgery and walk to the bathroom and dress yourself.

• We recommend loose comfortable clothing; button or zip-up tops are easier than pullovers, but t-shirts can be worn as well. You will need closed-heel, rubber-soled shoes/runners

Preventing Breathing Problems:
After surgery, people tend to take shallow breaths. It is important to do deep breathing exercises until you are up and walking regularly throughout the day. You can practice deep breathing exercises at home ahead of time.

• Find a comfortable position, either lying down, sitting or standing
• Relax your neck and shoulders
• Place one hand on your stomach
• Take a deep breath in through your nose. Notice that your stomach rises and your chest expands.
• Hold this breath briefly, and then slowly breathe out through your mouth. Repeat 5 times every half hour

Preventing Circulation Problems:
It is important to maintain good circulation in your legs after surgery. Moving is key and the sooner you get out of bed and walk, the better. Also, you can help maintain circulation by pumping your ankles up and down.
Preparing Your Home

“An ounce of prevention equals a pound of cure…” Taking some time to ready your home for your return from hospital will help you manage easier day-to-day. Here are some suggestions:

Check List ✓

☐ Move frequently used items to places where they are easiest to reach. Instead of putting everything away, leave bathroom items out on the counter, clothes and shoes on shelves that are easy to reach, pots and dishes out on the counter, and so on.

☐ Make sure the height of your bed, toilet, chairs etc, are (at least) level with the top of your knee. Also, when working at the counter in the kitchen, you may wish to have a high stool to perch on.

☐ Place the telephone in a convenient area so it is easy to get to, such as on your bedside table or beside your favorite chair.

☐ Prepare and freeze meals, or purchase easy-to-prepare foods (for example: canned soups, TV dinners, etc) **before** you come to hospital.

☐ Keep floors and stairways clear. Remove throw rugs, plants, children’s toys, or anything cluttering the floor so you will not trip over them.

☐ Install night-lights around your home, particularly on the way to the bathroom. Make sure there is proper lighting at the stairs and outside your home as well.

☐ To be independent and safe at home you may require certain equipment (for example, a raised toilet seat or walker). If you receive a list of equipment before your surgery from a health care provider, your equipment should be at home and in place before you come to the hospital. Ask for delivery and set-up services, some equipment suppliers offer this service for a small fee.

☐ Before your surgery, arrange for someone to stay with you for the first 24 hours. Some people rely on assistance of family/friends while others choose to hire and pay for private help to assist with grocery shopping, making meals, cleaning your home, doing your laundry or other housekeeping tasks etc. Many services are available and can be found in the ‘Yellow Pages’ under ‘Home Support Services’ and ‘House Cleaning’.
Preparing for Surgery

Refer to Section One: ‘Preparing for Surgery’ for further information

☐ Day Care Surgery (Discectomy and Microdiscectomy surgery):
  • Plan to arrange a ride home for 8 hours after your surgery

☐ For Decompressive Laminectomy Surgery:
  • Plan to arrange a ride home for the next morning

Before and the Day of Your Surgery

Please refer to section one ‘Preparing for surgery’ in this booklet for further information

After Surgery: Managing Pain at Home

Types of pain:
• Surgical Pain: This type of pain occurs after surgery and is caused by the incision into your skin, muscles and bones. Also, moving tissues to be able to get to the spine causes pain. The pain related to surgery is the greatest in the first few days and will gradually go away over 6 weeks. You may receive a pain medication prescription or you may use Tylenol to manage this surgical pain.

• Nerve Pain: This type of pain is a throbbing, burning or tingling-type pain. In addition, some people experience a sudden sharp shooting pain (spasm). It is important to remember that some degree of nerve pain is almost always present and not a cause for alarm as the nerves have ‘memory’ and can remain inflamed and sensitive for many weeks or even longer. If the degree of pain is the same or is worse than before your surgery, you should inform your surgeon.

Managing your pain:
It is normal to feel some discomfort at the incision site and/or some lower back pain. You may also feel muscle spasms or cramping. Surgical pain usually decreases over time. Overall, your pain will be controlled better if you have a steady amount of pain medication in your system all the time. It is recommended that you take pain medication at regular intervals (usually 4–6 hours). It is important that you are comfortable enough to sleep, get out of bed, and participate in daily self-care activities. However, as your pain lessens you may choose to take less medication each time. These methods may help you feel more comfortable:

• Follow your doctor’s directions regarding taking appropriate medications to relieve pain and spasms.
• Distract yourself from the pain. Listen to music, talk with friends, watch funny videos, etc.
• Listen to your body. Do not push yourself beyond your limits. Rest when you begin to feel uncomfortable. Short frequent walks are better than infrequent lengthy walks.
• You may also use an ice pack (bag of frozen peas wrapped in a towel) for 15 to 20 minutes over the painful areas. Your pain should subside within 20 to 30 minutes.

If pain medication does not relieve your pain and you are not able to rest or do your normal activities contact your family doctor.
Dealing with Nausea and Vomiting

- Sip small amounts of clear liquid such as ginger ale.
- Avoid caffeine and citrus fruit juice.
- Nibble on dry crackers.
- Wait at least one hour after vomiting before trying to drink again.
- Buy “Gravol” (dimenhydrinate) at any drug store and follow the instructions on the package.

If you are unable to tolerate pills due to nausea and vomiting, suppositories are available.

If vomiting persists for 24 hours and you are unable to tolerate any fluids, contact your doctor.

Positions of Comfort

**In bed,**
keep the bed flat. When you are on your back, place one small pillow under your head, bend your knees and support them with a pillow or bolster.

**When on your side,**
place a small pillow under your head and one between your knees. Keep your knees bent and your back straight:

**When changing positions,**
avoid twisting. Remember to keep your shoulders in line with your hips and log roll. *(Log rolling* means moving your body without twisting or bending your spine).*

Activity

**Getting In and Out of Bed:**

**When getting into bed:**
Sit on the edge of the bed. Lie down on your side. Stay on your side or log roll onto your back.

**When getting out of bed:**
Bend your knees up, roll onto your side. Drop your feet off the side of the bed and push up with your hand/forearm. Avoid twisting your back. Sit briefly on the edge of the bed before standing up straight.
• Do not sit for more than 20–30 minutes continuously for the first two weeks after your surgery. You have to gradually increase your tolerance for sitting.
• After surgery, do not lift, push, pull or carry anything that weighs more than 5 to 10 pounds. During your follow-up visit with your spine surgeon discuss increasing your lifting capacity. When you must lift, push, pull or carry something under 5 to 10 pounds, keep the item close to your body and between hip and shoulder height.
• Do not engage in any activity that requires repetitive and/or excessive bending, twisting or reaching in any direction. Avoid activities which require vigorous or jerking movements (e.g. Walking a dog that tugs on its leash).
• Before returning to sports and other physical activities obtain permission from your surgeon.
• You may drive short distances once you are comfortable enough to turn and check traffic; your reaction time is back to normal, and you are no longer taking narcotic pain relievers or sedatives.

Returning to Work
• Return to work will be discussed at your follow-up appointment with your surgeon. Do not return to work until you have been told by your surgeon it is okay to go back to work.
• Different jobs require different movements. Returning to work may mean you will have limits on what you can do for a period of time. Talk to your employer to review details of returning to work.
• If you are being followed by WorkSafe BC (formerly WCB) or ICBC, you will receive written recommendations from their doctor(s).

Sexual Activity
• Resume sexual activity as soon as you wish. However, you should avoid any positions that place stress on your spine. Generally, the partner without pain should provide the movement.

Posture
• Following low back surgery it is important to maintain correct posture in bed, sitting and when walking.

Before surgery you may have had to lean or twist to one side to avoid pain. After surgery, it is important to correct this position. Try to keep yourself as straight as possible.

Sit with your back supported and your feet on the floor, to take the strain off your back. Do not sit on the couch that requires you to bend forward to pull yourself up. Dining room chair with back support is preferred.

Sit tall. Don’t slouch.
Caring for Your Incision

Your incision should be covered with a dressing for 2–3 days.

- Dressings should be kept dry. Change as necessary. Dressings can be purchased at any drug store.
- Dissolvable stitches are used for most surgeries. You may notice the clear ends of these stitches at the top and bottom of your incision. You may also have staples. Your family doctor can remove any stitches, or staples during you visit for wound check in 7–9 days.
- You may shower after 48 hours if you are able to stand safely. Do not bend over to wash your lower body. Sit and bring your legs up to you instead (by sitting cross legged). Have someone apply a new dressing after your shower for comfort or if your incision is closed with staples.
- No tub baths for the first two weeks.

Hand washing before and after changing your dressing is very important to prevent infection. Signs of a possible infection include:

- New or increasing pain
- New redness or swelling
- New or increased drainage, or a change in the appearance of the incision
- Odour
- Increased temperature and flu-like symptoms

If you think you are developing an infection at your incision site, call your surgeon. If you are unable to reach the surgeon, call your family doctor. If you are unable to reach your family doctor, go to the nearest emergency department.

Toileting

Emptying Your Bladder (Urineating):

Pain may prevent you from emptying your bladder. The following tips may help:

- Take pain medication, if needed, prior to emptying your bladder
- Leave a water tap running.
- Put your hand in warm water.
- You should try to walk to the bathroom instead of using a commode or urinal.

If you are uncomfortable and unable to empty your bladder go to the Emergency Department of your nearest hospital or Medical Clinic.

Constipation

Pain, most pain medications, reduced activity, and a change in your diet can cause constipation. The following tips may help:

- Drink at least 8 glasses of water a day.
- Eat fibre, such as bran, fresh fruit and vegetables.
- Walk as much as you can.
- You may require stool softeners or perhaps a laxative. These types of medications are available without a prescription at any drug store.

Contact your doctor if you have not moved your bowels in three days.
Exercises Following Surgery

Perform all exercises within your pain limit. If you notice a recurrence of pain, then discontinue the exercise and resume the following day. If symptoms continue, stop the exercise and consult your physician.

If you experience altered sensation, like numbness or tingling, or an increase in weakness, consult your physician immediately.

**Walking** is your most important form of exercise in the first few days after surgery. Concentrate on walking with good posture. Avoid leaning to one side or limping. Use a cane or walking aid only if necessary and remember to maintain good posture. Stop using an aid when your balance and confidence have returned to normal.

Start a progressive **daily walking program**. Begin on a flat surface with no hills and record the distance or the time that you walk. Gradually increase (10-15%) the distance or time that you are walking each day and slowly add in uneven surfaces and hills. Work up to 20 to 30 minutes twice a day. We recommend that you do several short walks a day with rests in between, instead of one long walk, to avoid fatigue and discomfort.

**Try and do the exercises shown below every day. Most people find it beneficial to do them once in the morning and again in the evening.**

1. **Static Abdominals**
   Much of the stability in your lower back comes from certain muscles in your abdomen and pelvis. These are very deep muscles and it is hard to feel them working. It will take several weeks of practice before you can activate them consistently.
   • Lie on your back with your hips and knees bent and your feet on the bed.
   • Place your fingertips on each side of your lower abdomen just below your bellybutton.
   • Gently tighten your stomach muscles (pull bellybutton down towards your spine) and keep your upper body relaxed.
   • **Hold 5 seconds**. Keep breathing gently (**Do not** hold your breath)
   • **Repeat 10 times**.

As you become more comfortable, try to hold that gentle tension for longer periods of time and in different positions (i.e. sitting, standing and walking)

2. **Nerve Glide (sciatic nerve)**
   Neural glides can stop your nerves from getting stuck or bound down by scar tissue as you heal.
   • Sit tall with a neutral spine
   • Keep the shoulders relaxed and directly over the pelvis.
   Breathe gently
   • Slowly straighten one knee. Do not move it past any tension.
   Remember to keep the back and pelvis stable, in a neutral position
   • Move your ankle slowly so you point your toes up, then down
   **Repeat _____ times on both sides**
If you are unable to bring your knee close to your chest, you can use this alternative method to obtain a gentle stretch.

- Bend your knee enough to loop a rope, belt or towel around your foot.
- Slowly straighten your knee, keeping your leg just above the bed, while pulling on the rope, belt or towel to support your leg.
- Pull your foot towards you at the same time until you feel a stretch. (*Do not* cause pain)
- Slowly lower your leg and relax.
- **Repeat 2–3 times on each side.**

3. **Progression of exercises**

Low back pain can affect the way certain muscles work and cause them to become weak. When your surgeon allows you to return to your regular activities (usually about 6 weeks after surgery) you may wish to see a physiotherapist to help rebuild your strength and improve stability in your low back.

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**Follow-up Appointments**

You must see or have a telephone conversation with your surgeon 6 – 7 weeks after your surgery. Call for an appointment once you are home.

Appointment with:

Dr. __________________________

Date __________________________

Time __________________________

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**At Home: When to Seek Medical Attention**

**Monday to Friday:** **Call your surgeon or go to your family doctor for the following reasons** (if you can be seen within 24 hours of identifying the problem)

- At your incision: new or increasing pain, new redness or swelling, new or increased drainage (or a change in its appearance), or if an odour develops,
- Problems with your bowels (i.e., constipation)
- New or increasing pain in your back and/or legs
**Vancouver General Hospital (VGH)**
- At the VGH Spine Out-Patient Clinic: 604-875-4992
  - Hours: Monday to Friday 8:00 to 4:00 pm. The clinic is closed statutory holidays
  - For non-urgent needs, you may leave a voice message

**Lions Gate Hospital (LGH)**
- At your Surgeon’s office: ________________________
- At LGH Spine Rapid Access Clinic: 604-984-5971
  - Hours: Monday to Friday 9:00 to 4:00 pm. The clinic is closed statutory holidays
  - For non-urgent needs, you may leave a voice message

**After Hours:**
If you are unsure if you should go to the Emergency Department, or you are unable to contact your family doctor or surgeon, contact the **BC Nurse Helpline** for immediate assistance.

**BC Nurse Helpline:** 604-215-4700 or toll free 1-866-215-4700.
(Available 24 hours, 7 days a week)

**Reasons to go to the Emergency Department:**
- A fever greater than 38.5°C (102.0°F Fahrenheit)
- New weakness in your legs
- New or increasing unresolved pain in your back and/or legs while taking pain medications.
- Unable to empty your bladder.

**Reasons to call 911**
- Sudden significant new weakness in your legs
- Chest Pain
- Shortness of breath