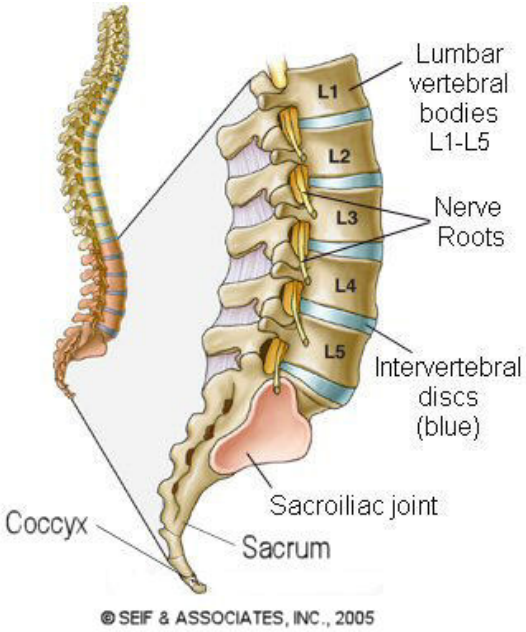
Information Prior to Back Surgery

Back problems bother many people in all age groups regardless of sex or occupation. There are many things you can do to take care of your back. It is best for you to manage your back problems rather than your back problems managing you. Back surgery can be a valuable aid for recovery if all other conservative means (exercise, anti-inflammatory medications, therapeutic bed, and physical therapy) have failed. The majority of back problems **do** respond to conservative therapy. You are having surgery because your back problem has not responded to conservative treatment.



DIAGNOSIS AND TREATMENT

Successful treatment begins with evaluation and *diagnosis* (learning what is wrong). Your caregiver will perform a thorough medical evaluation consisting of history, a physical exam, and diagnostic tests. These often will include: x-rays, MRI or CT (special forms of x-rays). X-rays help locate the problem area. EMG's (electromyogram) are sometimes done to determine if the nerves involved are still working properly. Blood work may be done. Treatment options include conservative management (non-surgical) or surgery.

SYMPTOMS OF BACK PROBLEMS INCLUDE:

- Loss of range of motion or pain with range of motion.
- Pain shooting down into the legs (*sciatica*).
- Numbness or weakness in your legs.
- Trouble controlling bladder or bowels (these are usually very late stage problems).

ANATOMY OF THE BACK

The more you know about your back, the better job you will be able to do in taking care of it. There are 24 bones in your back **(vertebrae)** and the cartilage cushioning (**discs)** between them are arranged in three natural curves: the neck (*cervical*), upper back (*thoracic*), and lower back (*lumbar*) curves. When these curves are in their normal (good posture) alignment, your body is in a **balanced** position, distributing the weight evenly on your back. This posture is best maintained with strong and exercised back muscles. Activities which disrupt this alignment such as too much forward bending (**flexion**), or backward arching **(extension**), put extra pressure on the spine. As a result, the vertebrae and discs wear out (**degenerate**) faster than normal, contributing to bulging or broken (*ruptured*) discs, arthritis, and instability.

ANATOMY OF THE LUMBAR CURVE (LOWER BACK)

The lumbar curve consists of five **back bones (vertebrae) and** their **discs (**the cartilage structure and its fibrous surrounding**).** The **spinal cord** passes through the spinal canal formed by the boney arch (**lamina**) on the back of the vertebral bodies**. Nerve roots** leading to the legs branch out from the spinal cord. Each emerges through a side opening formed between vertebrae (the **foramen)** that are next to each other**. When a piece of disc material ruptures out of its normal position and presses on a nerve root (ruptured disc) it creates the severe low back pain associated with this**. The spinal canal and foramina, which are passageways for the nerves, vary in size from person to person. People with smaller passageways **(*stenosis*)(narrowing)** are at higher risk for nerve irritation (*inflammation*) and back and leg pain. Although ruptured discs can occur any place in the back; they most frequently occur in the lower back (*lumbar*) area.

PREPARING FOR SURGERY

- Stop smoking at least one week prior to surgery. This lowers risk during surgery.
- Your caregiver may advise that you stop taking certain medications that may affect the outcome of the

surgery and your ability to heal. For example, you may need to stop taking anti-inflammatories, such as aspirin, because of possible bleeding problems. Other medications may have interactions with anesthesia.

- BE SURE TO **LET YOUR CAREGIVER KNOW** IF YOU HAVE BEEN ON STEROIDS (INCLUDING CREAMS) FOR LONG PERIODS OF TIME. **THIS IS CRITICAL**.
- Your caregiver will discuss possible risks and complications with you before surgery. In addition to the usual risks of anesthesia, other common risks and complications include: blood loss and replacement; temporary increase in pain due to surgery; uncorrected back pain; infection; and new nerve damage (tingling, numbness, and pain).

BEFORE SURGERY

You should be present one hour prior to your procedure. Check in at the admissions desk to fill out necessary forms if you are not preregistered. There will be consent forms to sign prior to the procedure. There is a waiting area for your family while you are having your surgery.

LET YOUR CAREGIVERS KNOW ABOUT THE FOLLOWING:

- Allergies
- Medications taken including herbs, eye drops, over the counter medications, and creams
- Use of steroids (by mouth or creams)
- Previous problems with anesthetics or novocaine
- Possibility of pregnancy, if this applies
- History of blood clots (thrombophlebitis)
- History of bleeding or blood problems
- Previous surgery
- Other health problems

FOLLOWING SURGERY

After surgery, you will be taken to the recovery area where a nurse will watch and check your progress. Once you're awake, stable, and taking fluids well, barring other problems you'll be allowed to go home.

HOME CARE INSTRUCTIONS

- Once home an ice pack applied to your operative site may help with discomfort and keep the swelling down.
- Follow your caregiver's instructions as to activities, exercises, physical therapy, and driving a car.
- Weight reduction may be beneficial.
- Daily exercise is helpful to prevent return of problems. Maintain strength and range of motion as instructed.
- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.

SEEK IMMEDIATE MEDICAL CARE IF:

- There is increased bleeding (more than a small spot) from the wound.
- You notice redness, swelling, or increasing pain in the wound.
- Pus is coming from wound.
- An unexplained oral temperature above 102° F (38.9° C) develops.
- You notice a foul smell coming from the wound or dressing.
- You develop a rash.
- You have difficulty breathing.
- Have any allergic problems.

Document Released: 04/07/2004 Document Re-Released: 03/16/2010
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