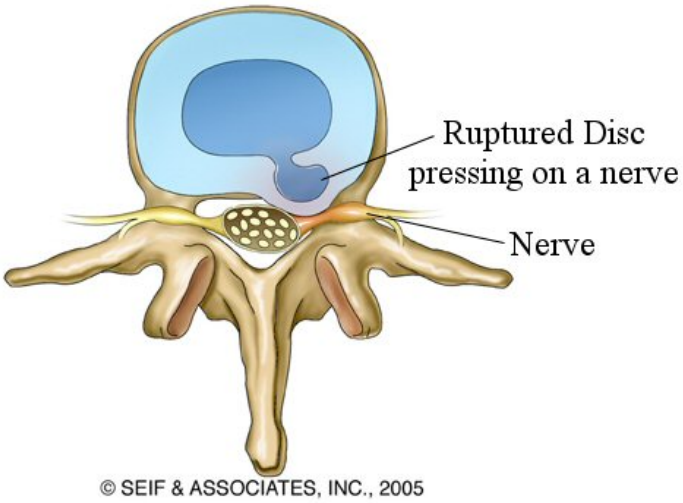
Microdiscectomy

The backbone, or spine, is made up of bones called vertebrae. Oval-shaped discs filled with a thick liquid sit between the vertebrae. The discs function like cushions. They keep the bones from rubbing together. But an injury or wear and tear can cause a disc to bulge out. This is called a herniated disc. It can press on a nerve root. That is painful. The pain may be in the lower back. Or, it might shoot down a leg. There also may be tingling or numbness (no feeling). One way to stop the pain is with a procedure called a microdiscectomy. The part of the disc that sticks out from the spine is removed. The procedure is surgery, but it is a minimally invasive operation. Only a small incision (cut) is made in the back. Microdiscectomy is easier on the muscles and other tissues than traditional surgery.



BEFORE THE PROCEDURE

- A medical evaluation will be done. This may include:
  - A physical examination.
  - Blood tests.
  - Electrocardiogram. This test checks the heart's rhythm.
  - Imaging tests. This may include:

1. Myelogram. This helps locate the herniated disc. A dye is injected (shot) into the spine area. Then an x-ray or CT (x-rays with computer enhancement) scan is taken.
2. Chest x-ray.
3. Magnetic resonance imaging. An MRI scan uses a magnet, radio waves and a computer. It also can help locate disc problems.

- You will talk with your anesthesiologist. This is the person who will be in charge of the anesthesia (medication) during the procedure. A microdiscectomy usually requires general anesthesia (being asleep during the procedure).
- The person who is having the microdiscectomy needs to give what is called informed consent. This requires signing a legal paper that gives permission for the surgery. To give informed consent:
  - You must understand how the procedure is done and why.
  - You must be told all the risks, benefits and alternatives of the procedure.
  - You must sign the consent. A legal guardian also can do this.
  - Signing should be witnessed by a healthcare professional.
- You will need to stop taking certain medicines.
  - Stop using aspirin and non-steroidal anti-inflammatory drugs (NSAIDs) for pain relief. This includes prescription drugs and over-the-counter drugs such as ibuprofen and naproxen. If possible, do this 10-14 days before the procedure. Also stop taking vitamin E.
  - If you take blood-thinners, ask your healthcare provider when you should stop taking them.
- Sometimes a stool-softening medication needs to be taken for a few days before the procedure.
- If you smoke, stop about two weeks before the procedure. Smoking can slow down the healing process.
- The day before the procedure, eat only a light dinner. Then, do not eat or drink anything for at least 8 hours before the procedure. Ask if it is OK to take any needed medicines with a sip of water.
- Arrive at least 1-2 hours before the procedure, or whenever your surgeon recommends. This will give you time to check in and fill out any needed paperwork.
- Most people can go home the same day as the procedure. Sometimes, an overnight stay is needed. Ask your

surgeon what to expect.

LET YOUR CAREGIVERS KNOW ABOUT:

On the day of the procedure, your caregivers will need to know the last time you had anything to eat or drink. This includes water, gum and candy. In advance, also make sure they know about:

- Any allergies.
- All medications you are taking, including:
  - Herbs, eyedrops, over-the-counter medications and creams.
  - Blood thinners (*anticoagulants*), aspirin or other drugs that could affect blood clotting.
- Use of steroids (by mouth or as creams).
- Previous problems with anesthesia.
- Possibility of pregnancy, if this applies.
- Any history of blood clots.
- Any history of bleeding or other blood problems.
- Previous surgery
- Family history of anesthetic complications.
- Smoking history.
- Any recent symptoms of colds or infections.
- Other health problems.

THE PROCEDURE

- The preparation:
  - Small monitors will be put on your body. They are used to check your heart, blood pressure and oxygen level.
  - You will be given an intravenous line (IV). A needle will be inserted in your arm. It is hooked to a plastic tube. Medication will be able to flow directly into your body through the IV.
  - You might be given a sedative. This medication will help you relax.
  - You will be given anesthesia. For general anesthesia, the anesthesiologist may hold a mask gently over your face. You will breathe in gases that will make you sleep. A tube also might be put in your throat. This would let you continue to get anesthesia during the procedure.
  - Your back will be cleaned with a special solution to kill germs on the skin.
- The procedure:
  - Once you are asleep, the surgeon will make a small incision in the middle of your lower back. It is often just 1 to 2 inches long.
  - Muscles in the back are not cut. Instead, they are carefully moved to the side.
  - Often a small piece of bone needs to be removed. This creates a better "window" so the surgeon can see the herniated disc.
  - The surgeon uses a special microscope to check the disc and nerves near it.
  - The part of the disc that is causing problems is removed.
  - The area under the skin is closed with stitches. In time, these will go away on their own.
  - The skin is closed with small stitches or staples.
  - A small dressing (medication and bandage) is put over the incision.
  - The procedure usually takes about an hour.

AFTER THE PROCEDURE

- You will stay in a recovery area until the anesthesia has worn off. Your blood pressure and pulse will be checked every so often.
- Some pain is normal after a microdiscectomy. You will probably be given pain medicine while in the recovery area.
- Once you get up and start walking, you will be able to go home. Sometimes, an overnight stay is needed.

RISKS AND COMPLICATIONS

A microdiscectomy is almost always successful. Pain usually goes away quickly. But there are no guarantees. It is possible that the procedure will not work and the pain will continue. However, this rarely happens. Other problems also do not happen often. But they can occur. They may include:

- Leaking of spinal fluid. If this happens, you will have to stay in bed for a few days.
- Bleeding.
- Pain.
- Infection near the incision.
- Nerve damage.
- Blood clot in a leg. The clot can move to the lungs. This can be very serious.
- Recurrence. The problem, a herniated disc, might come back and require additional surgery.

HOME CARE INSTRUCTIONS

- To ease pain:
  - Put an ice pack on your back for about 20 minutes every hour. You may need to do this for several days.
  - Take whatever pain medicine has been prescribed by the surgeon. Follow the directions carefully. Do not take over-the-counter painkillers unless the surgeon says it is OK.
  - Avoid pain medications such as aspirin and ibuprofen for several weeks. They increase the chances of bleeding.
  - Do not drive if you are taking narcotic pain medications.
  - You may need to take a stool softener while taking narcotic pain medication. Also eat foods high in fiber to prevent constipation (difficult bowel movements). Fruits and vegetables are examples.
- Wound care.
  - Do not get the incision wet until the surgeon says it is OK.
  - Check the area around the incision often. Look for redness, swelling or anything leaking from the wound.
- Activity. Take it easy for a while. Pain may go away fast. But, full recovery can take 4 to 6 weeks.
  - Walk as much as possible.
  - For a few weeks, do not sit for long periods of time. Also try not to twist or bend; do not pull on things.
  - Do not drive until your surgeon says it is OK. Also avoid long trips in the car for several weeks.
  - Do not lift anything heavier than 10 pounds until your surgeon says it is safe.
  - Ask your caregivers when you can resume other activities, such as work, driving or sex. Avoid bending, squatting and crawling.
- Exercise. Often, exercises are needed to stretch the muscles in the back and make it stronger. Ask your healthcare providers to explain what you should and should not do. The right kind of exercise can speed up your recovery. You may benefit from a referral to a physical therapist.
- Follow-up care.
  - The surgeon may need to take out stitches or staples. This is usually done about two weeks after the operation.
  - The surgeon may do X-rays. They can show how the disc area is healing.

SEEK MEDICAL CARE IF:

- You have any questions about medications.
- Pain continues, even after taking pain medicine.
- You become nauseous.
- You are constipated.
- You develop a fever of more than 100.5° F (38.1° C).

SEEK IMMEDIATE MEDICAL CARE IF:

- Pain suddenly becomes much worse, particularly if your leg pain increases.
- The incision area is red or swollen. It is bleeding. Or, other fluid is leaking from the incision.

- Your legs or feet become painful or swollen.
- You are having trouble breathing.
- You are having difficulty controlling urination or bowel movements.
- You have chest pain.
- You develop a fever of more than 102.0°F (38.9°C).

Document Released: 12/06/2010 Document Re-Released: 03/14/2011
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