Lumbar and Cervical Discectomy/Laminectomy/Microdiscectomy (Back Surgery)

The basic differences among these procedures are the amount of disc removed and how your surgeon reaches the disc. Discectomy is the surgical removal of all or a portion of the disc that is putting pressure on a nerve. Laminectomy is the removal of the lamina, or outer bony wall of the spinal canal.

Before the day of surgery:
• Ask your doctor if you need to stop blood-thinning medicines like aspirin or coumadin.

On the day of surgery:
• You will need to arrive 2-4 hours before surgery. A nurse will interview you, start an IV and answer any questions you have.

Diet
• After surgery you will be offered clear liquids. Gradually advance to your usual diet.

Medications
• You will receive pain medications to keep you comfortable. Resume your medication as taken prior to surgery unless otherwise instructed before discharge.

Activities and restrictions
• A nurse will show you how turn in bed using proper technique until you are able to do this yourself.
• Avoid prolonged sitting or standing.
• No heavy lifting. You will be instructed about weight limitations.
• Walking is the best exercise for you. Gradually increase the distance.
• Learn to bend at the knees and not at the lower back.
• You may flex, extend or rotate your neck after cervical surgery but do not force..
• Sexual activity is allowed when comfortable.

Treatments
• You will have a bandage at the surgical site.
• You will receive instructions on wound care and when you may resume showering/bathing.
• You may wear a cervical collar after surgery. You will be told how long you must wear it.

Reasons to contact your physician
• Excessive swelling, redness, drainage (pus) or foul odor from your incision
• Discomfort not controlled with your pain medication
• Temperature elevation over 101 degrees
• Increased numbness/tingling or weakness in your limbs.
• Leg swelling, calf tenderness or significantly increased leg pain
• Chest pain, shortness of breath or breathing problems