Lumbar Laminectomy & Discectomy Booklet
Thank You For Choosing South Bay Hospital For Your Spine Surgery

At South Bay Hospital, we believe it is important to help empower you to be an active participant in your own care. Being an informed patient is important. Knowing what to expect will reduce your anxiety, help make your hospital stay more pleasant, and it can also help speed your recovery.

Using This Booklet
The content of this booklet is specific to your upcoming Spine Surgery. The information reflects the most current and accurate information that applies to the general population, and is not intended to be a substitute for the information your surgeon provides you. Because every patient is unique, your surgical experience may be somewhat different so we encourage you to discuss your expectations and any specific questions with your surgeon.

The information in this booklet is designed to:
- Empower you to be an active participant in your own care.
- Help you understand and prepare for Spine Surgery.
- Explain precautions you must take after your surgery.
- Demonstrate exercises you can do at home following your surgery.

Orthopedic Physician Champions

Donna Saatman, MD

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Lumbar Laminectomy

A surgical procedure to remove the posterior arch of a vertebra. Laminectomy is performed to relieve pressure on the spinal cord or nerve roots emerging from the spinal canal.

Parts of the Body Involved
- The spine, typically the lower back
- Tissues surrounding the spine.

Reasons for Procedure
- Slipped or herniated disc
- Spinal stenosis (narrowing of the bony space surrounding the nerve.)

Intervertebral Discectomy

A surgical procedure to remove an intervertebral disc that is putting pressure on a nerve leaving the spinal column. The procedure is most commonly performed on lumbar discs (located in the lower back) creating leg pain.

Reasons for Procedure
- Bulging disc
- Pressure on nerve root

Images and Reprint Courtesy of Stryker® Orthopaedics
Weeks Before Surgery

Start Preparing

Your recovery can be easier if you plan in advance. Make some changes in your home. Arrange for someone to help you for a couple of weeks after you return home. Your health is important, so you may be asked to see your primary physician’s office or even your dentist. If you smoke, you should try to stop or cut down.

Your Home:
- Make sure your home is well stocked with food, toiletries, and other needed supplies for daily living.
- Try to prepare a room on the main living level so that you do not have to climb stairs.
- Most important, pick up clutter!!! Remove throw rugs. If you have to have electrical cords on the floor tape them down so you will not trip. Make sure your furniture does not block your walking area.

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Checklist for Surgery

Start preparing a few weeks before surgery

Night Before Surgery
- Eat a good meal at supper that is rich in protein and complex carbohydrates, like beef, chicken or fish with whole grain breads and vegetables. If you have no fluid restrictions, drink lots of water. Remember you may be going without oral fluids and solid foods for as long as 24 hours!
- You are to have Nothing by mouth after midnight. This is for your safety.
- You may be instructed to take your medication in the morning. This should be done with a small sip of water!
- At your pre-op visit you will be given a bottle of special disinfectant soap. The evening before surgery you will use ½ bottle of the soap, scrubbing your skin all over, especially over the area of your procedure. On the morning of surgery, before you come to the hospital, you will shower again using the rest of the soap. Do not put on any powders or lotions after you shower.
- Leave all valuables at home.
- If you wear dentures you may leave them in, however, we will ask you to remove your dentures prior to your surgery. We will provide a denture cup.
- Wear your glasses because you may have to sign some documents.
- We encourage you to bring a family member with you.
- You may have a long wait time prior to surgery, so bring books, magazines or hobbies to help occupy your time.

You will be scheduled for a pre-op visit with one of our nurses. The nurse will help prepare you for your surgery. Here are some items you should bring with you.
- Make a complete list of ALL the medications you are currently taking. Do not forget the over the counter medications such as vitamins, aspirins or herbal drugs. On your list, include the dosage and how many times a day you take medications. If a list is to difficult to complete, place all of your medications in a bag and the nurse will complete a list for you.
- Driver’s license or photo ID, insurance card, Medicare/caid card
- Copy of your Advanced Health Care Directives

Facts About Pain Management & What to Do

Helping you with your pain is an important part of helping you heal. These are the scales you will use to tell us about your pain. Your pain is what you say it is.

Your Pain Management goal for your hospital stay is: ___

You Should Know
- Every person’s pain is different
- Taking your pain medications as prescribed will help you heal faster
- Pain management is not necessarily pain elimination
- We don’t know if you are in pain unless you tell us

Please Tell Us:
- If you are in any pain
- If your pain level does not go down after taking your medication
- If you have any questions about your medications
- If you have any personal, religious or spiritual concerns in regard to pain management
Managing Your Pain

Your comfort is important to us so we will be asking you to communicate to us about your pain. Prior to your surgery, think about your pain in the past and what you can tolerate. With medications, and other comfort measures, we will be able to achieve your pain management goal. Please review the preceding page regarding “Facts About Pain Management & What to Do.”

Surgical Site Infection

We have included some important FAQs about “Surgical Site Infections” in the next pages. Do not be alarmed, the percentage of surgical infections is very low. However, it is important for you to know the facts about prevention and what steps you can take to avoid infections.

FAQs

About Surgical Site Infections

What is a Surgical Site Infection (SSI)?

A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Most patients who have surgery do not develop an infection. However, infections develop in about 1 to 3 out of every 100 patients who have surgery.

Some of the common symptoms of a surgical site infection are:

- Redness and pain around the area where you had surgery
- Drainage of cloudy fluid from your surgical wound
- Fever

Can SSIs be treated?

- Yes. Most surgical site infections can be treated with antibiotics. The antibiotic given to you depends on the bacteria (germs) causing the infection. Sometimes patients with SSIs also need another surgery to treat the infection.

What are some of the things that hospitals are doing to prevent SSIs?

To prevent SSIs, doctors, nurses, and other healthcare providers:

- Clean their hands and arms up to their elbows with an antiseptic agent just before the surgery.
- Clean their hands with soap and water or an alcohol-based hand rub before and after caring for each patient.
- May remove some of your hair immediately before your surgery using electric clippers if the hair is in the same area where the procedure will occur. They should not shave you with a razor.
- Wear special hair covers, masks, gowns, and gloves during surgery to keep the surgery area clean.
- Give you antibiotics before your surgery starts. In most cases, you should get antibiotics within 60 minutes before the surgery starts and the antibiotics should be stopped within 24 hours after surgery.
- Clean the skin at the site of your surgery with a special soap that kills germs.

What can I do to help prevent SSIs?

Before your surgery:

- Tell your doctor about other medical problems you may have. Health problems such as allergies, diabetes, and obesity could affect your surgery and your treatment.
- Quit smoking. Patients who smoke get more infections. Talk to your doctor about how you can quit before your surgery.
- Do not shave near where you will have surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection.

At the time of your surgery:

- Speak up if someone tries to shave you with a razor before surgery. Ask why you need to be shaved and talk with your surgeon if you have any concerns.
- Ask if you will get antibiotics before surgery.

After your surgery:

- Make sure that your healthcare providers clean their hands before examining you, either with soap and water or an alcohol-based hand rub.
- Family and friends who visit you should not touch the surgical wound or dressings.
- Family and friends should clean their hands with soap and water or an alcohol-based hand rub before and after visiting you. If you do not see them clean their hands, ask them to clean their hands.

What do I need to do when I go home from the hospital?

- Before you go home, your doctor or nurse should explain everything you need to know about taking care of your wound. Make sure you understand how to care for your wound before you leave the hospital.
- Always clean your hands before and after caring for your wound.
- Before you go home, make sure you know who to contact if you have questions or problems after you get home.
- If you have any symptoms of an infection, such as redness and pain at the surgery site, drainage, or fever, call your doctor immediately.

If you have additional questions, please ask your doctor or nurse.

If you do not see your providers clean their hands, please ask them to do so.
The Day of Surgery

It is our hope that this information will better prepare you for your upcoming procedure. If there is anything you wish we would have covered and didn’t, please let us know by calling Janiece MacDonald, Director of Surgical Services at 813-634-3301, ext. 1280. Your feedback is very important to us!

When you arrive at South Bay Hospital, you are to report to the volunteer’s desk located by the Emergency Department at the north end of the hospital. They will inform the Pre-Op Holding nurse of your arrival.

You will be taken to a locker room to change into a patient gown and given special medication through your IV which will need to rest. This, however, is entirely up to you.

You will be asked to state your name, your surgeon’s name, what procedure you are having done and on what side the procedure is being done.

The surgeon, his representative or a nurse will be marking your body with a special pen to help ensure the correct site and side.

You will be visited by a member of the Anesthesia department and also by the registered nurse in charge of your care during your procedure.

They will ask you questions regarding your health history, medicines, allergies, etc. This may seem a little redundant to you, but this is all for your safety.

When all is ready, you will be taken by stretcher to the surgical suite and will be secured in place with a safety belt. Several monitoring devices will be applied to help keep you safe during your procedure. You will also be meeting the rest of your surgical team at this time. For your safety, you will again be asked to state your name, your surgeon’s name, what procedure you are having done and on what side the procedure is being done.

At this time, you will be given oxygen to breathe through a mask. After a little while, you will be given special medication through your IV and you will pleasantly drift off to sleep.

When the procedure is done, you will be taken to the Post Anesthesia Care Unit also referred to as the PACU Recovery Room. You may remember very little of this period which is normal. Your PACU nurse will continually monitor your vital signs and pain level. If needed, you will be given medications through your IV to control your discomfort and you will remain there for a minimum of one hour. When you meet the PACU discharge criteria, you will be taken to your hospital room where you will continue your recovery phase.

You may want to consider limiting your visitors the first evening as you will probably be a little groggy from surgery and will need to rest. This, however, is entirely up to you.

Therapy Program

Over the next 3-5 days there will be a number of Rehab specialists visiting your room to help with getting you out of bed, walking, and exercising. Your treatment will be provided twice daily for approximately 15-30 minutes at bedside and will progress to walking in the halls with an assistive device. It is a good idea to ask for pain medication prior to beginning therapy as exercise or walking can cause you discomfort.

Precautions

- Avoid bending of the spine.
- Refrain from pushing, pulling, or lifting greater than 10 pounds.
- Mobility is encouraged. Early ambulation is vital.
- If a brace was prescribed, make sure you wear it when not in bed.
- Do not cross legs.
- Your surgeon may prescribe Physical Therapy to help you strengthen your back.

Activities of Daily Living

During your recovery period, you may find it difficult to perform activities such as daily dressing and bathing. Your Occupational Therapist will help determine the types of equipment that will assist you in performing these tasks. Referred to as “adaptive equipment,” you may be issued a long-handled reacher, long-handled sponge, a dressing stick, or sock aid to make tasks easier for you as you recover from your procedure.

Mobility is encouraged. Early ambulation is vital.

Nursing Care

Your care will be continued throughout your recovery phase by specially trained RNs and CNAs that are part of our Center for Joint & Spine Care. They will make your stay as comfortable as possible through use of pain medication, positioning, ice and/or heat and other comfort measures. These nurses will closely monitor you during your stay and will assess your vital signs, respiratory status, and pain frequently. They will also monitor your incision often, ensuring it is healing appropriately. As part of the healthcare team, the nurses and CNAs have been specifically trained to care for patients who have had spine surgery. The nurses are concerned with your quick recovery. If there is anything you need that will improve your healing, do not hesitate to let your nurse know.

The Rehab Team

- Physical Therapist
- Physical Therapy Assistant
- Occupational Therapist
- Occupational Therapy Assistant
- Rehab/Ortho Tech

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Bed Mobility
Following your surgery, your therapist will teach you how to safely transition in and out of bed. Using a technique referred to as a logroll, this maneuver will enable you to transfer with minimal stress to the surgical area.

Logroll Lying to Sitting
- Bend both knees to a flexed position.
- Moving your upper body and legs simultaneously, begin to roll towards the side of the bed in which you intend to exit.
- Slide your legs off the bed and begin to raise to a seated position.

Logroll Sitting to Lying
- Seated at the edge of the bed, keep knees bent and lower yourself onto your side.
- With knees still in a bent position, begin moving your upper body and legs simultaneously until you are flat on your back.
- Once in a lying position, allow your knees to extend and relax.

Transfers
Standing up from a Chair, Bed, or Commode
- Scoot to the edge of the bed or chair.
- While sitting at the edge of the bed, position your feet firmly on the floor and ensure that your legs are shoulder width apart.
- With your hands placed on the bed or armrests of the chair, lean forward as you push with both arms. Do not reach for the walker before standing!
- Once you are in standing position, reach for the assistive device with one hand and then the other.
- Push into the walker with both hands until your elbows are straight and you are fully upright.

Going Up & Down a Step

Going up a step
- Approach the step with the walker.
- Place the walker on the step, making sure that all legs of the walker are flat on the step.
- Push into the walker with your arms and step up onto the step with your “stronger” leg.
- Proceed by stepping up with your “weaker” leg and repeat the process as necessary.

Going Down a Step
- Approach the edge of the step with the walker.
- Lower the walker to the floor.
- Step down with your “weaker” leg into the center of the walker.
- Next, step down with your “stronger” leg and repeat as necessary.

**For stairs with a handrail… hold the handrail with one hand and the walker or cane with the other hand as you go up or down the step.”
Rehabilitation

Post Operative Day 1
- Physical and Occupational Therapy twice daily at your bedside.
- Brace fitting (if ordered by surgeon).
- Begin back and leg exercises. Issue written home exercise program.
- Transfer out of bed to commode and/or chair. Sit upright for a minimum of 1 hour.
- Begin by taking steps using an assistive device.

Post Operative Day 2 through Time of Discharge
- Physical and Occupational Therapy twice daily at your bedside.
- Continue exercises. An Occupational Therapist will assess the need of adaptive equipment for performing activities of daily living, such as putting on and taking off shirts, pants, shorts, and undergarments.
- Increase walking distance using an assistive device.
- Sit upright in chair for greater than 1 hour.
- Review brace application.
- Discuss car and bathroom transfers.
- Family members are expected to attend therapy sessions so that they may learn how to assist with transfers, walking, and post-operative safety precautions.
- Begin discharge, home safety instruction.

Ambulation
A Physical Therapist or other healthcare professional will provide you with an assistive device (most likely a walker) and adjust it for you according to your height. It is important that you use the assistive device at all times when attempting to stand, transfer, or ambulate after your surgery.

Walker
- Stand up straight with the walker a few inches in front of you.
- Place each hand on the hand grips of the walker.
- Step into the walker with your “weaker” leg.
- Lean into the walker to give balance and support.
- Take a step with your “stronger” leg.
- Advance the walker forward one step.
- Repeat the sequence until you have reached your target.

Cane
- Stand up straight with the cane held by your hand on the unaffected side.
- Move the cane forward one step.
- Take a step forward with your “weaker” leg.
- Take a step forward with your “stronger” leg.
- Repeat the sequence until you have reached your target.

Quadricep Sets
(Strengthens the thigh muscles)

Ankle Pumps
(Helps to reduce swelling and increase circulation)

Gluteal Sets
(Strengthens the muscles in your buttocks)
What if I have questions about insurance coverage for my discharge plan?
The Case Manager will assist you in determining your insurance benefit eligibility and/or coverage for equipment, skilled nursing care, or rehabilitation services needed at the same time of discharge. It is recommended that you contact your insurance company to discuss the benefits and preferred providers for your anticipated discharge plan prior to your surgical procedure.

If you have questions or concerns about your discharge plan, you may contact the Case Management Department at 813-634-0371.

Case Management Will Help With Discharge Planning

The Case Manager is a Registered Nurse that is here to help you and your family with discharge needs. Discharge planning starts on the day of admission and will continue until you are actually discharged.

We will ask you questions
The Case Manager will ask you and your family questions about your home situation, your discharge planning needs, and your preferences. The Case Manager will adhere to patient privacy and confidentiality guidelines. We will work as a team with you and your physician to make the best discharge arrangements available for you.

What if the Doctor tells me I need Rehabilitation or Home Health Services?
Sometimes continued care following hospitalization can make the difference in your recovery, comfort, and/or being able to do your daily activities with confidence. The Case Manager will assist you and your family members in arranging services prior to your discharge from the hospital.

We're here to help!
Your discharge can be an overwhelming experience. The Case Manager can help you with many situations and assist you in making decisions regarding arrangements for your discharge.

Case Management Will Help With Discharge Planning

Heel Slides
(Strengthens the muscles of the upper thigh)

Lumbar Stabilization
(Strengthens the muscles on the lower back and abdomen)