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DISCHARGE INSTRUCTIONS FOLLOWING A LUMBAR LAMINECTOMY

You had a surgical procedure called a lumbar laminectomy. During the procedure Dr. Maughan made an incision on your low back so that the lamina (a piece) of one or more lumbar vertebrae (bones) could be removed. This surgery is usually used to relieve the pressure on spinal nerves compressed due to lumbar stenosis (a narrowing of the space where the spinal nerves travel through the bone). A laminectomy may also be used to allow access to remove tumors or herniated discs. These instructions provide additional information regarding your care at home.

Incision Care:

- You may shower with mild soap and shampoo daily, gently wash your incision and pat dry. This is the only time you may touch your incision.
- Your incision was closed with absorbable sutures. Either Steri-strips or staples were placed over the skin. If you have staples, they should be removed in approximately 2 weeks. If you have steri-strips, these should remain in place for 1-2 weeks.
- Do not apply ointments, lotions or creams to your incision.
- Apply an ice pack or a clean bag of frozen peas to your incision every 30 minutes to help reduce the swelling and discomfort, as needed.
- Do not use a hot tub, go swimming or take a bath until your incision is completely healed (about 4 weeks for patients).
- Stop smoking as this delays healing and may cause a wound infection.

Activities:

- Start with light activity around the house for the first 3 days you are home.
- Gradually increase your activity starting with a short walk several times a day.
- Allow your body time to heal by resting for short periods during the day.
- Avoid contact sports, skating, bike riding or other activities for 6 weeks.
- You may **not** drive when taking pain medications and until cleared by Dr. Maughan.
- Avoid lifting, pushing or pulling heavy objects (more than 10 lbs) for 6-12 weeks.
- Avoid bending over or twisting to pick up things.
- Avoid sitting in soft chairs or slumping while you are sitting.
- Be sure to get up and move around/stretch every 30 minutes while sitting.

Nutrition:

- Eat plenty of fruits and vegetables to prevent constipation.

Medications:

- Take your medications as prescribed and gradually decrease pain medications as your pain improves.
- You may need to take a stool softener (Colace) or a laxative that you can buy at a pharmacy until your bowels return to normal.

- You may need to use a suppository (Dulcolax or glycerin) or an enema if you have not had a bowel movement in 3 days.
- **Notes about pain medications and opioids (Norco, hydrocodone, oxycodone, Percocet, Dilaudid):** These medications can be habit forming and addicting, and can lead to overdose and possibly death. Do not combine these medications with alcohol, and if you take other sedating medications (muscle relaxers, antianxiety meds, for example) or have sleep apnea, take extra care while using these medicines. We will start decreasing your dose after a week or so, and will only be able to prescribe pain medications for a maximum of three months after surgery. After that time, you will need to contact your prior provider for assistance.

Follow Up:

- If not already arranged, call Dr. Maughan's office when you get home to schedule your follow-up appointment.
- Follow up with your Primary Care Physician for all medical issues.

Call your doctor or return to the emergency room if you experience any of the following:

- Constipation- no bowel movement for more than 3 days.
- Difficulty moving or weakness of your legs.
- Back pain that is not well controlled on your pain medications.
- **A fever above 100F.**
- Redness, swelling, odor or drainage at your incision site.
- Loss of bowel or bladder control.
- Headaches in an upright position which resolve with lying down.
- Difficulty feeling your legs.
- Difficulty walking.