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## **METRX DISCECTOMY**

### **SURGICAL EXPLANATION:**

This is a minimally invasive procedure. A small incision is made on the lower back and a small tube is inserted to expose the spine. A small portion of bone is removed to allow access to the spinal canal. The nerve is gently moved to the side, the herniated or fragmented disc is removed, and the nerves are unpinched.

### **HOSPITALIZATION:**

This surgery is typically done as outpatient, and the patient can expect to go home the same day.

For more information, please visit [www.orthoillinois.com](http://www.orthoillinois.com) and click the following: Resources, Patient Education, scroll down to Spine Procedures and click on your surgery procedure.

## Minimally-Invasive Decompression Postoperative Instructions

### Wound Care

- Keep incision area dry and clean. Do not put any ointments or antibiotic solutions on the incision. Steri-strips or staples are used to close the skin. Let the steri-strips fall off by themselves or you should remove them after two weeks. If you have staples, you will receive a staple removal appointment 3 weeks after surgery. If you notice **any drainage**, redness, swelling or increased pain at the incision site, call the office immediately. You may use an ice pack for 7 days after surgery to help with incisional discomfort as needed.
- You may shower immediately after your surgery, as long as the incision is still protected with a waterproof dressing. Remove your dressing after three days but place a waterproof dressing over incision for showers until 7 days after surgery. Do not take a bath or get into a pool for 6 weeks.
- For the best cosmetic result, keep your incision away from direct sunlight and tanning booths until it fades completely to flesh tone. Otherwise, there is a risk of permanent discoloration. You may use vitamin E lotion to massage the incision after 6 weeks.

### Activities and Restrictions

- **While the incision is painful, no forceful or repetitive bending, stooping forward, or slumping.** Once the incision is no longer painful (usually 7-14 days), you may return to activities as tolerated (including office work, physically-demanding work, exercise, and sexual activity).
- Formal physical therapy will start around 2 weeks after surgery.
- You may resume driving when your judgment is not impaired by pain medication.]
- TED stocking should be worn for 1 week after surgery during the day then removed at night
- Do not take anti-inflammatory medication (e.g., ibuprofen, naproxen) for 2 weeks before and 2 weeks after surgery, unless specifically discussed with your surgeon.
- Do not take any blood thinning medication (e.g., Coumadin, Plavix, Eliquis, Xarelto, Aspirin) for 1 week before. Refer to your post op instruction sheet to resume blood thinner as directed by physician.
- Do not take any osteoporosis medication (e.g., Fosamax, Actonel, Evista, Prolia) for one month before and 3 months after surgery, unless specifically discussed with your surgeon.
- Medications for Rheumatoid Arthritis may need to be held for a time period both before and after surgery. Notify your physician of any of these medications (e.g., Enbrel, Remicade, Imuran, Arava, Humira) and refer to your post op instruction sheet for timeframe directed by physician.
- Do not take herbal supplements including fish oils or Niacin (vitamin B3) 2 weeks before or 2 weeks after surgery

- The medications prescribed for your post-operative pain are to be used as needed, not scheduled. You may alternate your pain pill with Tylenol for breakthrough pain as needed (daily limit of Tylenol 4000mg) as needed. Do not take your pain pill and your muscle relaxer at the same time. These medications should be taken 2-3 hours apart.
- Norco is a habit-forming medication. You should stop this medication as soon as possible.

### Long-Term Management

The key to success after a lumbar surgery is prevention of future episodes. The critical elements to good back health are:

- Strong core stabilizing muscles (back extensors, abdominals, gluteals)
- Hamstring flexibility
- Proper lifting technique (*how* you lift is much more important that *how much* you lift)
- Avoidance of a flexed or slumped low back (e.g., stooping over to pick something up)
- Weight loss (especially in patients with a large midsection)
- Regular aerobic exercise (30 minutes, 3x/week)
- Avoidance of tobacco products

Adherence to these principles will maximize your chances of avoiding future surgery. However, no one else can apply these concepts except the patient.

### Questions and Emergencies

Call 815-398-9491 during business hours for questions and emergencies (Monday-Thursday 8 A.M. to 4 P.M., Friday 8 A.M. to noon). **Medication refills will only be authorized during business hours.** Please specify if you calling for an emergency and you will be connected with the spine nurse. All emergencies are reported to the physician immediately.

After business hours, you may call 815-398-9491 and the answering service will contact your physician. If he is out of town or if it is the weekend, another physician or physician's assistant will be available.