

# NEUROSURGICAL CONSULTANTS, INC.

[www.neurosurgical-consult.com](http://www.neurosurgical-consult.com)

LINDEN BUILDING – FIRST FLOOR  
800 WASHINGTON STREET  
NORWOOD, MA 02062-6615  
(781) 769 - 4640  
FAX (781) 769 – 3808

300 MOUNT AUBURN STREET, SUITE 416  
CAMBRIDGE, MA 02138-5665  
(617) 492-7559  
FAX (617) 491-0658

MICHAEL GIEGER, ABNS  
MICHAEL H. FREED, M.D., FACS, ABNS  
MARC H. FRIEDBERG, M.D., Ph.D., FACS, ABNS

SPINAL SURGERY  
CRANIAL SURGERY  
MICRONEUROSURGERY  
SPINAL INSTRUMENTATION

## Welcome

The doctors of Neurosurgical Consultants want to keep you informed about your hospital stay and discharge. Please review the information and talk with your doctor(s) or the hospital staff about your progress.

### Anterior Lumbar Discectomy and Fusion

#### What is an anterior lumbar discectomy and fusion?

Anterior Lumbar Discectomy and Fusion is a procedure that enables the neurosurgeon to remove a lumbar intervertebral disc and replace it with a cage, a hollow spacer with holes in its wall. The center is filled with bone, which then grows through the openings and fuses to the lumbar vertebrae above and below. This surgery allows the neurosurgeon to normalize degenerative spinal anatomy, take pressure off nerves as they exit the spine (at the level of the degeneration) and stop excessive motion between two lumbar vertebrae.

#### Description of the surgery:

Before surgery, intravenous antibiotics are administered to decrease the risk of infection. You will be anesthetized (put to sleep) while lying on your back. A catheter is placed in the bladder to drain the urine during surgery. The surgery is performed with a vascular/abdominal surgeon. An incision is made on the abdominal wall. Dissection is carried out by gently retracting the abdominal contents to one side. This enables the surgeon to see the front part of the lower spine. Two large vascular structures in front of the spine must be moved to provide the final exposure of the disc. Once this has been completed, the neurosurgeon confirms the disc level using the fluoroscope, an x-ray machine showing live pictures on a video screen. The disc is completely removed. The space between the two vertebral bodies is distracted (spread open). The bone graft is prepared and then placed in the cages. Because the cages are threaded, they are screwed into place. Sometimes, a metal plate is attached to the vertebra above and below the “fused” interspace to give additional stability. Some people need stabilizing hardware that is placed from the back into the posterior part of the spine. The wound is then irrigated with antibiotic solution to decrease the likelihood of infection. Absorbable stitches are used under the skin to close the incision. Stitches, staples or special “skin glue” are used to close the skin. A sterile dressing is placed over the incision. Your breathing tube is removed (extubated) and you will be taken to the recovery room.

### **How will your family know when the surgery is completed?**

Your neurosurgeon will speak with your family members in the family waiting area or call them at home when the surgery has been completed.

## **What to Expect After Surgery**

### **Day of Surgery**

Following the surgery you will spend one to two hours in the Recovery Room (PACU). From there you will be taken to a regular hospital room where nurses who specialize in caring for surgical patients will monitor you. Visitors are not allowed in the Recovery Room, but family and friends can visit when you are sent to a regular hospital room. Most patients go home on the second or third postoperative day.

- The nurses will monitor your temperature, blood pressure, pulse and respiration level.
- The nurses will give pain medicine initially by vein and then by mouth, as you need it.
- You can begin to eat, as you like. It is not uncommon to feel nauseous after surgery. This is often due to the anesthesia. Medicine is available to help relieve the nausea and any vomiting.
- The catheter will be left in for one to two nights after surgery. Although you may have the feeling that you need to void, your bladder will be continuously drained by the catheter.
- Activity: You will be encouraged to walk as soon as you are comfortable. Walking helps to prevent blood clots from forming in the legs after surgery. You should avoid bending over, sitting for more than 1 hour, or lifting anything heavier than five pounds.
- Constipation often occurs from the use of narcotic pain medications. Stool softeners and other medications may be needed to help prevent constipation.
- After surgery, it is important to do deep breathing exercises. This prevents pneumonia from developing. You will use a device called an incentive spirometer to help you deep breathe.

Discharge: You can plan on going home one to three days after surgery.

### **Lumbar Brace**

A lumbar brace, if ordered by your neurosurgeon, must be worn any time you are upright. You should continue using your brace until instructed to remove it, typically in 12 or more weeks.

## **Once You Are Home**

### **When to call your doctor?**

One of the three neurosurgeons from Neurosurgical Consultants Inc. is on call each day. That means that 24 hours a day either your neurosurgeon or his covering associate can be reached, if needed. Call the office at (781) 769-4640 if there is drainage from the wound, a fever greater than 101 degrees Fahrenheit, new weakness, numbness, or worsening pain. You may experience some pain or tingling radiating down the leg for several days after surgery. This is caused by nerve swelling which should subside. You should call your doctor if the pain in your leg is the same or worse than before surgery.

### **Pain medication:**

You should only be taking narcotic medication such as Percocet or Vicodin for the first few days after surgery for incisional pain. Extra Strength Tylenol should be sufficient to control any pain after the first few days and certainly by the end of the week. You should **not** use any anti-inflammatory medications, such as aspirin, Motrin, ibuprofen, etc., until told by your neurosurgeon that it is safe.

### **How to care for your surgical incision?**

There will be a gauze dressing secured with silk or clear plastic tape. This should be removed two to three days after surgery, if it was not removed in the hospital. Under the dressing will be either Steri-Strips, or skin glue. Steri-Strips are small pieces of special tape that will fall off on their own once they start getting wet, typically 7-10 days after surgery. The skin glue is a clear synthetic glue that holds the skin edges together and acts as an impermeable barrier to water. It will start to flake off 7-10 days after surgery. Patients may shower but should not bathe or swim for at least 3 weeks. Your incision should not be immersed in water. If you have Steri-Strips, the skin should be covered with clear plastic wrap while showering during the first week.

### **Weeks 1-2**

Unlimited walking is allowed. You may walk up stairs. You should not lift any object greater than 2 pounds. Do not drive, but you may ride as a passenger. You may have sexual relations when you feel that you are ready. During sexual relations, you should avoid positions that cause discomfort, as this may cause re-injury.

### **Week 3**

Unlimited walking is allowed. You may walk up stairs. Do not lift any object greater than 10 pounds. If you feel that you have full function of your legs with no impairment, you may begin driving. If there is any weakness or sensory deficit, such as numbness, you should not drive. When you initially start to drive, stay close to home and avoid heavy traffic. Slowly work your way up to more extensive driving. During sexual relations, you should avoid positions that cause discomfort, as this may cause re-injury.

**Week 4**

At this point you should have your post-operative visit. Make sure to discuss issues such as physical therapy and returning to work. Many people can return to work sooner, if no lifting or bending is involved. This should be discussed pre-operatively if you want to return to work sooner. In general, let your body “tell” you what to do. If you do something that is uncomfortable or makes you ache later, you know you have done too much.

**Weeks 5-12**

You will have regular appointments with your neurosurgeon with periodic x-rays to evaluate the progress of your lumbar fusion.

**Week 12**

A solid fusion may occur at this point enabling the discontinuation of your brace. You should wear your brace until instructed otherwise by your neurosurgeon.

**Your Future**

Remember once you have had back surgery you are more susceptible to future back strain. However, with regular back strengthening exercises, a healthy diet, smoking cessation and avoiding potentially harmful activities, you can live an active, comfortable, and productive life.

These instructions are meant to be a guide to recovery from Anterior Lumbar Spine Surgery for patients in our practice. We hope that you find them helpful. They are not a substitute for medical care by a professional. Also, other spine surgeons may have different routines. For more information, visit our Web Site, [www.neurosurgical-consult.com](http://www.neurosurgical-consult.com).

Michael H. Freed, M.D., FACS  
Marc H. Friedberg, M.D., Ph.D.  
Michael Gieger, M.D.