

## GUIDE TO LUMBAR SURGERY

### SPINAL CURVATURE AND SCOLIOSIS

#### Introduction

The decision to have lumbar surgery should be made in close consultation with a doctor or specialist and only after non-surgical treatment options have been attempted or under exceptional or severe circumstances. In addition, there are many considerations that extend beyond the actual operation, including practical preparations and the implications of surgery on an individual's quality of life, work, and social relationships.

The information in this guide is by no means exhaustive and should be used as a complement to the decision-taking process, not as a substitute for medical advice.

#### Questions to discuss with your doctor when considering surgery

- Do I have any other medical conditions that might be incompatible with this surgery?
- Do I have any physical limitations that might be incompatible with this surgery?
- Have I tried other, non-surgical treatments with no improvement in my symptoms? In most cases, you will need to allow a certain number of weeks or months before surgery can be considered and is covered by your Cigna insurance policy.
- Have I considered the implications of this surgery on my quality of life, work, and relationships?
- Have I received information on what I need to do to prepare for surgery?
- Am I taking any medication that might interact with the medication and anesthetic administered before, during and after the operation? Herbal or "natural" supplements, contraceptives, nicotine replacement treatments, and even vitamins can also cause interactions.

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- Am I aware of the recovery time and what to expect during recovery?
- Do I have assistance at home for at least one week after I leave the hospital? (family, friends, a caregiver). In some cases, assistance may be required for longer than one week.
- Do I know the possible side effects, complications, or risks involved with this surgery?
- Have I been smoke or tobacco-free for at least six weeks? Smoking and tobacco products interfere with the healing process and may cause complications. Your Cigna insurance policy may not cover you if you have not stopped for at least smoking six weeks before the operation.
- Is this surgery covered by my Cigna insurance?
- Have I determined where and when to have this surgery?



## **Risks and complications of lumbar surgery**

Most lumbar surgeries have risks and complications common to all of them. Individuals considering surgery should carefully discuss these in advance with their treating doctor. These include, but are not limited to, the following<sup>1,2,3</sup>:

- Bleeding, blood clots, and blood vessel complications or damage.
- Problems with the incision or wound area, including complications in the healing process
- Infection
- Death
- Complications concerning bodily functions such as bladder control, digestive difficulties, sexual function in men
- Damage to the spinal cord and its nerves
- Paralysis
- Leaking of spinal fluid
- Tearing in the dura (a layer of tissue covering the spinal cord)
- Vertebrae fracture
- A subsequent need to have additional surgery (also called revision surgery)
- New medical conditions due to complications, such as phlebitis (vein inflammation due to a blood clot) and pneumonia
- Side effects from the anesthetic administered

## Preparing for lumbar surgery

Surgical preparations can vary depending on the individual and type of procedure. For this reason, it is important to receive and understand the



specific instructions from the operating hospital or surgeon well in advance of surgery. These may include important information on fasting as well as dietary and medication restrictions in the days and hours leading up to the operation, as well as guidelines for home care and the hospital's policy on admissions and discharge procedures.

### Health and lifestyle preparations for surgery

Your doctor may also recommend a pre- and post-operative exercise program or series of physiotherapy sessions before and after surgery.<sup>4</sup>

Moreover, being in good physical condition will help you to cope with the demands of surgery before, during, and after the operation takes place. The healthier you are, the better your chances of making a complete recovery in the long term.

The following lifestyle changes can help improve your physical condition in advance of lumbar surgery:

- Doing light exercise, such as walking, swimming and gentle cycling.
- Ensuring proper nutrition through a balanced diet.
- Losing weight (if overweight). This will reduce strain on the back and its support structures as the body heals.
- Stopping smoking. Surgery may not be covered in the case of smokers, and can interfere with recovery and put you at risk of serious complications.

### Practical preparations for surgery

Individuals recovering from a lumbar surgical procedure will require assistance with daily home and hygiene activities — such as washing and cooking — for at least one week post-surgery, and should make the necessary arrangements in advance.

Your car insurance policy may not cover you for driving during a certain period of time after surgery. It is important to verify this before driving and make alternative plans for the stipulated time period.

## Hospitalization for lumbar surgery

### Hospital admission and pre-operative preparations

The procedures followed by hospital staff to prepare individuals for lumbar surgery depend on the hospital, medical condition and physical health of the patient.

The following are common preparations<sup>4,6</sup>:

- **Preparation of incision site.** This includes trimming or shaving body hair over the area where surgery will be performed and cleaning or sterilizing.
- **Admission and hospital preparation.** In preparation for surgery, intravenous drips will be established for the purpose of ensuring hydration and administering painkiller medication after surgery. A urinary catheter may also be inserted if urinary function requires monitoring.
- **Duration of operation.** Most procedures take approximately one hour. However, more time may be needed in complex cases.
- **Anesthetic.** Lumbar surgeries are normally performed under general anesthetic, such that individuals are unconscious during the procedure.
- **Position.** For the majority of lumbar surgeries, patients are positioned face down so that the surgeon has optimal access to the spinal area. A special curved mattress is used in order to take pressure off the chest, abdomen and pelvis.
- **Incisions and post-operative procedures.** The length and location of the surgical incision made along the spine depends on the complexity of the procedure and on the number of vertebrae or spinal discs affected. Either stitches or surgical staples are used to close the incision and allow the body to heal, and a drain may be inserted to ensure that fluid does not accumulate in the wound.
- **Hospital recovery.** Lumbar surgery patients will generally awake from the procedure with pain or soreness in the area of the incision. However, any leg pain that might have been a symptom before surgery should disappear almost immediately.

#### Important

Always advise hospital staff or seek immediate medical attention if you experience the following symptoms<sup>4</sup>:

- Persistent or worsening pain in your back, legs, or buttocks
- Abnormal leg sensation or functioning, or lack of function or sensation
- Urinary difficulty or control
- Fluid, blood or redness at wound site or in the dressing
- Stitches or dressing coming out or falling apart
- Severe headache, shortness of breath, or a fever (above 38C or 100.4F)

Individuals who were mobile before the operation should be able to walk on their own within one day after undergoing surgery, and are generally encouraged to do so by the attending medical staff. Walking and moving around after the operation is not only helpful to keep the body limber and commence the healing process as soon as possible, but it is also a key preventive measure against the formation of blood clots in the leg (also known as deep vein thrombosis, or DVT). In any event, most hospital protocols often include DVT preventive measures (such as compression stocking or anti-coagulant medication).

- **Length of hospital stay.** The length of hospital stay depends on the type of surgery performed and the general physical health of the patient. Many lumbar procedures do not involve long hospital stays, and in many cases individuals can leave the hospital the next day.

## Home recovery, rehabilitation, and follow-up

### Home recovery

Most people will be able to leave the hospital from one to four days after surgery has been performed. However, this largely depends on the complexity of the operation and their physical condition before the procedure.<sup>4</sup>



Dissolvable stitches will disappear on their own, and non-dissolvable stitches and staples are generally removed within two weeks after the operation. During this time, proper care of the wound will be necessary, for which individuals should receive instructions before leaving the hospital.<sup>4</sup>

### Rehabilitation

It is normal to feel sore and tired for as long as six weeks after the procedure. In the case of spinal fusion and laminectomy, recovery can take three to four months as opposed to several weeks for other procedures, such as discectomy or foraminotomy. In addition, certain activities may be

off limits for approximately four to six weeks, and in the case of heavy lifting or driving for long stretches this time will likely be even longer.<sup>4,5</sup>

The main elements of rehabilitation after lumbar surgery are<sup>4,5</sup>:

- Keeping active (walking is a good choice) yet avoiding strenuous exercise, heavy lifting, movements such as twisting or leaning, or bending at the waist (use your knees)
- Changing positions when standing or sitting after 15-30 minutes
- Closely following physiotherapy sessions



During this time, certain daily activities may need to be avoided, such as housework and lifting small children, grocery bags, or laundry baskets. Individuals should also refrain from sexual activity until cleared by their doctor.

Physiotherapy sessions are often prescribed as an important component of rehabilitation after lumbar surgery. The exercises learned and performed in these sessions can often be repeated at home or adapted for home use. In addition, the initial session can provide recommendations for performing activities such as personal hygiene and getting dressed in a safe manner.

### Hospital follow-up

Post-operative patients may be scheduled for follow-up appointments to monitor the recovery process and remove non-dissolvable stitches or staples.<sup>4</sup>

### Driving and travel<sup>4,5</sup>

- Due to the possible drowsiness produced by painkillers and to the risk of impairing the recovery process, individuals recovering from lumbar surgery are generally not able to drive until two to six weeks after their operation, and insurance cover may not be available during this time.
- Even when the time period indicated by your auto insurance or recommended by your doctor has expired, individuals should practice with the car turned off before actually driving. You should feel comfortable in the driving position and able to make an emergency stop without feeling any pain.
- Travel in general may also need to be limited to very short distances during recovery.

## Questions about your diagnosis?

### Unsure which treatment is right for you?

Did you know you have access to a free, independent and confidential decision support service?

Discuss your concerns and have your case reviewed by a specialist in your condition.

The decision is yours. And we're with you all the way.



1. Artificial Lumbar Disc Surgery. American Association of Neurological Surgeons. <http://www.aans.org/en/Patients/Neurosurgical-Conditions-and-Treatments/Artificial-Lumbar-Disc>. Accessed September 27, 2017.

2. Spinal Fusion. Mayo Clinic website. <http://www.mayoclinic.org/tests-procedures/spinal-fusion/home/ovc-20155554> August 15 2017. Accessed September 28, 2017.

3. Laminectomy. Mayo Clinic website. <http://www.mayoclinic.org/tests-procedures/laminectomy/basics/risks/prc-20009521>. September 3, 2015. Accessed October 2, 2017.

4. Lumbar decompression surgery. NHS Choices. <http://www.nhs.uk/conditions/Lumbardecompressivesurgery/Pages/Whatisitpage.aspx>. Reviewed August 11, 2015. Accessed September 26, 2017.

5. Spine surgery- discharge. Medline Plus website. <https://medlineplus.gov/ency/patientinstructions/000313.htm>. Reviewed March 9, 2017. Accessed October 2, 2017.

6. Lumbar Discectomy and Decompression. British Association of Spine Surgeons website. <http://www.spinesurgeons.ac.uk/patients/patient-information/lumbar-discectomy-and-decompression>. Accessed October 2, 2017.

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