

Orthopaedic Physiotherapy Department

Recovery After Spinal Surgery Patient Guide



This document is supplements the document given to you before your surgery

Things to Remember...

Almost everybody will experience back or neck pain with or without limb pain at some point in their lives. This is not surprising bearing in mind the complexity of the body and strains put on it by modern day living.

It is important to remember that after surgery your wound (like any other cut) will be a bit sore to begin with and may limit how much you can move your back. A back operation does not weaken your spine, and the sooner it begins to be worked properly the quicker your recovery. It is just a matter of wound healing and getting things moving. You should be able to do a lot surprisingly soon after your operation.

There are two parts to spinal surgery. The first is the operation and the second (possibly the most important part) is getting moving and doing regular paced activity, if you don't you will continue to have pain and disability. Your surgeon has done the surgical bit but, now it's your turn.

The spinal team will advise you on what to do but only you can get your back/neck moving and become fit and active again!!

Golden Rules for a Speedy Recovery

Stay active

Keep a normal daily routine

Keep social contact with people

What is Sciatica/Brachialgia

Sciatica can be a pain in the buttocks that radiates down the leg, sometimes it can travel as far as the foot. Other symptoms may include numbness and tingling in the leg.

If these symptoms are in the arm it is known as Brachialgia.

What Can Cause Sciatica/Brachialgia?

It is commonly caused by a disc bulge which has put pressure on one of the nerves as it leaves the spine. Disc bulges are quite common and do not always cause a problem; they can also be known as a slipped disc, prolapsed disc or herniated disc.

Approximately 80% of the population will at some time experience back pain which may radiate into the buttocks or thighs, however, only 5% will develop sciatica as the vast majority of disc bulges settle themselves.

What is Spinal Stenosis?

Spinal stenosis is the narrowing of spaces in the spine (backbone) which can cause pressure on the spinal cord and nerves. About 75% of cases of spinal stenosis occur in the lower back (lumbar spine).

Common potential causes for spinal stenosis are;

Aging: With age, the body's ligaments (tough connective tissues between the bones in the spine) can thicken. Spurs (small growths) may develop on the bones and into the spinal canal. The cushioning discs between the vertebrae may begin to deteriorate. The facet joints (flat surfaces on each vertebra that form the spinal column) also may begin to break down. All of these factors can cause the spaces in the spine to narrow.

Arthritis: Two forms of arthritis that may affect the spine are osteoarthritis and rheumatoid arthritis

Occasionally the area may need to be supported internally to prevent unwanted movement. In this situation a fusion procedure will be done. The ultimate goal of fusion is to obtain a solid union between two or more vertebrae. A spinal fusion may or may not involve use of hardware (instrumentation) such as plates, screws and cages.

Your Operation

You will have a general anesthetic, and will be asleep for the whole operation. A short incision is made in your lower back. The muscles are held to the side so the surgeon may see the spine and the free nerve. The skin is then closed with stitches or clips.

The main aim of the surgery is to resolve the leg pain and allow you to return to normal activities. A reduction in leg pain is often noticed immediately after the surgery. However any numbness or muscle weakness will improve gradually as the nerve heals during following months.

Disc surgery is not aimed at improving any back pain but it can sometimes help.

When you wake following your operation

You can expect any or all of the following:

- You will be lying flat on your back and a dressing will be covering the wound
- A drip for fluids maybe attached until you start drinking fluids again
- A wound drain may come from your back. This helps to remove blood left over from the surgery and is normally removed the following day
- Pain control maybe via patient controlled analgesia (PCA), tablet or liquid form
- A catheter maybe in situ to assist you passing urine

Some patients find it difficult to pass urine once the catheter is removed. This is only a temporary disturbance of the bladder. Standing up, washing your hands or hearing running water can help some patients. Discuss concerns about your bladder or bowel movements with staff.

Pain relief

Regular pain relief is essential as it will enable you to move comfortably around the bed, to carry out vital exercises and to start walking soon after surgery. As your pain decreases, you should gradually reduce your dose of prescribed medication.

Ice: ice packs can be applied to reduce pain after surgery. Apply a bag of ice wrapped in a towel or pillowcase for 20 mins, every 1-2 hours

Will I receive physiotherapy?

This will be discussed and arranged for you when you are in hospital. Your physiotherapist can help you progress your exercises and advise you on returning to normal activities.

General Advice

After surgery many patients are anxious about moving. However, the spine will only be affected in a very small area, the rest of the spine remains as strong and intact as before.

It is advisable to move little and often after surgery; examples of what you can do is described below. This will help reduce stiffness, aid in muscle recovery and reduce post operation complications.

The wound may be sore at first and may limit how much you move your back. Your physiotherapist will show you techniques that will enable you to roll onto your side, stand and then walk more comfortably.

Moving from lying to sitting / standing

When moving from lying do not use your abdominal muscles to sit up

Firstly you must roll onto your side, to do this bend both knees a little one at a time so your feet are flat on the bed. Take the upper arm across your body so that it is pointing in the direction that you are turning to. Roll onto your side moving your nose and knees at the same time.

From here **(a)** place your upper hand on the bed and push through both arms to help sit you up as you lower your legs over the edge of the bed for your feet to touch the floor **(b) & (c)**.

A



B



C



Standing up

Sitting on the edge of the bed Stand by straightening your knees and hips. Use the strength in your thigh muscles and buttocks.

Standing

Avoid taking weight on one leg only, to reduce the total muscular effort of standing upright, and balance the strain throughout the body.

Head

Try to walk a little and often to prevent stiffness and keep the blood circulating well which can reduce the risk of blood clots. Try to increase the distance gradually

Going Home

Most patients find that they are comfortable and confident enough to go home 6-48 hours after surgery.

Results

Approximately 80% of discectomies have good outcomes.

Wound Care

It is not always necessary for nursing staff to look at your wound if it is not causing any problems .The dressing will be left undisturbed and kept dry and to reduce the risk of infection.

- Stiches and clips- At around 2 weeks there will be a routine wound check at your doctors' practice. **You** will need to arrange this and take your discharge summary with you. If you have clips or stiches they will be removed at this time.
- Dissolvable stiches will **not** need to be removed.

Pacing and daily activity progression

After an operation everyone gradually builds up how much they can do at different rates.

Try to establish a routine of activity that gradually builds up, day by day, step by step. Don't exhaust yourself trying to do everything all at once. Try a little and often. Steady progress in your activities should be your aim until you return to your normal activity levels.

Sexual activity

Your back is not fragile, so the decision about when to have intercourse is really only governed by when you feel comfortable enough. This is likely to vary from one person to another. Please see the activity chart for further guidance.

Driving

It is illegal to drive for two weeks after surgery. Make sure that you have good control of the pedals and can perform an emergency stop. It is always best to inform your insurance company about your operation. Stopping regularly on longer journeys for breaks to have a stretch and walk around will help.

Return to work

You may be able to return to work as early as two weeks depending on the nature of your job, always encourage a phased return to work with amended duties. It is advised that every 15-20 minutes you change your standing or sitting position to avoid getting sore and stiff.

Please discuss this with your consultant at your follow up appointment prior to commencing.

Sport

It may take up to six months following your operation to return to contact sport, if your fitness has been regained. It is best to discuss this with your physiotherapist and your Consultant.

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Correct Lifting Technique

Use this technique to pick up even light items to avoid bending forward. This should always be the case even if you haven't had surgery.



Ensure the item is kept close to the body and feet are hip width apart with hands either side. If an item is very heavy it is recommended that the load is shared with another person.



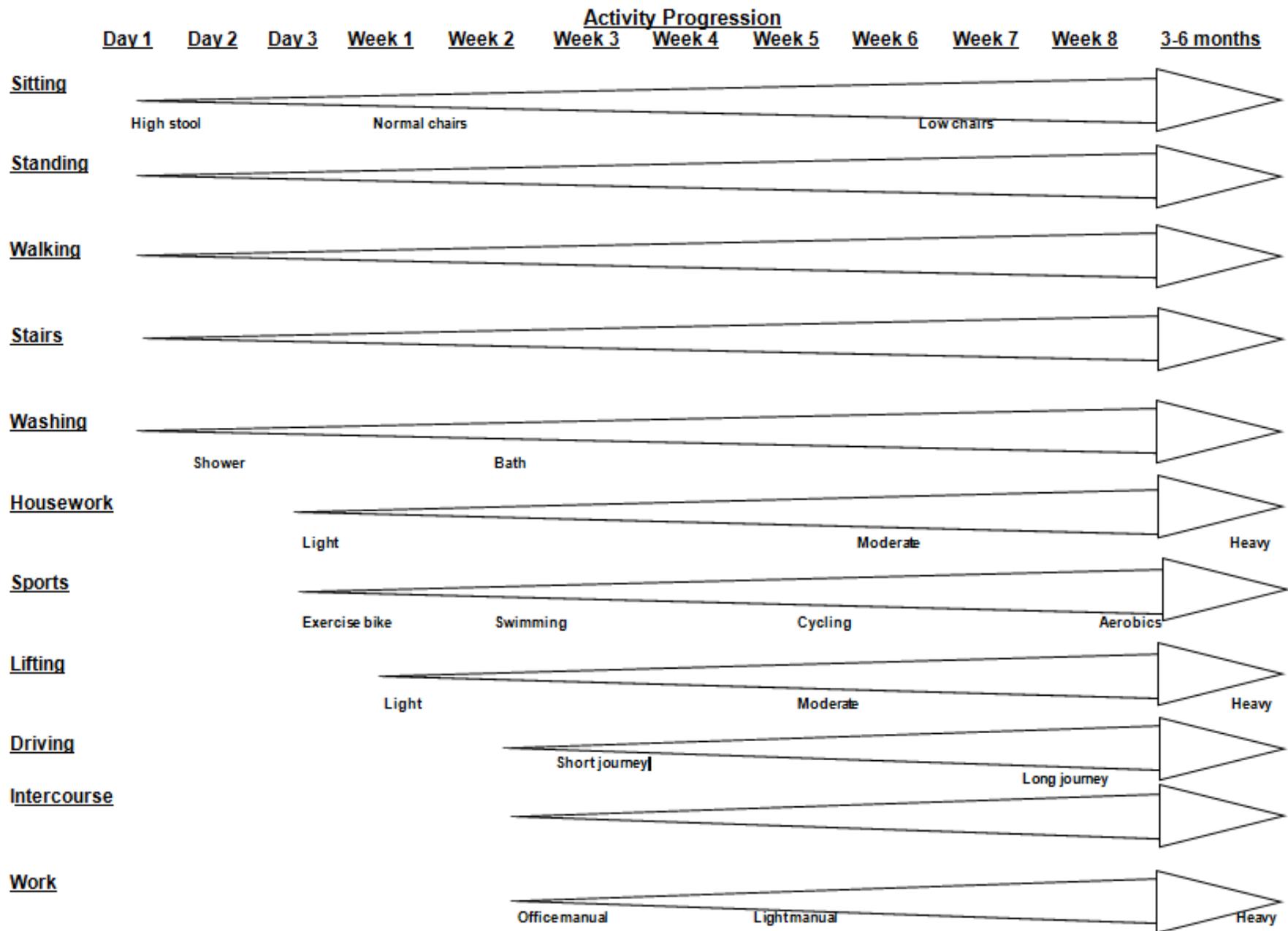
DOs

- **The exercises as instructed by your Physiotherapist**
- **Walk a short distance daily and gradually increase**
- **Lie on your back for short periods when comfortable to lie on your back**
- **Perform light tasks at home, making a drink, helping where able to with meals**
- **Change your position regularly to avoid stiffness**
- **Do tasks such as washing and ironing in very small amounts to avoid continual strain on your back**

DON'TS

- **Do not lift, push or pull anything heavy**
- **Do not stand still or sit for long periods**
- **Do not do any heavy tasks at home e.g gardening, digging, hoovering, spring cleaning**
- **Do not drive until further instruction by your consultant**
- **Do not play sport until further instruction by your consultant**





Exercises

Please practise these exercises ticked by the ward physiotherapist:

- Transverse Abdominals;**
 - Lying on your back with your knees bent up
 - Pull your belly button into the bed
 - Hold for 5 seconds, repeat 5 times

- Ankle pumps** (with knees braced against bed)
Complete 10 times



- Buttock Clenching**
Keep your legs out in front of you. Contract your bottom muscles making sure you don't tense your leg or stomach muscles. Hold for 5-10 seconds and repeat.



- Alternate knees to chest**
Lying on your back, pull your knee as close to your chest as is comfortable for your back 5 times on each leg



- Alternate Arm lifting**
 - While standing, slowly raise one arm then the other, counting to 10 on the way up and down
 - Repeat 5 times each side

Mini Squats

- Holding onto, for example the kitchen sinks for stability.
- Squat down a little and back up
- Repeat 10 Times



Extension in standing

- Find an empty wall at home
- Stand with your back flat against it for a few seconds regularly throughout the day, to check your posture

Posture correction in standing

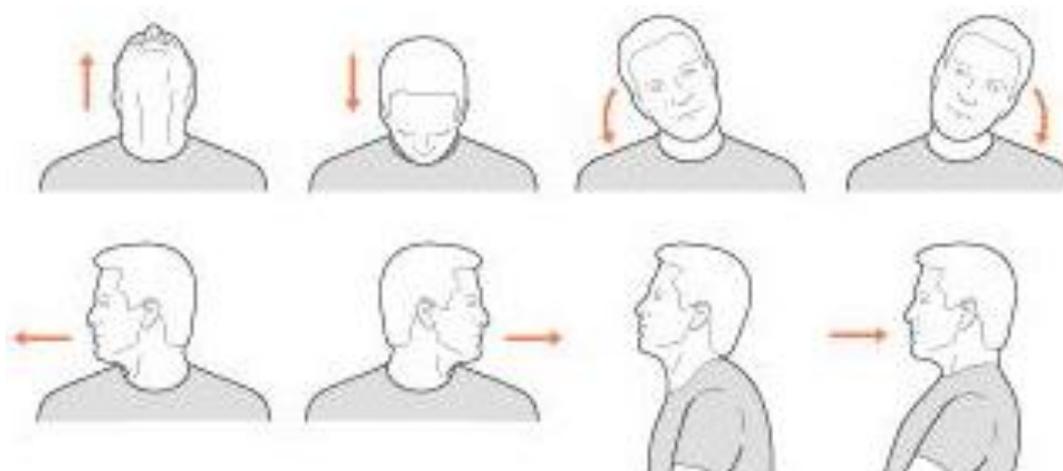
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Exercises for the Neck

Gently move your neck 5 times each way

- Head up and down
- Ear towards shoulder each side
- Looking over your shoulder each side

Tuck your chin in and try to lengthen the back of your neck



Patient Information

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 5106 and we will do our best to meet your needs.

The Trust operates a smoke free policy

Document History

Department:	Physiotherapy
Contact:	25106
Updated:	February 2020
Review:	February 2022
Version:	2
Reference:	HIC/LFT/2147/17