

Notes



Department of Orthopaedic
Physiotherapy

Lumbar Discectomy Surgery:

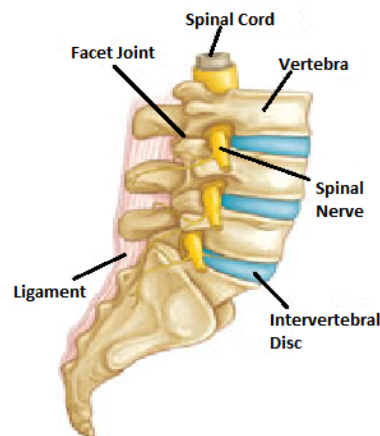
*Physiotherapy
Information and Advice
for Patients*

Produced by the Orthopaedic Physiotherapy Team,

University Hospital Llandough

Introduction

Discectomy (also known as micro-discectomy) surgery is required when the disc in-between your vertebrae bulges out, causing the nerves to become compressed. The surgery will involve removing the disc bulge to relieve the pressure on your nerves and reduce your pain.



What you can expect after your operation

- Physiotherapy usually starts the day after surgery. If it is safe, you may get up with the nursing staff before this. The initial physiotherapy session consists of an assessment of your muscle power and sensation as well as getting you out of bed and walking. We will gradually progress the distance you walk.
- To help your posture we try to avoid using walking aids. If you are using walking aids prior to surgery, you may still require them afterwards.
- Your physiotherapy treatment in hospital ends when you have achieved your discharge goals. These include walking safely, moving on and off the bed independently, doing your exercises well and climbing stairs if necessary.
- You will be referred for ongoing physiotherapy treatment at your nearest out-patient department. This will be arranged prior to your discharge.

Sports and Exercise

After 6 weeks, a gradual return to sport and exercise is advised. Ensure your pain levels are under control before you try this.

Seek advice from your consultant and out-patient physiotherapist if returning to any contact sports.

Driving

- We would usually recommend waiting until your follow up with your surgeon before you resume driving.
- According to rule 90 of the Highway Code, you must “make sure that you are fit to drive. You **MUST** report to the Driver and Vehicle Licensing Agency (DVLA) any health condition likely to affect your driving.” **Law RTA 1988 sec 94.**
- Also, rule 96 states: “You **MUST NOT** drive under the influence of drugs or medicine. For medicines, check with your doctor or pharmacist and do not drive if you are advised that you may be impaired.” **Law RTA 1988 sec 94.**
- If you choose to resume driving before your follow up appointment with your consultant then it is your responsibility to ensure that you are able to perform all actions necessary to drive safely.
- We also suggest contacting your insurance company before you resume driving to ensure you are covered under your policy.

If you have any further questions following your surgery please contact your ward via:

**West 5: (029) 20715336 (physiotherapists) or
(029) 20715007 (reception/nursing station)**

If your question is regarding an out-patient physiotherapy appointment, please contact your local physiotherapy department first.

Log Roll

You should use a log roll technique to get in and out of bed for 4-6 weeks. This prevents any excessive twisting.

- Bend your knees up and roll your whole body onto your side in one movement.



- Slowly move your legs over the edge of the bed.
- At the same time push up from your elbow into an upright position.



Postural Advice

After your surgery it is important to maintain a correct posture to allow your spine to heal correctly and reduce your pain. We advise you to keep an upright posture at all times with your shoulders relaxed.

To reduce the amount of force going through your spine we suggest you do not sit for longer than 30 minutes at a time or stand in one position for long periods for the first 6 weeks.

If you plan on taking any long car journeys, take regular breaks to move and walk around.

Exercises

There are 2 exercises to aid in your recovery and work the muscles around your spine.

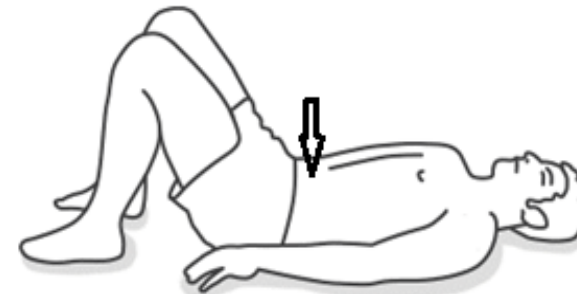
You can start these exercises as soon as you feel comfortable. They can be performed in lying or sitting.

Perform these exercises 3-4 times daily until you are reviewed by your out-patient physiotherapist.

Exercise 1: *Transversus Abdominus*/Pelvic Floor

This exercise works your deep, core (abdominal) muscles that support your spine.

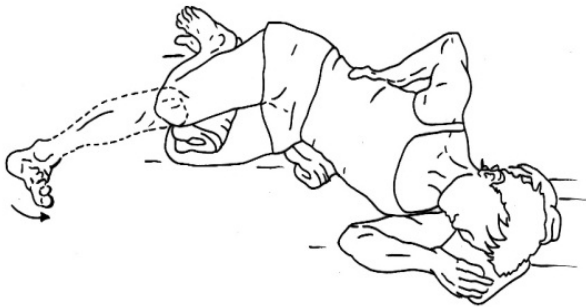
- Lying on your back, bend your knees and place your feet flat on the bed.
- Slowly draw in your lower abdominal muscles and pelvic floor (the muscles you use to stop passing water).
- Hold for 5 seconds while you continue to breathe.
- Release and repeat 10 times.



Exercise 2: *Sciatic Nerve Glide*

After spinal surgery the nerves in your spine can become less mobile. This exercise helps to gently move the nerves running down the back of your legs, i.e. your sciatic nerves.

- Lie on your side with your legs on top of each other and your knees bent up.
- Slowly straighten your top leg out in front of you and then pull your toes up towards you until you start to feel a slight 'pull' anywhere from your back, down the back of your leg or into your foot
- Do not hold this stretch. As soon as you start to feel a 'pull' take your leg back to the starting position.
- Repeat up to 10 times without stopping in-between each repetition. This should be a smooth, constant movement performed at a steady pace.

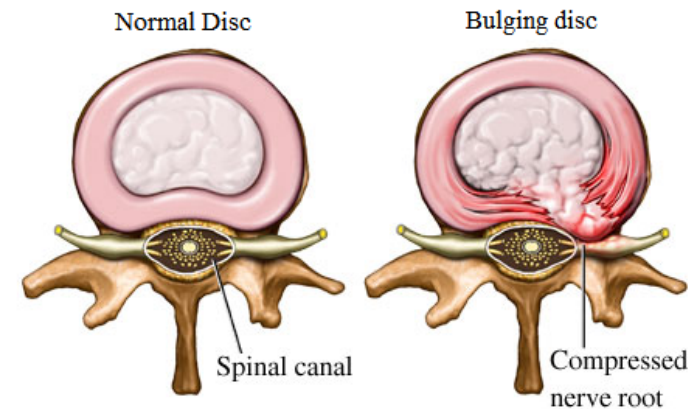


Return to activities

You will be referred for ongoing outpatient physiotherapy to review you after surgery and progress your exercises. This will be at your nearest outpatient department.

Returning to activities is guided by your comfort. We recommend increasing your physical activity slowly over the next 6 weeks.

Precautions:



After a disc bulge has been removed there is still a weakness in the wall of the disc where the bulge came out. It is important not to put too much force through the disc too soon, as this could result in another disc bulge occurring.

To allow the weakness in the disc wall to 'scar up' and the operated area to heal it is important to adhere to certain precautions:

- No heavy lifting for 6 weeks. Start with lifting 1kg loads, e.g. a half full kettle. Over the next 2 weeks then slowly increase as comfort allows. Lift light loads only for 6 weeks.
- Avoid excessive and repetitive bending forwards or twisting. Especially avoid excessive bending forward to lift things up or movements that combine bending forwards and twisting.
- Walking is un-restricted and you are guided by your comfort. We suggest increasing movement and walking distance gradually when you are home.