



Cardiff and Vale Hospitals Physiotherapy Department. (01443 449269)

Lumbar Discectomy Physiotherapy post-operative protocol.

Please note that the information provided is advisory only and that all cases should be assessed and directed by a physiotherapist. Rehabilitation provided will be dependent on the patient's rehabilitation needs and follow any specific consultant instruction, which may differ from the protocol.

Indications:

- Lumbar disc herniation.

Pre-operative Physiotherapy Assessment:

- Carried out by the Inpatient Physiotherapist.
- During the assessment, the physiotherapist discusses current functional ability (noting subjective markers for post op comparison) general health.
- Discussion of approximate recovery timescales linking to post-operative function, employment, plans for returning to work, hobbies, expected post-operative mobility including driving.
- Log roll taught/ demonstrated.

Post-operative Physiotherapy: Ward Based

- It is important that the operative notes and any special post-operative instructions are checked, discussed with the surgeon, noted and highlighted on the transfer sheet.

Reviewed by Adrian Brown, Senior Physiotherapist and Cath Hext, Physiotherapy Manager June 2022

Review date June 2024

- **Education and Advice** – patient education of the procedure and precautions. Precautions include:
 - Sitting – Initial post-op limit of 15 minutes maximum or shorter if in discomfort, avoid prolonged or slumped postures.
 - Movement within normal basic functions i.e. sit to stand walking etc. minimising flexion activities until reviewed at out-patients
 - Lifting light small objects only for the first 2/52 no lifting from low levels this will be reviewed at outpatient physiotherapy
 - Walking – advised to start walking and gradually increase distance as is comfortable.
 - Driving – depending on physiotherapy advice between 3-6/52 depending on progress. The patient must be able to sit comfortably and complete an emergency stop. It is recommended the patient contacts the insurance company and inform them of the surgery.
 - Log-rolling is demonstrated and completed.
- **Physiotherapy Exercises:**
 1. Circulatory and deep breathing exercises and assisted cough if indicated (based on assessment)
 2. Gait assessment prior to discharge
 3. Advise on transfers and log rolling
 4. Core Stability: i)TA with normal breathing in crook lying if able
ii) TA in normal function if able
iii) Gluteals in weight bearing position if able
 5. Movement within normal basic functions i.e. sit to stand walking etc. until reviewed at out-patients.
 6. No pelvic tilting for 6/52
 7. Neural mobility – only if instructed by the surgeon post operatively
 8. Stair assessment is offered but not essential. Needs are assessed on an individual basis

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9. Outpatient Physiotherapy appointment made for 14/7 post operatively or as special instructions from surgeon. Mr Chopra 6/52 as routine

Outpatient Physiotherapy:

1. Education and advice:

- Lifting light small objects for the first 2/52 no lifting from low levels this will be reviewed and progressed in-line with healing and recovery.
- Housework – restricted to light housework 2/52 will be reviewed and progressed
- Reinforce no driving until 3-6/52 and only when patient is comfortable thereafter.
- Discuss return to work – dependant on role and symptoms. It is recommended that the patient organise a phased return this should be discussed with physio and approved by patient's line manager, occ health and HR if possible.
- The surgeon will instruct when the patient is fit to return to his job earliest time considerations.
- Sedentary role 3-6/52
- Active / manual 6-12/52,
 - Depending on the consultant patient will be reviewed at about 6/52 and 3/12.

2. Physiotherapy exercises:

- i) Continue to increase the walking distance gradually as instructed
- ii) Continue to progress the core stability strength. Referral for pilates assessment at 6/52 post op if appropriate with a view to starting pilates classes at 8/52 post-op if appropriate.
- iii) Range of movement allowed to increase in-line with healing times and patient recovery as instructed by physiotherapist
Continue with no isolated rotation or pelvic tilting

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- iv)** Postural advice
- v)** Back care advice
- vi)** Cycling can be started 6-12/52 if patient comfort allows
- vii)** Depending on progress return to the gym after approx. 6-12/52 under Physiotherapists strict guidance of exercises weights and times
- viii)** Return to swimming after 4-6/52 if the wound has healed. In line, strokes are recommended as guided by physio.
- ix)** Return to impact activities, racquet and contact sports will be dependent on recovery and is directed by the Physiotherapist and surgeon.

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