

Lumbar decompression or discectomy

Introduction

A lumbar decompression or discectomy is done to relieve pressure on the nerves in order to relieve pain and altered sensation.

This information is designed to help you get back to full fitness as quickly as possible after your operation.

Before you leave the hospital a physiotherapist will run through all the exercises on this leaflet to ensure that you do not have any problems.

Everybody's symptoms are different. The surgery tends to relieve any referred pain into the legs immediately but results in pain in the muscles of the back. Please ensure that you have adequate pain relief in order to mobilise.

If you do too much in one day and your back is very sore then you should continue with your exercises and gentle mobilisation until the pain settles before restarting more vigorous activities.

Altered sensation such as numbness takes longer than the pain to resolve and sometimes doesn't resolve fully.

You will be discharged home once your pain is well controlled, you can mobilise independently and manage stairs if required. Some patients will be fit for discharge within 24 hours of their surgery and some patients may require 2-3 days before they can be discharged.

On discharge

Avoid any lifting or prolonged bending for the first 6 weeks.

Avoid heavy lifting for 6 months.

Golf and light tennis can be introduced at 3 months.

Running should be avoided for the first 6 months.

Work – return to work is dependent on the nature of your job. If you have a desk job you may feel comfortable to return at 6-8 weeks post op; a heavy manual job your return to work is likely to be after a minimum of 3 months but maybe as long as 6 months. Always check with your surgeon before returning to work.

Driving – you may drive once you can do an emergency stop and are comfortable sitting in the car long enough to get to your destination. This is likely to be at least 4-6 weeks after surgery.

You will be referred for outpatient physiotherapy and they should offer you an appointment 2-6 weeks after your surgery.

You will be reviewed by your surgeon 6-8 weeks after your surgery.

Postural advice:

If your back is painful always rest lying down rather than sitting as this reduces the stress on the soft tissues surrounding the spine.

Here are some positions you may find comfortable:

- On your front with or without a pillow under your hips.
- On your side with a rolled up towel in waist and pillow between the knees.
- On your back with the hips and knees bent and lower legs supported on a pillow or chair.



- When sitting, always try and sit with your knees lower than your hips and avoid slumping.



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Day 1-discharge

- You may mobilise today if your surgeon is happy and you are not too uncomfortable to do so, frequent shorter walks are better than fewer longer ones.
- You may also sit on the side of the bed or on a firm chair for meals ensuring that your knees are lower than your hips.
- You may be given a corset if necessary and this must be worn when sitting or mobilising.

The technique for getting from lying to sitting on the edge of the bed is:

- 1) Roll onto a side with your knees slightly bent
- 2) Bring your legs off the edge of the bed
- 3) Push up with your uppermost hand in front of you and lower elbow

Do not try to sit straight up as this will stress your back.

Start the exercises shown below.

As mentioned previously you will be discharged once your pain is well controlled and you are mobilising independently.

Exercises

1. Transversus abdominus

This muscle is a deep support muscle for your spine.

Whenever you move it contracts and stabilises the lower spine. Your physio will teach you to locate it.

Lie on your back with your knees bent up. Keeping your back still, tighten your pelvic floor muscles / lower abdominal muscles. You should feel your fingers pushed out in the location where you have been shown by your physio.

Remember to keep your upper abdominal muscles and breathing relaxed. Hold for 10 seconds if possible. Repeat 10 times or until fatigued. This exercise relies on quality not quantity and if you can only manage 2 or 3 strong contractions to start with this is fine.

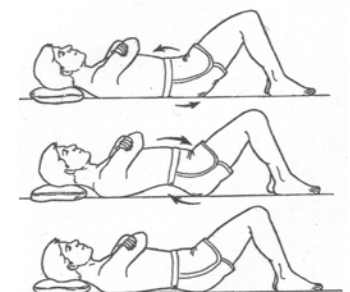
2. Knee rolls

Lie on your back with your knees bent up and gently roll the knees from side to side. Don't push through any pain. Repeat 20 times.



3. Pelvic tilts

Lie on your back with your knees bent up and gently flatten the small of your back onto the floor and tilt your hips up, then gently roll your hips in the opposite direction. Repeat 15 times.



4. Prone lying

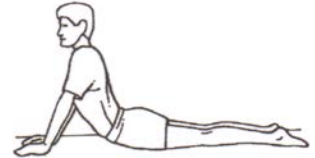
Initially try lying on your front for 3-5 minutes.



If this is comfortable you may progress to resting on your elbows.
Hold this position for 5 seconds and do 10 times.



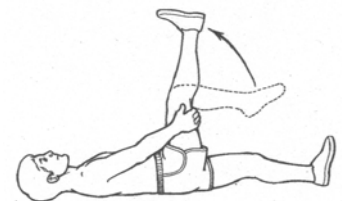
Once resting on your elbows is comfortable you may progress to the full press up.



Remember to keep your hips on the bed and to only go as far as comfortable. Hold this position for 5 seconds and do 10 times. Remember to make your arms do the work, not your back muscles

5) Sciatic nerve mobilisation (if the pain was down the back of your thigh).

Lie on your back with your affected leg pulled towards your chest. Keep hold of the thigh and extend the lower leg up to the ceiling until you feel a pull at the back of the leg. Hold for a few seconds and then release. Repeat 10 times.



6) Femoral nerve mobilisation (if the pain was down the front of your thigh).

Lie on your front, tighten your abdomen and your buttocks and bend the knee as far as is comfortable.

You should feel a stretch along the front of your thigh.

Repeat 10 times.



After discharge

- Gradually increase the amount of time you can sit for using a rolled up towel in your waist for support if required.
- Ensure that when you sit, your hips are higher than your knees to keep the strain on your low back to a minimum.
- Go for regular short walks, maintaining an upright posture and gradually increase the distance as you feel more comfortable.
- Do your exercises 3-4 times a day as taught in the hospital.
- Rest lying down rather than sitting if you feel tired or sore.
- You will receive a physiotherapy appointment (sometimes after 2 weeks) where your progress will be assessed and you will be advised about exercise progressions and activities.
- You may start swimming at 4 weeks provided your scar has healed. Little and often is best to start with. Do not dive or jump in, or do butterfly stroke.
- Cycling (or exercise bike) and vigorous walking can be started after 4 weeks.

Remember – Use your common sense and listen to your body. If it hurts, don't do it.

Making your back painful in the early stages will increase the amount of inflammation in the tissues and delay your healing, however you are unlikely to cause further damage to your back unless twisting rapidly or lifting heavy items.

Gentle exercise and mobility will aid the healing process.

Royal Berkshire NHS Foundation Trust

Physiotherapy Department

Royal Berkshire Hospital

London Road

Reading RG1 5AN

Telephone Number: 0118 322 7817

This document can be made available in other languages and formats upon request.

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