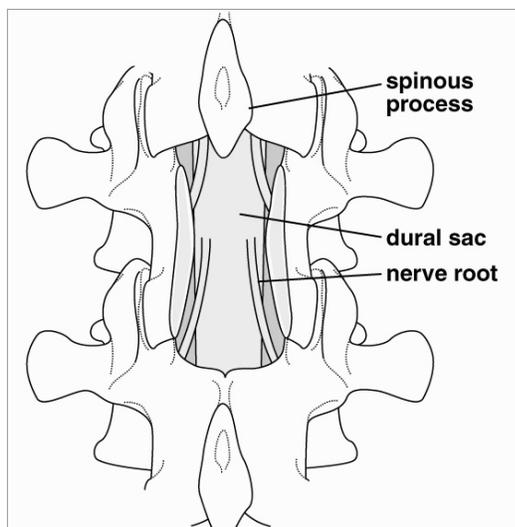


Lumbar Decompressive Laminectomy

This handout will help you plan and prepare for your lumbar decompressive laminectomy.

Lumbar Decompressive Laminectomy

A lumbar laminectomy is back surgery that relieves pressure off the lumbar and sacral nerve roots. Because of too much bone growth in the lumbar area of the spine, these nerve roots no longer have the room they need. Symptoms may include back or leg aching or pain, not being able to walk very far, and leg numbness or tingling. The surgery takes bone off the sac of nerve roots, giving them the room they need.



Getting Ready for Surgery

Refer to your booklet “Having Surgery at UW Hospital” for more instructions.

Constipation

Please start taking a stool softener (docusate with senna) two days **before** surgery. Take it with at least 8 ounces of water. This will prevent constipation caused by pain medicine. Do **not** take any fiber or stool softener on the morning of surgery.

Urination

If you are having any trouble with urination, please let your provider know. They may want to start a medicine before surgery to help you urinate.

Going Home

You should be able to go home the day after surgery. You will need a friend or family member to spend at least 2-5 days with you when you return home. If you live alone, and don’t have anyone to help, you may need to go to a rehab or skilled nursing facility.

Pain

You should not take any non-steroidal anti-inflammatory medicines, such as ibuprofen, naproxen aspirin, Celebrex[®], for **six weeks** after the fusion. These will slow healing. After six weeks, you can start taking these medicines for pain relief. Your pain should improve after surgery. All pain medicines should be taken with food and at least 8 ounces of water.

To help decrease pain in your back:

- Change positions often.
- Use heat or ice on your lower back. If you use ice, cover the ice pack with a cloth and apply for 20 minutes per hour.
- Take pain medicines as prescribed.

Work

Talk with your doctor about when you may return to work. You may need to be off for 2-6 weeks. This depends on the type of work that you do. Heavy lifting may not be allowed for 12 weeks.

Activity

- Do not lift more than 10 pounds until we tell you it is okay.
- Do not lie on your stomach.
- No pushing or pulling.
- No bending or twisting.
- Sit for only short amounts of time for the first 2 weeks.
- You can resume sex after 2 weeks.
- You may drive when you are no longer taking narcotic pain pills. Limit driving to short trips, then slowly increase your driving time.

Brace

We will let you know if you will need a brace after surgery. If you do need a brace, we will give you instructions for wearing it.

We will teach your family member how to put the brace on and take it off. Some braces, you will not be able to put your brace on by yourself. You should not lie on your stomach. You can use pillows for support.

Preventing Constipation

Take the stool softener twice a day while you are taking narcotic pain pills. If you do not have a bowel movement within two days, take Milk of Magnesia® (6 teaspoons, 2-3 times a day) until you have a bowel movement. You may eat prunes or drink prune juice instead of taking Milk of Magnesia®. Drink many 8-ounce glasses of water or juice daily so that your body has enough fluids.

Wound Care

Your incision may be closed with stitches, metal staples, plastic strips of tape called Steri- Strips, or Dermabond skin glue. Sutures or staples will be removed in 12-14 days in your doctor's office.

Follow the instructions in your discharge packet for incision care.

Once the incision is healed, use sunscreen for the next year to avoid the incision turning dark in color.

When to Call

- Increased redness, swelling, or any drainage
- Increased pain that does not go away with pain medicine.
- Fever greater than 100° F for two readings taken four hours apart
- New weakness
- Concerns with your incision

Who to Call

Neurosurgery Clinic
Weekdays, from 8 am–5 pm
608-263-7502

After hours, the number will be answered by the paging operator.

The toll-free number is **1-800-323-8942**.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 2/2020 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#5506