

Having Minimally Invasive Lumbar Discectomy



Lumbar discectomy is a type of surgery to remove part of a disk in the lower back. Minimally invasive surgery uses one or more small cuts (incisions) instead of one large incision. This may lead to less pain after surgery, and faster recovery.

What to tell your healthcare provider

Tell them about all the medicines you take. This includes over-the-counter medicines such as ibuprofen. It also includes vitamins, herbs, and other supplements. And tell your healthcare provider if you:

- Have had any recent changes in your health, such as an infection or fever
- Are sensitive or allergic to any medicines, latex, tape, or anesthesia medicines (local and general)
- Are pregnant or think you may be pregnant

Tests before your surgery

Before your surgery, you may need imaging tests such as an MRI.

Getting ready for your surgery

Talk with your healthcare provider about how to get ready for your surgery. You may need to stop taking some medicines before the procedure, such as blood thinners and aspirin. If you smoke, you may need to stop before your surgery. Smoking can delay healing. Talk with your healthcare provider if you need help to stop smoking.

Also, be sure to:

- Ask a family member or friend to take you home from the hospital. You can't drive yourself.
- Follow any directions you are given for not eating or drinking before surgery.
- Follow all other instructions from your healthcare provider.

You will be asked to sign a consent form that gives your permission to do the procedure. Read the form carefully. Ask questions if something is not clear.

On the day of your surgery

The surgery is done by an orthopedic surgeon or neurosurgeon and a trained medical team. There are several choices for the surgery. Your surgeon can help explain the details of your procedure. It may take about an hour. Here is an example of what you might expect:

- You may have a type of anesthesia that numbs part of your body. You'll also be given sedation. This will make you relaxed but awake during surgery. Or you may be given general anesthesia. This prevents pain and makes you sleep through the surgery.
- A healthcare provider will carefully watch your vital signs during the surgery. These include your heart rate and blood pressure.
- During the procedure, the surgeon will use X-rays or images stored in a computer to view the lumbar spine.

- The surgeon will make a small skin incision on your back over the area of the affected disk. They will put a tubular retractor into this incision. This will expose the part of the spine to be treated.
- The surgeon will then pass small tools through this retractor. This may include a tiny camera and a light.
- The surgeon will use the small tools to remove ligaments, possibly bone, and the herniated part of the disk. They will make other repairs as needed.
- When the repairs are done, the surgeon will remove the tools and retractor. They will close the incision with stitches, glue, or staples. A small bandage is put on the wound.

After your surgery

You will likely go home the same day. You will need to stay for a couple of hours after the procedure. Make sure you have someone who can drive you home.

Recovering at home

The procedure may cause slightly more pain for a while, but you can take pain medicines to relieve the pain. Usually this goes away quickly. Your pain should become less than it was before your surgery.

Your healthcare provider will give you instructions about how you can use your back. You may need to limit lifting or bending. You may need to wear a back brace for a limited time after the procedure. Most people can go back to work within a week or so.

Follow-up care

Make sure to follow all your healthcare provider's instructions and keep your follow-up appointments. You may need physical therapy (PT) after surgery to help strengthen your back.

When to call your healthcare provider

Call your healthcare provider right away if you have any of these:

- Fever of 100.4°F (38.0°C) or higher, or as advised by your provider
- A large amount of fluid leaking from the incision
- Symptoms that don't get better
- Pain that is getting worse
- New symptoms

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