

Dr. Gurmit Singh

3909 9th Ave SW

Olympia, WA 98502

360-570-3460 Ext. 5035

Discharge Instructions

Laminectomy/Laminotomy/Microdiscectomy

Medications:

Avoid taking blood thinners such as Aspirin, Plavix, Coumadin, Warfarin, or Argatroban **UNLESS EXPLICITLY CLEARED AND DISCUSSED BY DR. SINGH PRIOR TO SURGERY. IF THERE ARE CONCERNS, PLEASE REACH OUT TO DR. SINGH'S CLINIC PRIOR TO RESTARTING ANY BLOOD THINNER MEDICATIONS.**

You will be given a list of medications to take at home. This will include pain medications and a stool softener. Pain medications typically include Tylenol, Meloxicam, a muscle relaxant, and/or Oxycodone (or an alternative opioid medication). You should wean yourself off these medications in the following order over the next two weeks: first opioid medication, second muscle relaxant, third Meloxicam, and lastly Tylenol.

You can take Tylenol for pain if you do not need narcotic/opioid pain medication but remember that many kinds of narcotic/opioid medications, such as Vicodin, have Tylenol in them. Avoid taking more than 3000 mg of Tylenol (acetaminophen) in a 24-hour period.

You should resume your previous medications after discharge. Any changes will be noted on your discharge medication list.

You will be given a prescription for any new medications prescribed in the hospital.

****CONSTIPATION:** The pain medication often causes constipation, take the prescribed laxative Senna daily as long as you are on the pain medication. Do not take Senna if you are having diarrhea. Increase fluids, fresh fruit (prunes) and vegetables high in fiber to help with constipation. If you have not had a bowel movement within 1-2 days after returning home from the hospital, over the counter medication may be purchased at most drug stores: Magnesium Citrate (liquid), suppository, or enema. Start this by day 3 or 4 if unable to have a bowel movement. Please call Dr. Singh's office for further suggestions to help with this.

Incision:

You will have a dressing that is made up of island dressing or white gauze with clear Tegaderm. This is water resistant. It is okay to shower at post-op day 3 and let water run over the dressing. Clear dressing can be removed at 1-week post-op. If incision is dry then leave the incision open to air, if the incision is still wet/oozing/healing then ok to cover with dressing. There are thin white strips covering the incisions - LEAVE THEM IN PLACE, DO NOT REMOVE THEM, ALLOW THEM TO FALL OFF. DO NOT RUB THE INCISION. There are dissolvable sutures under the skin that do not need to be removed. These help hold the skin together until it heals. You may have some suture that is visible above the skin - we will trim that suture when you follow up in clinic. You will be contacted and scheduled by Dr. Singh's office for a wound check appointment 10-14 days after surgery if you were not already scheduled. Any residual steri-strips will be removed at that time, and necessary sutures will be removed/trimmed.

Call the office at (360) 570-3460 ext. 3153 (voicemail only) if there is excess drainage on the steri-strip. It is normal to see some drainage on the steri-strips, but they should not be soaked with blood.

Icing (20 minutes on, 20 minutes off) the incision will help with swelling and pain control. DO NOT USE HEAT PACKS ON THE INCISION, THIS COULD CAUSE AN INFECTION.

Therapy: Occupational, and/or physical therapies may be ordered as part of your recovery program while in the hospital. The therapists and social workers will help you plan outpatient physical therapy if it's needed. Otherwise upon discharge, walking will be your therapy. You do not need to have a formal course of therapy right away. This may be discussed at your 6-week post op appointment.

Driving:

It is best not to drive for the first 3 weeks after surgery. This is because driving involves a lot of bending, twisting, and turning of the back. You should not drive while you are taking narcotic/opioid pain medication. If you are wearing a collar you should not drive unless it is cleared by Dr. Singh.

Watch for the following signs and symptoms and call the office if they occur:

Temperature is greater than 101° F

Persistent drainage from the wound of blood or clear fluid

Any drainage of pus from the wound

Increasing redness and swelling around the incision

Separation of the wound edges

Do not apply any lotions, ointments, or other products to your incision unless directed by your physician

Fever:

Some patients have low grade fevers (99°-101°F) in the immediate post operative period. This is almost always because your lungs are not fully re-expanded after the general anesthetic.

You can treat this fever with Tylenol, but it is important to try to cough the phlegm out of your lungs, take deep breaths to re-expand your lungs, and begin to increase your activities as tolerated

Wound infections are rare in the first couple days after surgery. If you have a low-grade fever, try coughing and deep breathing.

Activities and Restrictions:

Avoid heavy lifting (greater than 10 lbs.). No excessive/extreme bending and twisting activities.

Do not sit for long periods of time, including long car rides which can aggravate your back pain

It is normal to feel tired after the operation. Your body is using all of its energy to heal itself and therefore, it is normal to be fatigued after even small activities. Your strength will gradually improve daily. The wound will not open with activity or normal movement. Activity may cause some discomfort, but it is not dangerous. Do not worry about causing harm to yourself by increasing your activities. The guiding principle for your activities should be that “if it hurts, don’t do it.” You can gradually increase your activities by walking short distances at first then increasing the distance before doing anything else.

You should avoid returning to work until cleared by Dr. Singh.

Showering:

You may shower on the 3rd day after surgery. Ok to let water run over the dressing. Do not submerge the incision underwater in a bathtub, swimming pool, or hot tub until the wound has completely healed or for at least 4 weeks after surgery (which ever comes later).

Diet:

You may resume your regular diet. Nutrition is extremely important for wound healing. You may be instructed to take vitamin supplements such as a multivitamin, and Calcium with Vitamin D. These can be purchased at most grocery stores or pharmacies. In addition, nutritional shakes such as Ensure or Boost can also provide supplemental nutrition.

Symptoms:

After surgery you may still be experiencing pain, numbness, weakness, or tingling that was present prior to your surgery. This may last a while as the nerves need time to heal. This will most often improve with time after surgery. Call the office or go to the Emergency

Room if you experience new numbness, tingling, weakness, or loss of bowel or bladder control.

General:

Smoking inhibits wound healing. This can lead to persistent pain and require additional surgery in the future. **Do not smoke!**

Remember, ask your nurse or physician if you have any questions or if you do not understand any instructions. You may also call the clinic with any questions.

For any post-operative problems or concerns, call (360) 570-3460 ext. 5035 (voicemail only). If you need to speak with someone directly, do not dial the extension, wait on the line and the prompts.