

Dr. Smitherman
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Discharge Instructions
Lumbar Laminectomy

Medications: Avoid taking blood thinners such as Aspirin, Plavix, Coumadin, Warfarin, or Argatroban **UNLESS EXPLICITLY CLEARED BY DR. SMITHERMAN.**

If you have good kidney function and no contradictions, you may take Ibuprofen/Aleve (Nsaids) for pain control after surgery. These medications should be tried first or in conjunction with your narcotics to minimize the amount of narcotic you are needing.

You will be given a list of medications for home. This will include pain medication and a stool softener.

You can take Tylenol for pain if you do not need narcotic pain medication, but remember that many kinds of narcotics, 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. 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 narcotic pain medication often causes constipation. Take the prescribed stool softener (Colace) and Miralax (over the counter) daily as long as you are on the pain medication. You may also add Senna (over the counter) to Miralax. Limiting the amount of narcotics will help improve constipation. Increase fluids, fresh fruit (prunes) and vegetables high in fiber. 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 our office for further suggestions to help with this.

Incision: Your wound will have a dressing that is made up of an island dressing with surgical glue on the incision itself or stitches/staples. The island dressing is not waterproof. If it gets wet, it must be removed and replaced with a fresh dressing. There are dissolvable sutures under the skin that do not need to be removed. You will be contacted and scheduled by Dr. Smitherman's office for an appointment for 10-14 days after surgery for a wound check. Staples or residual sutures requiring removal will be removed at that time.

-Icing - 20 minutes on, 20 minutes off x 3 times a day on the incision will help with swelling and pain control. **DO NOT USE HEAT PACKS ON THE INCISION. THIS COULD CAUSE AN INFECTION.**

Call the office at (360) 709-6223 if there is excess drainage on the steri-strip. It is normal to see some drainage on the dressing, but it should not be soaked with blood.

Driving: It is best not to drive for the first 2-3 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 pain medication. If you are wearing a collar you should not drive unless cleared by Dr. Smitherman.

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

Temperature 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 due to the fact that 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:

- 1) Avoid heavy lifting (greater than 10 lbs.), bending, or straining.
- 2) Do not sit for long periods of time, including long car rides.
- 3) Avoid any activities that put a strain on your neck.
- 4) 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 on a daily basis. The wound will not fall 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. Smitherman.

Showering: You may shower on the 4th day after surgery. Remove your bandage and you can use soap and water directly on the wound. **Do not scrub the incision.** Let the water run over it and pat it dry. Do not submerge the incision underwater in a bathtub, swimming pool, or hot tub until the wound has completely healed.

After the shower on post op day 4, you may either 1) place a new gauze dressing if your clothing is rubbing on the incision, and it bothers you or 2) leave it open to air if the environment can be kept clean.

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 experience pain, numbness, weakness, or tingling that was present prior to your surgery. This may last awhile as the nerves need time to heal. This will most often improve with time after surgery. Call the office (daytime) or go to the Emergency Room (after hours) if you experience new numbness, tingling, weakness, or loss of bowel or bladder control.

Driving: It is best not to drive for the first 2-3 weeks after surgery. This is because driving involves a lot of bending, twisting, and turning of your body. You should not drive while you are taking narcotic pain medication.

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

Occupational, and/or physical therapies may be ordered as part of your recovery program. The therapists and social workers will help you plan for this possibility. Upon discharge you will be given specific instructions and prescriptions for these therapies if necessary.

Remember to 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) 709-6223