Lumbar Disc Replacement Instructions

Congratulations on completing your lumbar disc replacement surgery! These instructions will help guide your recovery at home. Please read them carefully and keep them for reference.

Activity Guidelines

Walking and Movement

- **Start walking immediately after surgery** - there are no restrictions on walking[1]

- Walking is one of the best activities for your recovery - aim to walk several times throughout the day

- Gradually increase your walking time and distance each day

- You may climb stairs, but take your time and use the handrail

- Early walking helps prevent complications and speeds your recovery[2][3]

- Listen to your body and rest when you feel tired

Gentle Movement Exercises

- **You may begin gentle range of motion exercises for your lower back starting within the first week after surgery**[4][5]

- Move slowly and comfortably, avoiding any movements that cause sharp pain

- Gentle bending, twisting, and stretching movements are safe and can help your recovery[5][6]

- These exercises will not harm your disc replacement[6]

- Stop any movement that causes severe pain

Returning to Activities

- Most patients return to sedentary or desk work within 1 to 2 weeks after surgery[1]

- You may resume driving when you are no longer taking narcotic pain medications and can comfortably sit and move (typically 1-2 weeks)

- Light physical work can typically be resumed within 2 to 4 weeks[1]

- The average time to return to work is about 4 to 5 weeks[7]

- Most patients are able to return to rigorous physical activity after 3 months[8]

- Gradually increase your activity level as tolerated

- One of the benefits of disc replacement is that it preserves motion at the operated level, allowing you to return to normal activities[7][9]

- **You do not need to wear a back brace** - disc replacement typically does not require postoperative bracing

Medication Instructions

Pain Management

- Some pain and discomfort after surgery is normal and expected

- Take your pain medications as prescribed

- **Most patients are able to stop taking narcotic pain medications within 4 weeks after surgery**[1]

- Use ice packs on your incision for 15-20 minutes at a time to help reduce pain and swelling

- Pain typically improves gradually over the first few weeks

Celecoxib (Celebrex) - If Prescribed

- **Take celecoxib exactly as prescribed**

- This anti-inflammatory medication may help with pain control and reduce inflammation after surgery[10][11]

- You may have been prescribed this medication because it has been shown, in non-spinal orthopedic joint replacement surgeries, to prevent abnormal bone formation around the implant (“heterotopic ossification”), however this has not been directly studied in spinal disc replacement surgery. However, the medication is relatively safe and has a low complication profile.

- Take celecoxib with food to reduce stomach upset

- Continue taking it for the full duration prescribed

- Do not stop taking it early without talking to your surgeon first

- Contact your surgeon if you experience stomach pain, black stools, or signs of bleeding

Stool Softeners - If Prescribed

- **Take your stool softener exactly as prescribed**

- Stool softeners help prevent constipation, which is common after surgery due to pain medications and decreased activity

- Constipation can worsen abdominal discomfort and increase the risk of complications

- Continue taking stool softeners as long as you are taking narcotic pain medications

- Drink plenty of water throughout the day to help the stool softener work effectively

Preventing and Managing Bowel Problems

Understanding Ileus (Temporary Bowel Slowdown)

- After anterior (front) approaches to the spine, your bowel may temporarily slow down - this is called an ileus[2]

- This happens because the surgery involves moving your intestines aside to reach your spine

- Signs of ileus include bloating, nausea, vomiting, or inability to pass gas or have a bowel movement

How to Prevent Bowel Problems

- **Walk as much as possible** - early and frequent walking is one of the best ways to help your bowel function return to normal[2][3][12]

- Take your stool softeners as prescribed

- Drink plenty of fluids - aim for 8 glasses of water per day

- Eat small, frequent meals rather than large meals

- Avoid foods that cause gas or bloating in the first few days

- Limit your use of narcotic pain medications when possible, as they slow down your bowel[2]

When to Call About Bowel Problems

Contact your surgeon if you experience:

- No bowel movement for 3 days after surgery

- Severe bloating or abdominal swelling

- Persistent nausea or vomiting

- Inability to pass gas for more than 24 hours

- Severe abdominal pain

Wound Care

Showering

- You may shower **24 hours after surgery**

- Let water run gently over your incision - do not scrub it

- Pat the incision dry with a clean towel after showering

- **Do not take baths, use hot tubs, or go swimming** until your surgeon says it is safe (usually 2-4 weeks)

Incision Care and Staple/Suture Removal

- Your incision was closed by the general surgeon or vascular surgeon who performed the approach to your spine

- **You will need to follow up with this surgeon (not your spine surgeon) for wound checks and staple or suture removal**

- This appointment is typically scheduled for approximately 2 weeks after surgery

- Keep the area clean and dry between showers

- It is normal to see some bruising or swelling around the incision

- Do not apply any ointments or creams to the incision unless specifically instructed

When to Call Your Surgeon

Contact your surgeon's office right away if you notice:

- Increasing redness, warmth, or swelling around your incision[][13]

- Drainage or fluid leaking from your incision[][13]

- Fever over 101.5°F (38.6°C)

- Severe or worsening back or leg pain

- New numbness, weakness, or tingling in your legs

- Difficulty urinating or loss of bowel/bladder control

- Severe headache or changes in vision

- Signs of blood clots such as calf pain, swelling, or shortness of breath

- Any of the bowel problem warning signs listed above

Follow-Up Appointments

You have TWO follow-up appointments:

1. **With your spine surgeon at approximately 2 weeks after surgery** to check your overall recovery progress

2. **With the general surgeon or vascular surgeon who performed the approach** for wound check and staple or suture removal (typically around 2 weeks)

Please call both offices if you did not receive appointment times or need to reschedule.

At your spine surgeon visit, your surgeon will:

- Assess your recovery progress

- Discuss when you can return to work and normal activities

- Answer any questions you have

Physical Therapy

- Your surgeon may recommend physical therapy starting within 2 to 4 weeks after surgery[1]

- Physical therapy can help you safely return to your normal activities[4]

- Your therapist will guide you through exercises to improve strength, flexibility, and function

- Continue your gentle movement exercises at home as tolerated

What to Expect After Disc Replacement

- Most patients (83-92%) are able to return to full unrestricted activity[7][8]

- Relief of symptoms occurs in the majority of patients[7]

- Disc replacement preserves motion at the operated level, which may help maintain normal spine function[7][9]

- Most patients experience significant improvement in back and leg pain after surgery

- Be patient with your recovery - continued improvement occurs over the first several months

Important Reminders

- Keep all follow-up appointments with both your spine surgeon and your access surgeon

- Do not smoke - smoking slows healing and increases complication risk

- If you have any questions or concerns, please contact Dr. Foster's office at Olympia Orthopaedic Associates.

References

1. Postoperative Care Pathways Following Lumbar Total Disc Replacement: Results of a Modified Delphi Approach. Braxton E, Wohlfeld BJ, Blumenthal S, et al. Spine. 2019;44 Suppl 24:S1-S12. doi:10.1097/BRS.0000000000003276.

2. Incidence of and Risk Factors for Ileus Following Spine Surgery. Jordan YJ, Kazarian GS, Morse KW, et al. The Journal of Bone and Joint Surgery. American Volume. 2025;107(7):749-754. doi:10.2106/JBJS.24.00044.

3. A Comprehensive Review of Evidence-Based Strategies to Prevent and Treat Postoperative Ileus. Story SK, Chamberlain RS. Digestive Surgery. 2009;26(4):265-75. doi:10.1159/000227765.

4. Interventions for the Management of Acute and Chronic Low Back Pain: Revision 2021. George SZ, Fritz JM, Silfies SP, et al. The Journal of Orthopaedic and Sports Physical Therapy. 2021;51(11):CPG1-CPG60. doi:10.2519/jospt.2021.0304.

5. Rehabilitation After Lumbar Disc Surgery: An Update Cochrane Review. Ostelo RW, Costa LO, Maher CG, de Vet HC, van Tulder MW. Spine. 2009;34(17):1839-48. doi:10.1097/BRS.0b013e3181abbfdf.

6. Rehabilitation Following First-Time Lumbar Disc Surgery: A Systematic Review Within the Framework of the Cochrane Collaboration. Ostelo RW, de Vet HC, Waddell G, et al. Spine. 2003;28(3):209-18. doi:10.1097/01.BRS.0000042520.62951.28.

7. Lumbar Arthroplasty for Treatment of Primary or Recurrent Lumbar Disc Herniation. Rossi V, Maalouly J, Choi JYS. International Orthopaedics. 2023;47(4):1071-1077. doi:10.1007/s00264-023-05708-x.

8. Arthroplasty in the Military: A Preliminary Experience With ProDisc-C and ProDisc-L. Tumialán LM, Ponton RP, Garvin A, Gluf WM. Neurosurgical Focus. 2010;28(5):E18. doi:10.3171/2010.1.FOCUS102.

9. Lumbar Total Disc Replacement: Current Usage. Franco D, Largoza G, Montenegro TS, et al. Neurosurgery Clinics of North America. 2021;32(4):511-519. doi:10.1016/j.nec.2021.05.010.

10. Pharmacologic, Physical, and Cognitive Pain Alleviation for Musculoskeletal Extremity/Pelvis Surgery Clinical Practice Guideline. American Academy of Orthopaedic Surgeons (2021).

11. Effect of Celecoxib and Dexamethasone on Postoperative Pain After Lumbar Disc Surgery. Karst M, Kegel T, Lukas A, et al. Neurosurgery. 2003;53(2):331-6; discussion 336-7. doi:10.1227/01.neu.0000073530.81765.6b.

12. Enhanced Recovery After Surgery Protocol Accelerates Recovery of Lumbar Disc Herniation Among Elderly Patients Undergoing Discectomy via Promoting Gastrointestinal Function. Zuo X, Wang L, He L, et al. Pain Research & Management. 2021;2021:3573460. doi:10.1155/2021/3573460.

13. Predictors of Extended Hospitalization and Early Reoperation After Elective Lumbar Disc Arthroplasty. Ansari D, DesLaurier JT, Patel S, Chapman JR, Oskouian RJ. World Neurosurgery. 2021;154:e797-e805. doi:10.1016/j.wneu.2021.08.016.