Minimally Invasive Lumbar Microdiscectomy: Discharge Instructions

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

Your Surgery

You had a minimally invasive lumbar microdiscectomy. Your surgeon removed the piece of disc that was pressing on a nerve in your lower back. The goal was to relieve the pain, numbness, tingling, or weakness that was traveling down your leg (sometimes called sciatica). These instructions will help you recover safely at home.

Activity:

The "BLT" Rule (No Bending, Lifting, or Twisting)

For the next **4-6 weeks**, protect your healing back by limiting three movements:

- **Bending**: Avoid repeatedly bending forward at the waist. To pick something up, keep your back straight and squat using your knees and hips instead.

- **Lifting**: Do not lift anything heavier than **10 pounds** (about the weight of a gallon of milk) for **4-6 weeks**.

- **Twisting**: Avoid twisting your spine. Turn your whole body together by moving your feet, rather than rotating at the waist.

Staying active is good for you. You do not need to stay in bed. Take short, frequent walks starting the day of surgery and increase your walking distance a little each day. Walking improves circulation, prevents blood clots, and helps recovery. Change positions often, and avoid sitting or standing in one spot for long stretches. Studies show that resuming activity as your comfort allows, within these commonsense precautions, does not increase the risk of re-herniation.[1][2]

Protecting Your Disc and Preventing Re-Herniation

The same disc can herniate again, most often in the first weeks to months.[3] To lower this risk:

- Follow the no bending, lifting, or twisting rule above.

- Use good body mechanics: **squat with your legs, keep objects close to your body, and never lift and twist at the same time.**

- Avoid high-impact or strenuous activities (running, heavy sports, heavy yardwork) until your surgeon clears you—typically around **3 months**.[4]

- If you smoke, stopping helps your disc and tissues heal.

- Maintaining a healthy weight and gradually building core strength (once your surgeon approves, often through physical therapy) helps protect your back long term.

A Note About Leg Pain After Surgery

It is common and expected for leg pain, numbness, tingling, or "pins and needles" to come and go—or even temporarily feel worse—during the first couple of weeks. This is often called "rebound" pain and usually settles down on its own within about 3 weeks as the nerve recovers.[5][6] Different symptoms recover at different speeds:[7]

- **Pain** usually improves the fastest.

- **Tingling/pins-and-needles** improves next.

- **Numbness** can take the longest—sometimes months—to fully resolve.

This slow, uneven recovery is normal and does not mean the surgery failed. (See the "When to Call" section below for the warning signs that are NOT normal.)[7]

Pain Control

- Take your pain medications as prescribed. As your pain improves, begin reducing stronger (opioid) medications first.

- **Acetaminophen (Tylenol)** is a good base medication for pain. Do not exceed the maximum dose on the label (generally no more than 3,000-4,000 mg in 24 hours), and account for acetaminophen contained in prescription pain pills.

- **Avoid anti-inflammatory medications (NSAIDs)**—such as ibuprofen (Advil, Motrin), naproxen (Aleve), meloxicam, diclofenac, and aspirin—unless your surgeon specifically approves them. Ask your surgeon before restarting any of these.[8][9]

- Opioid pain medication and reduced activity commonly cause constipation. Drink fluids, stay gently active, and use a stool softener or laxative as needed.

- Applying ice to the incision area for short periods can help with discomfort.

Wound Care (Skin Glue)

Your incision is closed with a **surgical skin glue** (a thin, clear adhesive film over the incision). There are no stitches or staples to remove.[10]

- **Leave the glue in place.** Do not pick, peel, scrub, or rub it off. It will naturally flake off on its own over about 1-3 weeks.

- Do not apply any creams, ointments, antibiotic gels, lotions, or hydrogen peroxide to the incision, as these can loosen the glue.

- Keep the incision clean and dry aside from normal showering (see below).

- Do not soak the incision. **No baths, hot tubs, swimming pools, or lakes/oceans** until your surgeon says it is safe (typically after the wound is fully healed).

Showering

- You may take a **shower starting 24 hours after surgery.** Early showering does not increase the risk of wound problems.[11]

- Let water run gently over the incision. **Do not scrub the incision directly.** Pat the area dry with a clean towel—do not rub.

- The skin glue is water-resistant and acts as its own barrier, so no separate dressing is usually needed once you start showering. If you were given a dressing, follow the specific instructions provided to you.[10]

Follow-Up

- You have a follow-up appointment in about **2 weeks** to check your incision and your progress.

- Bring a list of your medications and any questions to this appointment.

When to Call Your Surgeon

Call your surgeon's office for:

- Signs of wound infection: **increasing redness, warmth, swelling, or pus/drainage from the incision**, or the wound edges opening up

- **Fever above 101°F (38.3°C)** or chills

- Clear fluid leaking from the incision

- Pain that is severe and not controlled by your medications

Go to the Emergency Room or Call 911 immediately if you have:

- New or worsening weakness in your legs

- Loss of control of your bladder or bowels, or new inability to urinate

- Numbness in the groin or genital/inner-thigh ("saddle") area

- Calf pain, swelling, or redness, or sudden chest pain or shortness of breath (possible blood clot)

These can be signs of a serious problem that needs urgent attention.

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

References

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