

## COMPLICATIONS

Microdiscectomy is a safe procedure and complications are rare. However, like any surgery, there are some risks such as:

- Dural tear (cerebrospinal fluid leak) in 1 to 2 percent of surgeries
- Nerve root damage
- Recurrent disc herniation
- Bleeding
- Infection

## POST OPERATIVE MANAGEMENT

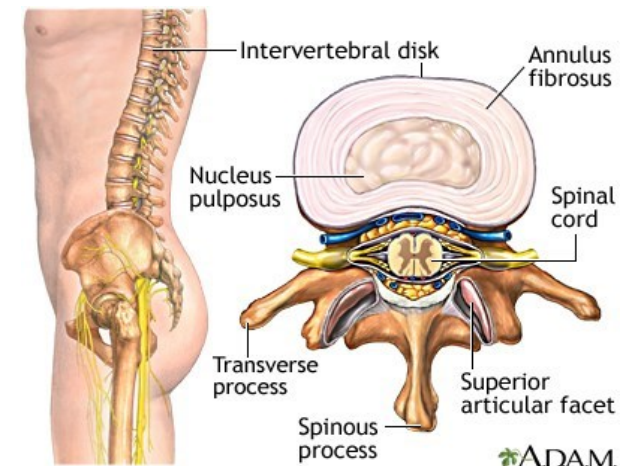
Immediate post operative:

- Monitor neurology
- Turn in bed, semi fowler position
- Walk with assistance to toilet
- Bladder stimulants to assist in voiding
- Discharge– after walking and voiding
- Minimize sitting and riding in a vehicle to comfort

## HOME CARE INSTRUCTIONS

Activity in General:

- If sitting, use only a straight back chair to ensure proper support not to exceed a half hour at a time. Patient may increase their sitting time slowly.
  - Lie only on a firm mattress, no couches or recliner chairs.
  - Patient may lie on the back or side, but not on the abdomen.
  - Absolutely no bending, stooping, pushing, lifting or straining.
  - Avoid housework, especially vacuuming and sweeping.
  - OK to cook, as long as not lifting anything heavier.
  - Learn proper body mechanics to maintain a neutral spine position.
- DO NOT:** Engage in strenuous activity for at least 10 weeks after surgery.

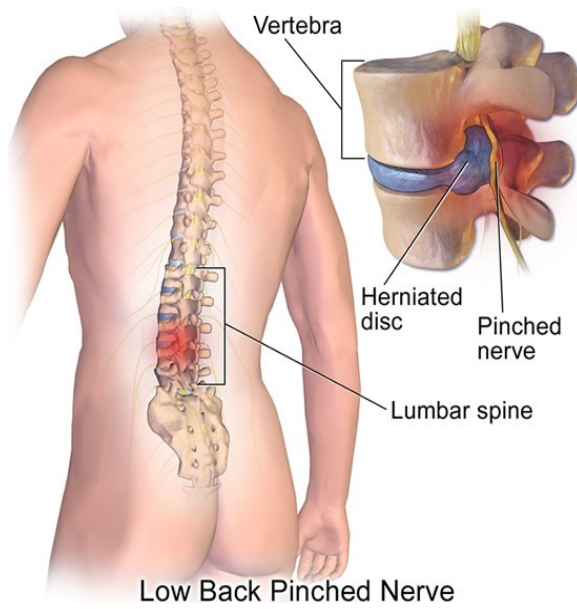


OPERATION THEATRE  
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## WHAT IS IT?

Spinal discs are made of soft material that cushions the vertebra.

Sometimes the discs can bulge or move out of place and push against spinal nerves. This is called a disc herniation. **Discectomy** is surgery to remove lumbar (low back) herniated disc material. It tends to be done as **microdiscectomy**, which uses a special microscope to view the disc and nerves. This larger view allows the surgeon to use a smaller incision. And this causes less damage to surrounding tissue.



## INDICATION

- Pain in the back and extremity, usually back of the leg
- Pain and limitation of raising leg with patient lying on his back
- Loss of sensation in the leg
- Weakness in specific muscle groups in the leg
- Loss of reflexes at the knee and ankle
- CT/MR images showing compression of a nerve root by disc material or osteophyte

## CONTRAINDICATIONS

Microdiscectomy has no absolute contraindications. However, some factors to consider before deciding on surgery.

- Patient with clinical findings that do not correlate with the radiological findings is unlikely to benefit from surgery
- Patients with mostly back pain are not good surgical candidates. The patients who benefit most from surgery are those who primary have radicular pain
- Inadequate conservative treatment—patient should be given a trial for this treatment since 90% improve with conservative treatment alone

## HOW IS THE PROCEDURE DONE?

1. An anesthesiologist will put the patient under general anesthesia. The patient will be unconscious during entire procedure.
2. The procedure is performed with the patient lying face down.
3. The surgeon will make a small incision at the back, and remove muscle out of the way to expose the spine.
4. Small opening (laminotomy) is making. Usually this is done by removing bone with a small drill.
5. Using a microscope, a nerves and the disc will identify.
6. An abnormal disc material that is pressing on the nerve will remove and leave healthy disc in place.
7. When the surgeon is satisfied that all pressure on the nerves has been removed, the wound will be closed with the suture.

