FOR THE LOVE OF LIFE®

Cardiff & Vale Hospitals

SOUTH WALES SPINAL CENTRE

To book an appointment or speak to one of our team, call

029 2083 6714

and ask for an appointment.

nuffieldcardiffandvale.com
southwalesspinalcentre.com

The South Wales Spinal Centre
is based within The Cardiff Bay Hospital and The Vale Hospital, which is where you will be having your operation.

This booklet is interactive and you will work through the various sections with the healthcare professionals at The Vale Hospital.

FOR THE LOVE OF LIFE®
Cardiff & Vale Hospitals

The Vale Hospital
Hensol Castle Park, Hensol
Vale of Glamorgan, CF72 8JX

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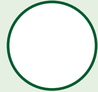
This is your planned surgery

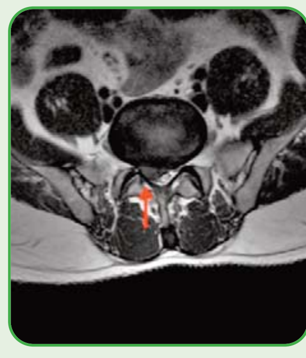


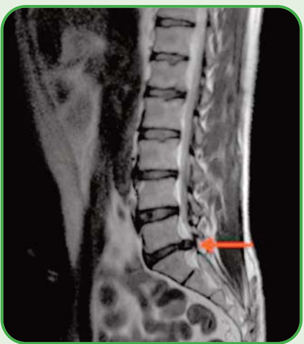
Procedure:
Lumbar discectomy / decompression

Meaning:

Posterior	–	back of the body
Lumbar	–	lower back
Discectomy	–	the removal of part/all of a disc
Decompression	–	the surgical technique used to relieve pressure on spinal nerves by removing small areas of bone and / or disc

You can have just the discectomy, just the decompression or both at the same time.





MRI Scan Showing Lumbar Disc Prolapse

1

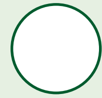
Reason for surgery
If a nerve is compressed causing leg pain, weakness and altered sensation.

Surgery in brief
- A vertical incision is made to the middle of the lower back.
- Bone and ligament are removed from the back of the spine exposing the underlying nerves and relieving any pressure that may be on them.
- The nerves are gently moved to one side to inspect the intervertebral disc.
- If the disc is causing pressure on the nerve that part of the disc will be removed plus any other loose disc material inside the disc space.

Benefits of surgery
Aims to improve pain, strength and sensation in the legs.

Precautions after surgery
It is necessary to allow sufficient healing following surgery and therefore you should be cautious with deep bending and twisting activities. Repetitive or prolonged stooping is discouraged and you ought to avoid heavy lifting for 6 weeks. Slumping when sitting is ill-advised.

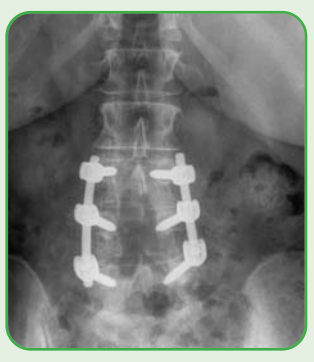
This is your planned surgery

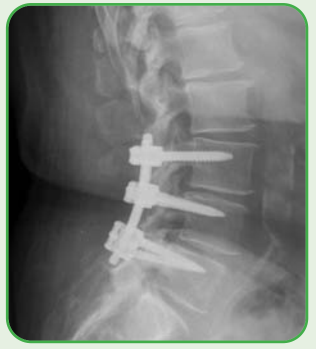


Procedure:
Posterior Lumbar Decompression and Fusion

Meaning:

Posterior	–	back of the body
Lumbar	–	lower back
Decompression	–	the surgical technique used to relieve pressure on spinal nerves by removing small areas of bone and / or disc
Fusion	–	surgical technique used to join two or more bones together





X-Rays Showing Posterior Lumbar Decompression and Instrumented Fusion

Reason for surgery

Degeneration of the spine causing back or leg pain.
Deformity of the spine.
Instability of a segment(s) of the spine.
Previous conservative / surgical methods have failed to relieve symptoms.

Surgery in brief

- A vertical incision is made to the middle of the lower back.
- Screws are inserted into the vertebrae above and below the affected level, on the left and the right.
- Rods are then applied to the screws.
- Bone and ligament are removed from the back of the spine exposing the underlying nerves and relieving any pressure that may be on them.
- The nerves are gently moved to one side to inspect the intervertebral disc.
- If the disc is causing pressure on the nerve that part of the disc will be removed plus any other loose disc material inside the disc space.
- Bone graft is applied along the sides of the spine to achieve a fusion.

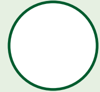
Benefits of surgery

Aims to improve leg and back pain, spinal deformity and the strength and sensation in the legs.

Precautions after surgery

It is necessary to allow sufficient healing following surgery and therefore you should be cautious with deep bending and twisting activities. Repetitive or prolonged stooping is discouraged and you ought to avoid heavy lifting for 12 weeks. Slumping when sitting is ill-advised.

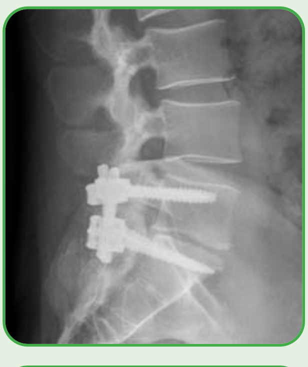
This is your planned surgery

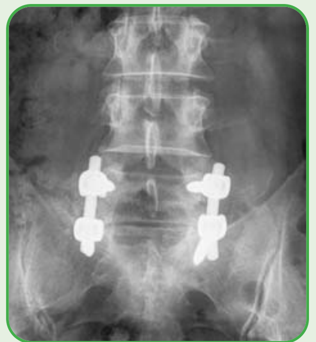


Procedure:
Posterior Lumbar Fusion / Stabilisation

Meaning:

Posterior	–	back of the body
Lumbar	–	lower back
Fusion	–	surgical technique used to join two or more bones together
Stabilisation	–	surgical technique used to limit or prevent the movement across a joint(s)





X-Rays Showing Posterior Lumbar Instrumented Fusion

3

Reason for surgery

Degeneration of the spine causing back or leg pain.
Deformity of the spine.
Instability of a segment(s) of the spine.
Previous conservative / surgical methods have failed to relieve symptoms.

Surgery in brief

- A vertical incision is made to the middle of the lower back.
- Screws are inserted into the vertebrae above and below the affected level, on the left and the right.
- Solid rods are then applied to the screws and bone graft is placed along the sides of the spine to achieve a fusion.
- Alternatively, flexible rods are applied to the screws to stabilise the spine but also to allow some movement.
- A combination of the two can be used in some circumstances where more than one level of the spine is being operated on.
- There are other methods of fusion / stabilisation that can be used in certain circumstances and, if appropriate, your surgeon will have explained these procedures to you.

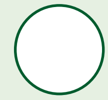
Benefits of surgery

Aims to improve back and leg symptoms.

Precautions after surgery

It is necessary to allow sufficient healing following surgery and therefore you should be cautious with deep bending and twisting activities. Repetitive or prolonged stooping is discouraged and you ought to avoid heavy lifting for 12 weeks. Slumping when sitting is ill-advised.

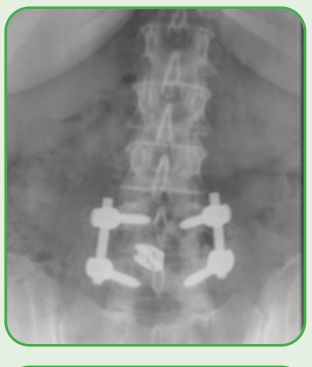
This is your planned surgery

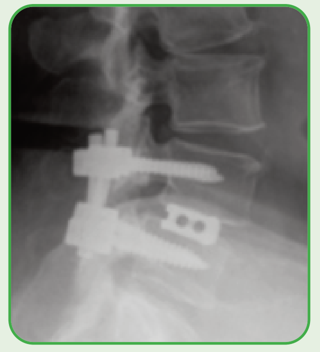


Procedure:
Posterior Transforaminal Lumbar Interbody Fusion (abbreviated to TLIF)

Meaning:

Posterior	–	back of the body
Transforaminal	–	between an opening
Lumbar	–	lower back
Interbody	–	between the vertebral bodies (where the intervertebral disc is)
Fusion	–	surgical technique used to join two or more bones together





X-Rays Showing Posterior Transforaminal Lumbar Interbody Fusion

Reason for surgery

Degeneration of the spine causing back or leg pain.
Deformity of the spine.
Instability of a segment(s) of the spine.
Previous conservative / surgical methods have failed to relieve symptoms.

Surgery in brief

- A vertical incision is made to the middle of the lower back.
- Screws are inserted into the vertebrae above and below the affected disc, on the left and the right.
- Bone and ligament are removed from the back of the spine exposing the underlying nerves and relieving any pressure that may be on them.
- The nerves are gently moved to one side and most of the intervertebral disc is removed.
- A cage packed with bone graft is then inserted into the empty disc space.
- Rods are then applied to the screws.
- Bone graft is applied within the disc space and along the sides of the spine to achieve a fusion.

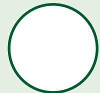
Benefits of surgery

Aims to improve leg and back pain, spinal deformity and the strength and sensation in the legs.

Precautions after surgery

It is necessary to allow sufficient healing following surgery and therefore you should be cautious with deep bending and twisting activities. Repetitive or prolonged stooping is discouraged and you ought to avoid heavy lifting for 12 weeks. Slumping when sitting is ill-advised.

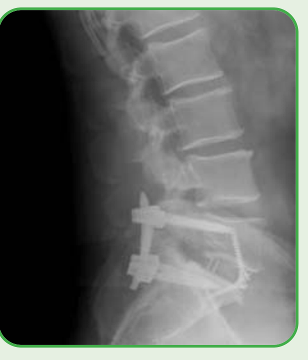
This is your planned surgery

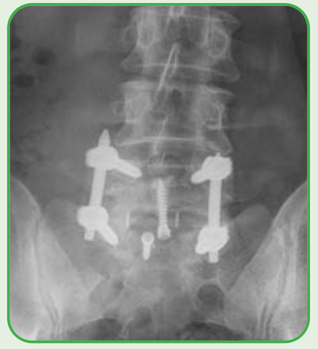


Procedure:
Anterior Lumbar Interbody Fusion
(abbreviated to ALIF)

Meaning:

Anterior	–	front of the body
Lumbar	–	lower back
Interbody	–	between the vertebral bodies (where the intervertebral disc is)
Fusion	–	surgical technique used to join two or more bones together





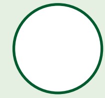
X-Rays Showing Anterior Lumbar Interbody Fusion with Additional Posterior Instrumentation

Reason for surgery
Degeneration of the spine causing back or leg pain.
Deformity of the spine.
Instability of a segment(s) of the spine.
Previous conservative / surgical methods have failed to relieve symptoms.

Surgery in brief
- An incision is made in the lower abdomen (belly) and the abdominal contents are gently moved to one side to expose the front of the spine.
- The large blood vessels lying in front of the spine are gently retracted to expose the vertebrae above and below the affected intervertebral disc.
- The disc is removed and a cage packed with bone graft is then inserted into the empty disc space.
- Screws may then be applied to fix the cage in place or alternatively a plate and screws may be placed over the front of the cage.
- An additional procedure to the back of the spine involving the placement of screws and rods may be required.

Benefits of surgery
Aims to improve leg and back pain, spinal deformity and the strength and sensation in the legs.

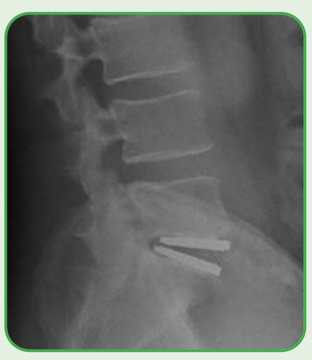
Precautions after surgery
It is necessary to allow sufficient healing following surgery and therefore you should be cautious with deep bending and twisting activities. Repetitive or prolonged stooping is discouraged and you ought to avoid heavy lifting for 12 weeks. Slumping when sitting is ill-advised.

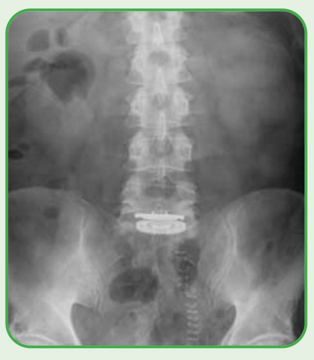

This is your planned surgery

Procedure:
Anterior Lumbar Intervertebral Disc Replacement (abbreviated to IVDR)

Meaning:

Anterior	–	front of the body
Lumbar	–	lower back
Intervertebral		
Disc Replacement	–	the removal of all of a disc and replacing it with an artificial one





X-Rays Showing Lumbar Intervertebral Disc Replacement

6

Reason for surgery

Degeneration of the spine causing back or leg pain.
Previous conservative methods have failed to relieve symptoms.

Surgery in brief

- An incision is made in the lower abdomen (belly) and the abdominal contents are gently moved to one side to expose the front of the spine.
- The large blood vessels lying in front of the spine are gently retracted to expose the vertebrae above and below the affected intervertebral disc.
- The disc is removed and an artificial replacement disc is inserted into the empty disc space.

Benefits of surgery

Aims to improve back and leg symptoms. The artificial disc is designed to allow your spine to move. This preservation of motion is thought to prevent or delay the onset of adjacent segment problems in the spine.

Precautions after surgery

It is necessary to allow sufficient healing following surgery and therefore you should be cautious with deep bending and twisting activities. Repetitive or prolonged stooping is discouraged and you ought to avoid heavy lifting for 12 weeks. Slumping when sitting is ill-advised.

Complications of Lumbar Spine Surgery:

Unfortunately, all forms of surgery have risks and complications.
For lumbar spine surgery the main ones are:

- Pain or discomfort
- Bleeding
- Infection and other wound problems
- Deep venous thrombosis
- Spinal nerve injury
- Spinal nerve scarring
- Paralysis, bladder, bowel and / or sexual problems
- Spinal fluid leakage due to tears of the dura (the layer of tissue covering the spinal nerves)
- Stiffness
- Failure to improve symptoms or recurrence of symptoms
- Need for further surgery
- Problems with wound drains
- Injury to other organs / blood vessels

In addition, for cases involving implants:

- Metalwork problems including failure / loosening / malplacement / loss of position
- Non-union (failure of fusion between the vertebrae)
- Problems with the spinal segments above and / or below the operated area

The risks and complications of spinal surgery often depend on individual patient circumstances and your surgeon will discuss this with you.

Before coming into hospital

Preparation Before Admission

Consider what you will need after your operation:

Home environment

You will be fully mobile at home after your operation, but it is worth making sure that you reduce risks of trips and falls by moving hazards / rugs out the way. You will need a supportive chair to sit in. A soft, low sofa will be unsuitable.

Preparing food/drinks

It is advisable to ensure you have stocked your fridge and freezer prior to coming in. It is recommended to consider quick, easy, microwave meals or similar. A healthy, balanced diet is recommended after surgery.

Shopping

You will need to arrange friends, family or neighbours to do your shopping initially. You could also arrange grocery delivery via the internet.

Help at home

It is worthwhile to have your family and friends help you out particularly with any cleaning / laundry as this type of activity is not advisable immediately after surgery.

Lifts for appointments

You will be asked back for follow-up out-patient appointments and although you may be able to drive it is worth preparing someone to drive you in case this is not possible.

Finance

If you are funding the procedure then payment will need to be settled prior to admission. If you have a medical insurance policy that is covering your operation you will need to provide an authorisation code from the insurance company prior to admission.

Men

With anterior lumbar surgery (ALIF and IVDR) there is a small risk of developing sexual problems leading to infertility following this type of surgery (retrograde ejaculation). It is advised that you consider storage of sperm prior to the procedure especially if you have not completed your family.

Do’s and Don’ts

- **Do** bath or shower at home on the day of surgery prior to coming in to hospital.
- **Do** leave your jewellery and valuables at home. You may wear your wedding band.
- **Do Not** wear any nail varnish, make-up or use any hair / body products such as gel / hairspray / body lotion etc.
- **Do Not** drink alcohol or smoke 24 hours prior to your operation, particularly on the day of your procedure.

Interactive (with Pre-Assessment Nurse)

Date of admission: ....

Time of admission: ....

Expected time of surgery AM/PM

We cannot be specific about the time of surgery. There can be delays and last minute alterations which are unavoidable.

What I can eat/drink on the day of surgery

AM – No food (including chewing gum / mints) after midnight ☐
You may drink water until 5:30am ☐

PM – You may have an early light breakfast by 7am ☐
No food (including chewing gum / mints) after 7am ☐
You may drink water until 11am ☐
You may have light diet until .... ☐
(no food/chewing gum/mints after this time)
You may drink water until .... ☐

Interactive (with Pre-Assessment Nurse)

- **Medication I STOP before coming in to hospital:**

  ....

- **Medication I TAKE before coming in to hospital:**

  ....

Checklist

What I need to bring into hospital:

This booklet ☐
Toiletries ☐
Slippers (preferably with backs) ☐
Day clothes – loose fitting clothes with a loose waist band e.g. jogging bottoms ☐
Walking aids ☐
Nightdress/Pyjamas ☐
Medications in their original boxes ☐

You do not need to bring in towels. These will be provided.

During your hospital stay

Day of Admission

Where do I report on the day of surgery?

You need to report to main reception at the Vale Hospital at the time shown in the last section. When the ward is ready for you, the ward clerk will greet you, bring you to the ward and show you to your room.

On the Ward FAQ's

Who will I see before my surgery?

- Nursing Staff – the nurse will admit you to the ward.
- Anaesthetist – will discuss your anaesthetic with you.
- Consultant – will discuss the operation again and gain your consent if this has not already been done in clinic.
- Resident Medical Officer / Pharmacist (if appropriate) will discuss your medications.
- Physiotherapist (if appropriate) – will assess your mobility, movement and function, and give you advice.

What will I wear before my surgery?

- A gown that does up on the side
- A pair of paper pants
- A dressing gown
- Clean house slippers
- You may be required to wear a pair of stockings/socks to reduce your risk of deep vein thrombosis (DVT). These will be provided.

Will I be put to sleep?

Yes, you will have a general anaesthetic for spinal surgery.

How long will the surgery take?

Usually between 2-4 hours, depending on the nature of the surgery.

How long will I be in hospital?

The usual hospital stay for lumbar spine procedures is likely to be between 2 – 5 days, depending on the nature of the surgery.

During your hospital stay (continued)

What to expect after my operation

Day of surgery – Day 0

Will I be in pain?

You will experience some pain after your surgery, however you will have received painkillers at the time of your anaesthetic and afterwards in the recovery room.

Types of pain control:

- PCA (patient controlled analgesia) - a button will be given to you for you to press when you experience pain. This attached to a pump that will give you a strong painkiller (usually morphine). This is normally set up in the recovery room.
- Intra Venous painkillers - a drip providing a painkiller may be given up to 4 times a day (usually paracetamol).

Wound drains

You may have a wound drain that is usually removed 24/36 hours after surgery. This is to stop any fluid or blood building up near the wound.

DVT prevention

Move your legs as much as possible in the bed to help circulation. You are likely to have stockings on to reduce the risk of DVT (Deep Vein Thrombosis). Some patients will also have foot or calf pumps depending on their DVT risk.

Personal Hygiene

After your operation it is likely that you will need to use bottles/bedpans to pass urine. For some types of surgery a urinary catheter will be required. This will usually be placed when you are asleep under the general anaesthetic. It is unlikely that you will have a bowel motion on the first day following surgery. If you do, then the nurses will assist you to use the bathroom / bedpan.

Will I be sick?

Some patients do feel nauseous after general anaesthetic. You will be given an anti sickness medication to help with this if needed.

Will I eat and drink after surgery?

You will have a drip ensuring that you stay hydrated. You will then start with sips of water and increase as tolerated unless your consultant states otherwise. You will start on a light diet and progress to a normal diet once you have started passing wind. Occasionally your bowel can take a few days to recover, especially after anterior lumbar surgery and sometimes after posterior fusion surgery, and you can become bloated and nauseous. If this occurs, suppositories may be required.

The Day after surgery – Day 1

Nursing observations

It is important that your blood pressure temperature and pulse are taken regularly even during the night. If you have a PCA then these observations will be taken hourly.

Pain Control

The PCA will be removed. Instead, you will have regular tablets given to you by the nurses.

Wound drains and drips

Drains and drips are removed as and when the medical team decide it is the right time to do so.

DVT prevention

Continue to move your legs as much as possible in the bed to help circulation. Some patients may also be given a daily injection to prevent DVT depending on their DVT risk. This is usually stopped at discharge.

Eating and Drinking

Once the doctor has agreed you will be able to start a light diet. You will be encouraged to keep yourself well hydrated and drink regularly. Occasionally your bowels can take a few days to recover, especially after anterior lumbar surgery and sometimes after posterior fusion surgery, and you can become bloated and nauseous. If this occurs, suppositories may be required.

Personal Hygiene

Once you have seen the physiotherapist it is possible you will be walking to and from the bathroom. Once you are fully mobile, the urinary catheter will be removed.

Washing / dressing

If you need help, you will be assisted by the nursing staff. Showering may be possible as long as you keep the wound dry. You are likely to remain in nightdress or pyjamas on the first day.

Visiting times

Visiting times are 3pm-8pm. Please advise your friends and family of these times. You may not feel like having visitors on the first day.

During your hospital stay (continued)

Physiotherapy

Getting in/out bed

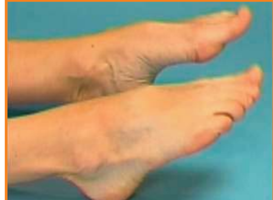
You will need to use a 'log roll' technique for rolling yourself in and out of bed. This is the easiest and most comfortable method. You will bend one knee and roll onto your side keeping your back in a straight position. You will then bring your knees over the edge of the bed, and push yourself straight into a sitting position. Your physiotherapist may have practised this with you during your pre-assessment. The nurses may be the first people to help you log roll out of bed on the day after your operation and will visit you in your room to practise the technique so that you can be entirely independent.

Mobility

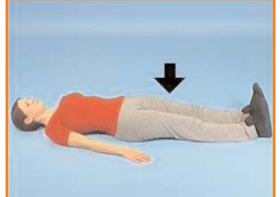
You will be able to walk to the toilet once the physiotherapist has seen you. Unless you were dependent on a walking aid prior to surgery there is not usually any reason to require walking aids following this type of surgery. Mobilising for too long and too far early on can irritate symptoms so start slowly.

Exercise

You will need to run through the following exercises when on the bed to reduce the risks of DVT and to keep your muscle groups maintained and healthy. Do them all 5 to10 times every 2 to 3 hours during the day.



Move your feet regularly to help circulation.



Lying on your back

Push your knees down into the bed contacting the quadriceps muscle at the front of the thigh. Hold approximately 5 secs. Relax.

Lying on your back

Squeeze buttocks firmly together. Hold contraction for approximately 5 secs. Relax.

Lying on your back with knees bent

Gently draw in your lower abdominals. Ensure you are still able to breathe normally whilst maintaining the contraction. Hold approximately 5 secs.

Sitting and Postural Advice

It is perfectly safe to sit in a chair although you are advised to ensure you are not slumping in the chair and you are comfortable. You should sit in the chair during meals to aid digestion. Sitting for long periods can irritate your symptoms. It is advisable to change position regularly from lying / sitting / standing / walking. Your physiotherapist will advise you to lower yourself into the chair bending your knees and elbows rather than bending your back.

Support

If your surgeon feels you need extra support due to the nature of your surgery then they will ask the Physiotherapist to consider a brace or a corset for you.

Subsequent days – Day 2+

Pain relief

You will no longer require the PCA or drips. The nurses will provide you with pain relief in tablet form or liquid form.

Washing/ dressing

You will be encouraged to wash and dress independently with assistance from the nurse staff to wash your feet and lower legs.

Mobility

You will increase your mobility distance on the ward. You will more than likely be a little slower than normal. You will be started on some core stability exercises that you will need to continue at home. Good core stability generally protects the spine and enhances function.

Interactive with Physiotherapist

Complete exercises

....

....

....

....

....

....

Stairs Assessment

Completing the stairs can be daunting when you get home. Your Physiotherapist will complete this with you on the ward before you go home. This is usually easier than most people expect and if you have any difficulty the Physiotherapist can problem solve this with you.

Follow Up Physiotherapy

The surgeon and physiotherapist will agree when you can start physiotherapy after you go home. We offer physiotherapy at the Cardiff Bay Clinic and the Vale Hospital. Your appointment will be arranged before you leave hospital. It is possible to use other physiotherapists if you live further afield.

During your hospital stay (continued)

Day of Discharge

In order for you to be discharged from Vale Hospital:

- Pain well controlled ☐
- Wound clean and dry ☐
- Eating/drinking ☐
- Passed water/bowels opened ☐
- Consultant/Physiotherapist/Nurses all agree fit for discharge ☐

What will I be given to take home?

A Discharge pack, including:

- A 7 day supply of tablets. Repeat prescriptions should be obtained from your GP
- Spare dressings
- Advice about your wound care
- Out-patient appointment card with details of your next appointment
- Brace/corset if advised

What will I not receive from the hospital?

Sick certificate - a sick certificate can be issued from your GP, not the hospital.

After you leave hospital

After I get home – first 6 weeks

General

When you go home expect to feel tired and sore. This is normal and it is common to rest in the afternoon. Take it easy! Take 2 weeks just to recover, start increasing activity in weeks 2 to 4 and then you will really start to feel much better in weeks 4 to 6.

Please remember each individual is different. Your progress will very much depend on:

- Symptoms you had and the severity of symptoms before your operation
- Any complications
- Your age
- Other medical problems
- The type of surgery you have had

Many things affect recovery and so it is impossible to be specific. Please accept the following as approximate guidelines.

Symptoms after surgery

If you had leg pain prior to surgery, in most cases this improves immediately after surgery or in the initial 6 weeks. If you have numbness or weakness prior to surgery it is unknown how well the nerve will recover. This is dependent on how impaired the nerve had become. Nerve recovery is often slow and progressive and can continue for months. Patience is required to establish if weakened muscles become stronger. Numbness is the last to improve and can often remain. If your surgery was performed for low back pain then it can take longer for the benefits of surgery to take effect.

Pain-relief

Take the regular painkillers from your discharge pack for the first few days at home. This is to keep on top of the pain / discomfort you have. As you feel the pain is reducing you can start to reduce the painkillers. Some painkillers can cause constipation. Make sure you have a high fibre diet, drink plenty of fluids and complete gentle walks. If you suffer with constipation from the painkillers prescribed, seek advice from your GP or local pharmacy.

Deep venous thrombosis (DVT) prevention

You should wear your TED stockings for 6 weeks following your surgery according to the NICE (National Institute for Health and Care Excellence) guidelines. Common signs for a DVT include calf pain, swelling, redness. You should contact the Vale Hospital for advice if concerned. Ask someone to help you change the stockings daily. You can hand wash them with soap and water and they dry relatively quickly.

Sutures/Clips

If you have any sutures / clips that need to be removed this will be organised for you 10 to14 days after your operation date. You will be provided with an appointment at The Vale Hospital or Cardiff Bay Hospital. If you live further afield and would prefer to have your GP surgery remove the clips / sutures please discuss this with your nurse. If your sutures are absorbable, they may take 7 to10 days to dissolve. Any suture knots under the skin can take up to 21 days to dissolve fully.

Dressings

Dressings are to stay clean, dry and intact until your sutures / clips are removed. If your sutures are absorbable leave the dressing intact for 7 to 10 days and then remove.

Do not disturb dressings unnecessarily. Only change them if:

a) the wound is oozing and there appears to be leaking on to the dressing
b) the dressing gets wet
c) the dressing is peeling off

Please keep a close eye on the dressing / wound site and look for signs of infection. Signs of infection are redness, pain, pus or an increased temperature. If you are concerned please contact the Vale Hospital.

Showering

Wounds heal better when kept clean and dry. It is recommended that strip washes should be taken until your wound is healed. Showering may be possible as long as you keep the wound dry and change the dressing if it gets splashed.

Sleeping

Sleep in a bed when you get home (not a chair). Sleeping on your back is often the best position to maintain a good spinal posture. However, if sleeping on your side is most comfortable for you then this will be fine. Try to avoid twisted sleeping positions.

Dressing

Pick clothes that are loose and easy to put on to start. Ask someone else to help with socks if this is difficult and opt for slip on shoes. If you live alone we can provide some aids to assist.

Physiotherapy

At home you will need to continue with all you have been shown in hospital to include:
Log roll and the exercises shown in this booklet.
Stick to the precautions listed at the beginning of this booklet (under Introduction section).
Attend your first and subsequent physiotherapy appointments.

A fusion procedure is carried out to stiffen a segment of the spine and to stop it moving thereby helping the underling problem. The bones in your spine can take up to a year to fuse and sometimes longer. During the first 3 months following a fusion procedure you should take things easy and not excessively move the fused / operated part of your spine.

This does not mean you should remain inactive but that you should avoid certain activities. Your physiotherapist will advise you about this. During the first 3 months the focus of physiotherapy will be on developing good core stability, returning to normal daily activities and preparing for return to work. Beyond the first 3 months, physiotherapy will aim at restoring normal movement and returning to recreational activities.

Sitting

Sit in a well-supported chair at home. A low, soft sofa will be inappropriate. Sit for short periods and increase as you feel comfortable. Avoid slumping.

Walking

You will need to spend 1 to 2 weeks recovering from the anaesthetic and allowing the wound to heal. During this time, take your time mobilising just at home. When you feel comfortable and confident to do so, start increasing your mobility outdoors. Pacing yourself is important. Make sure you increase your mobility sensibly and do not push yourself too early.

In/Out car

Use the same technique as getting in and out of a chair i.e. use your elbows and knees. Push the seat back to give you plenty of leg room, hold onto the door frame and lower yourself to the seat. Step one leg in at a time and avoid twisting.

Driving

You should refrain from driving initially. The time scale for returning to driving can vary considerably depending on the type of operation you have had. You should discuss this with your surgeon. In general, you can consider returning to driving after 3 to 4 weeks. This is as long as you feel your symptoms are settled, you feel able to confidently control the car and your insurance company are satisfied so they will cover you. You must be comfortable getting into and out of your car, can turn your body to look out of the rear window and can safely perform an emergency stop. Reversing and checking your blind spot are the movements most likely to cause discomfort. Try using a 'Reversing Mirror' if this continues to be a problem.

Housework

You can usually start to do some light housework after 3 to 4 weeks. Start with the lighter duties such as dusting and cooking and potentially progress after 4 to 6 weeks to heavier duties such as hoovering and washing. You will be seeing a physiotherapist during these times and so you can discuss with your physiotherapist whether they think you are fit to return to these activities prior to starting them.

Return to Work

This will very much depend on your occupation and the type of surgery.

For decompression / discectomy procedures:
Manual occupations or work that requires long periods of standing or walking will not be advised for 6-12 weeks if you have had decompression / discectomy only procedure. Even at six weeks return to this form of work will depend on your progress and your physiotherapist and surgeon can discuss this with you. You may be able to return to office based jobs or more sedentary occupations sooner but this will depend on your symptoms and progress. Discuss this with your surgeon to decide what is best for your particular field of work. When you do return consider your sitting posture and how your workstation is set up for you. Your physiotherapist can go into more detail on what to look for.

For fusion procedures:
Manual occupations or work that requires lifting and manual labour will not be advised for up to 16 weeks. Jobs that entail long periods of standing or walking will not be advised for 6 weeks. Even at six weeks return to this form of work will depend on your progress and your physiotherapist and surgeon can discuss this with you. You may be able to return to office-based jobs or more sedentary occupations sooner but this will depend on your symptoms and progress(usually 12 weeks). Discuss this with your surgeon to decide what is best for your particular field of work. When you do return consider your sitting posture and how your workstation is set up for you. Your physiotherapist can go into more detail on what to look for.

Travel

If you have a long way to travel, make regular stops to take a gentle walk and change your position. Air travel is not usually recommended in the early stages post-surgery. It is advisable to have a discussion with the surgeon directly and agree a timescale for this.

Lifting

Avoid heavy lifting for at least 6 to 12 weeks. When you do start to lift heavier items you MUST use correct lifting technique keeping the item close to your body and use your legs. Your physiotherapist can go through this in detail with you.

Sexual Activity

Introducing sexual activity after spinal surgery will vary from patient to patient and the type of the surgery. As a general guide, you should initially take a passive role and activity should be gradual to minimise recurrent symptoms. Care must be taken not to excessively bend or twist your spine. Feel free to ask the healthcare professionals for further advice.

Please contact the Vale Hospital if:

- Your wound site becomes red, hot, swollen or oozing
- You are running a high temperature and feeling unwell
- You are experiencing high levels of pain not controlled by the painkillers prescribed
- You are experiencing numbness or loss of sensation that you did not have prior to your surgery.

Who do I contact if I have concerns?

Any concerns after discharge contact the ward for advice on:

01443 449278

6 weeks and beyond

Follow Up Consultant Review

You will have seen or be due to see your surgeon to establish how well you have recovered. If you have had a fusion procedure then you will normally be seen for further follow up appointments at 3 and 6 months and at 1 year to monitor your progress and for X-Rays to assess the fusion.

Return to Work

If sedentary work you will usually be starting back to work and increasing sitting tolerance and general activity. If manual work, it is usually possible to return between 8 and 12 weeks. You will need to liaise with your employer and your GP so that you have a phased return to work i.e. reduced hours initially and building back up to full hours week by week. Return to manual work will depend on your progress and symptoms. The exact timescale is usually decided with your surgeon at your follow up appointments.

Physiotherapy

Between 6 and 12 weeks you should be mobilising well, and back to normal daily activities. You will have a set core stability strengthening exercise program prescribed by your physiotherapist and you must ensure you complete the exercise program daily in order to progress. Beyond the first 3 months, physiotherapy will aim at restoring normal movement and returning to recreational activities.

Sport

Cycling, swimming and walking will be the types of activities you can return to first (6 to 12 weeks under physiotherapists instructions). Return to impact and contact sports will depend on your strength, core stability, recovery and satisfaction of your physiotherapist and surgeon. As a guide this be approximately 16 weeks.

Who do I contact if I have concerns at a later stage?

Any concerns after you have been seen by your Consultant at your follow-up appointment, please contact out-patients for advice on:

01443 449253

The Vale Hospital
Hensol Castle Park, Hensol
Vale of Glamorgan, CF72 8JX

Personal Notes

Dates For Your Diary

Out patient appointment

Date ....

Time ....

Location ....

Out patient appointment

Date ....

Time ....

Location ....

Out patient appointment

Date ....

Time ....

Location ....

Out patient appointment

Date ....

Time ....

Location ....

Out patient appointment

Date ....

Time ....

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Out patient appointment

Date ....

Time ....

Location ....

Patient Dairy

The benefits of keeping a diary are that they will help you keep track of your goals and the improvements you are making towards a full recovery following your surgery.

Week 1

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Week 2

Week 3

22

Patient Dairy

Week 2

Notes

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