

Patient Instructions: Lumbar Artificial Disc

Surgical Technique

An artificial disc is a device that replaces a diseased or damaged intervertebral disc. Replacing a damaged disc with a prosthesis can help restore the normal space between two vertebrae, relieve pressure on the facet joints, and preserve natural motion. Lumbar discs are usually approached from the front of the spine through an incision in the abdomen. The goal is to relieve pressure on the nerve roots or on the spinal cord and/or treat a painful disc. The disc(s) are removed and pressure is taken off of the nerve roots and spinal cord using an operating microscope and microsurgical technique. After removing the disc, an artificial disc is inserted into the space. Please visit www.bnasurg.com for more information.

Before Surgery

- Seven days prior to surgery, please do not take any anti-inflammatory NSAID medications (Celebrex, Ibuprofen, Aleve, Naprosyn, Advil, etc.) as this could have adverse effects on your healing and prolong your bleeding time in surgery.
- Do not eat or drink anything after midnight the day before surgery. This means nothing to drink the morning of surgery except you may take your normal medication with a sip of water if needed. This includes your blood pressure medicine, which in general should be taken.
- Consult your surgeon or primary care doctor regarding insulin if you take it.
- Please do not be late to check in on the day of surgery or it may be cancelled.
- Please bring your preoperative folder with you to the surgery and have it when you check in.
- If you have a copy of your MRI or x-rays, please bring these with you to the surgery even if your surgeon has seen them already or might even have a copy. Surgery may be cancelled if we do not have your radiographic images.
- Please be aware that smokers are recognized to have a significantly higher risk of postoperative wound healing problems, as well as operative and postoperative bleeding. Smoking disrupts the normal function of basic body systems that contribute to bone formation. Smokers must understand and agree to discontinue smoking for at least two weeks before and after surgery. Although it helps to stop smoking for several weeks before and after surgery, this does not eliminate the increased risk resulting from long-term smoking.

After the Surgery

You should expect soreness at the incision site, which should go away in time. Some patients may have leg pain after the surgery because the nerve was pulled aside. These symptoms also should gradually improve. You may have immediate relief or gradual improvement from your symptoms in the next weeks to months.

Activity Level?

- Walking is the best exercise after back surgery. It strengthens back and leg muscles, increases endurance, relieves stress and most importantly - helps to keep proper blood flow, the bowels moving and keeps fluid from building up in the lungs. Soon after surgery, a patient is encouraged to get up and walk and gradually increase the distance. The sooner a patient becomes active, the sooner he/she will resume their normal routine. While activity is encouraged, the lumbar spine should be protected and the activity level should be increased at a slow but steady pace.
- Do not lift more than 5-10 pounds for the first few weeks after surgery. This may be increased to approximately 20 pounds after 4-6 weeks. Do not lift anything greater than 20 pounds for the first 3 months.
- Avoid prolonged upright sitting on hard surfaces or long car rides (more than 2 hours) for 2-4 weeks.
- You may drive as soon as it is comfortable to do so, which is usually after two weeks following discharge from the hospital. You should not drive while under the influence of pain medications.
- Avoid activities where there is the potential for a fall or physical contact until cleared by your surgeon.

Immediate Postoperative Period

- Begin with sitting and gentle abdominal flexion
- The use of the lumbar brace is optional, but it helps to avoid initial extremes in range of motion
- Begin walking as soon as possible (same day or the morning after the surgery)
- Gentle active and passive hip and knee flexion
- Sitting to tolerance (20-30 minutes)
- Early assisted transfers to chair

Early Postoperative Period (2-6 weeks)

- Activities should be based on pre-operative physical conditioning

- Initiate flexibility program, core strengthening, trunk stabilization, and aerobic conditioning
- The use of the lumbar brace is optional, but it helps to initially avoid extremes in range of motion
- Avoid:
 - Hyperextension exercises
 - Heavy lifting
 - Impact-loading activities (jumping, running)
 - Contact sports
 - Twisting motions (tennis, golf)

Later Postoperative Period (6 weeks to 3 months)

- Flexibility, core strengthening and trunk stabilization exercises should be continued and lumbar spine rotation, spine bending, and abdominal strengthening exercises should begin at 6 weeks.
- Golf and tennis can begin at 3 months

Bandage

- Bandage (if present) may be removed the second day following surgery.
- Steri-strips should be left intact on the incision until returning to clinic or for your postoperative follow-up 7 to 14 days following surgery.

Drain

- If you are discharged with a drain, you will need to track the daily output of the drain. You will be instructed prior to hospital discharge how to care for the drain and empty it. Almost all drains are removed within 7 days after surgery, but individual cases vary. **IF YOU HAVE A DRAIN, please NOTIFY the BNA office (303 938 5700) of the drain output EVERY OTHER business day, unless instructed otherwise.**

Bathing

- You may shower on third day following surgery.
- Try to limit showers to no more than 5–7 minutes.
- Do not scrub the wound. Let water run over the incision, then pat dry with clean towel.
- Do not soak in a bathtub, hot tub or pool for at least 2 weeks.

Diet (Narcotic pain medications are very constipating, be proactive with stool softeners and laxatives)

- A high fiber diet is recommended
- Avoid straining on the toilet. Keep stools soft with a high fiber diet and/or use of prune juice, Metamucil, Fiber One cereal etc.

Pain Medications

- Do not take NSAID medications (Ibuprofen, Naprosyn, etc.) or Cox-2 inhibitors (i.e. Celebrex) for 3-6 months following surgery. These medications may delay or prevent proper fusion of the spine.
- Tylenol can be taken as needed.
- Narcotic pain medications are prescribed if Tylenol is not adequate
- You should not let pain get out of control before taking medication or it will be less effective.
- We will not refill pain medications over the weekend or after hours. Anticipate the need for medication refills.

Follow-up

- Call Boulder Neurosurgical Associates' (BNA) office (303-938-5700) to schedule your routine postsurgical visit for 7-14 days after surgery. Other follow-ups will be scheduled as needed; we generally follow patients for at least 2 years after surgery, often longer.
- Please call your BNA physician's office immediately with any problems or go to the emergency room if:
 - Drainage and pain increases at the incision site
 - Fever greater than 101.5 degrees F
 - Swelling and tenderness develops in your legs
 - New, persistent pain and weakness, or numbness in your back and legs
 - Problem controlling your bladder and bowels

Other FAQs

How long will I be in the hospital? This varies depending on how quickly you recover after the surgery. Most patients are able to go home on the second or third day after surgery. We have found that patients generally prefer the comforts and support that home offers. The sooner you go home, the lower your risk of complications such as hospital-acquired wound infections, blood clots and urinary tract infections.

How much time off from work? The amount of time needed for recovery prior to returning to work varies depending on the surgery, your job and the individual. Typically, 1-2 weeks for jobs that are at a desk or sedentary is sufficient. However, patients should ask their surgeon for an individual recommendation. To return to physically demanding jobs will be at the discretion of your surgeon.

When can I resume driving? Driving is acceptable approximately 2 weeks after surgery depending on the use of pain medication. We generally recommend that you not drive while taking pain medications following the surgery.

Will I wear a brace? The use of lumbar brace is generally not required after this type of lumbar surgery, but your doctor may prescribe it to avoid initially extremes in range of motion.

Will I need pain medications? We will prescribe pain medications and other peri-operative medications on the day of surgery or prior to your discharge from the surgery center or hospital.

Will I need Physical Therapy? We usually recommend physical therapy and will refer you to a therapist at your first postoperative visit.

What kind of follow-up is required? Patients return to Boulder Neurosurgical Associates for routine follow-up appointments at intervals that are determined on a case-by-case basis. We typically see patients in the office within a couple weeks following surgery and then increase this to several months followed by annual exams. Your individual needs will be determined by your surgeon at each follow-up visit. ?

Do I need antibiotic prophylaxis for dental procedures? YES if you have dental work done within 24 months of the disk replacement. We recommend avoiding routine dental prophylaxis and simple procedures for 3 months following a disk replacement, but between 4 and 24 months we suggest antibiotic prophylaxis. After 24 months, you will not need antibiotic prophylaxis unless you have a compromised immune system, Type 1 diabetes mellitus, previous infection of a prosthetic joint or a spinal fusion, hemophilia, or malnourishment. The choice of antibiotic is a decision for you and your primary care doctor. Please contact their office for antibiotics or further advice. We are happy to discuss this with them should they need to contact us. If you have significant immune compromise, Type 1 diabetes mellitus, history of previous infected spinal fusions or joint replacements, hemophilia or malnourishment then we suggest antibiotic prophylaxis for ALL future dental procedures regardless of timing, but this again is something that needs to be resolved through your primary care physician and not your neurosurgeon. If there is any confusion please have them call us.