

**Patient
Information**

Lower back surgery

Introduction

This leaflet will help you to understand more about your surgery. It will also give you tips on how you can help your recovery after your back operation.

Irritation or pressure (compression) of one or more of the nerves in your back causes pain in your back or legs. You may need to have surgery if the pain is not easing.

Before the decision is made to have surgery, you may have several tests such as an MRI (Magnetic Resonance Imaging) scan, a CT (Computerised Tomography) scan or X-rays. This is for your doctor to be sure of the diagnosis and to see at which level in the back the nerve is being compressed.

Benefits of the surgery

The benefits of this surgery are to:

- reduce the pain in your leg.
- reduce abnormal sensations in your leg.
Please note: symptoms of numbness and pins and needles may be slow to respond and could be permanent.
- regain muscle strength in the leg, although some muscle weakness could be permanent.

Risks

Anaesthetic risks

You may meet with the anaesthetist before your operation to talk about the anaesthetic. Please ask any questions that you may have.

Blood clots

Blood clots can form in either leg. Signs of a blood clot include pain, tenderness or redness in your calf or leg.

Pulmonary embolus

A pulmonary embolus is a blood clot in the lung. Warning signs include shortness of breath and chest pain, particularly when breathing. You must tell the nursing or medical staff if you develop any of these symptoms.

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Infection

This could delay wound healing. You may have to take antibiotics. Signs of infection include:

- an increase in pain not related to movement.
- an increase in redness and/or swelling.
- flu type symptoms with any of the above.

Please report any signs of infection to your GP, or surgeon as soon as possible.

Cerebrospinal fluid (CSF) leak

The nerves in your back are covered in a liquid called Cerebrospinal Fluid (CSF) contained in a special sac. A tear of the sac can result in the fluid leaking causing a severe headache. Treatment may include bed rest until the headache settles and the fluid has stopped leaking from the sac.

Nerve injury

Injury to nerves can cause weak leg muscles, numbness and pain. Injury to the nerves which supply the pelvic organs could result in poor control of your bladder, bowel and sexual functions.

Before your operation

Pre-Admission Clinic

You will be asked to attend a Pre-Admission Clinic before your operation. This is to make sure that you are well enough for the anaesthetic and the surgery. It will also allow time for you to discuss your surgery and rehabilitation and to ask any questions that you may have.

During the clinic a nurse will ask you some questions about your health and will record your pulse and blood pressure. A sample of your urine will also be tested. Please bring any medication that you are currently taking to the appointment. This includes anything that has been prescribed by your GP or that you have bought from a chemist.

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Discharge

Planning your discharge is an important part of preparing for your admission to hospital. You can go home as soon as you are walking and moving around safely and your wound has started to heal. For most people this is from around 3 days after the operation. It is worth planning ahead and thinking about any help you might need from friends or relatives.

Once home you should slowly start to return to your normal activities over a 6-week period, such as walking further each day. You should avoid any heavy lifting for 6 weeks.

The day of your operation

Food and drink

Do not have anything to eat for 6 hours before your operation. This includes mints, chewing gum or sweets.

You can sip water up to 2 hours before your operation. If your mouth is dry or uncomfortable, please ask the nurses for a mouthwash.

Your operation

You will be asked to change into a gown and to remove all jewellery and make-up, before your operation. Wedding rings will be taped over and removable dentures will be left on the ward. A nurse and a hospital porter will take you to the operating theatre. Your details will be checked by the theatre nurse.

After the operation

You may have a drainage tube from the wound area, a tube into your bladder called a catheter and a drip into a vein in your arm (intravenous drip).

Your pain will be controlled in one of several ways, which will have been discussed with you by the anaesthetist before the operation.

You will be given pain relief to continue to take after discharge.

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Rehabilitation

The following information is meant as a general guide to help with your recovery after your back operation.

Early mobility and getting back to normal activity will give you the best chance of a good recovery after the operation. Some discomfort around the back is to be expected but this should not stop you moving or limit your activity.

You will not cause any damage to your back by moving, even if it is sore.

With the help of a therapist or nurse, you will be encouraged to get out of bed as soon as you are able.

To control any discomfort, try to change your position regularly by lying on the bed, walking, sitting and perching on the side of your bed.

When sitting, always try and sit with a good posture. Gradually increase the time you spend sitting, although try not to sit for too long at any one time without getting up and moving around.

Wound care

The advice you will be given about your wound will depend on your surgeon and what type of stitches you have. Sometimes, dissolvable stitches are used. You will be advised on the ward what to do if you need to have your stitches removed.

You can shower with a waterproof dressing covering your wound until it is dry and healed. You may be provided with these on the ward or you can buy them from a chemist.

If your wound becomes hot, red or swollen, please contact your GP or practice nurse as this could be a sign of infection.

Follow up

Before you go home, you will be given an appointment to see your consultant's team which is usually about 6 weeks after your operation.

Depending on your progress, you may be given an appointment to see a physiotherapist.

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If you have any questions about your progress, please ask the physiotherapist while you are on the ward, or use the contact details given at the end of this leaflet after you have gone home.

Work and sport

How quickly you return to work will depend on the type of job you do. You can return to work as soon as you feel that you are ready.

If you have a physically demanding job, it may be a good idea to think ahead and if possible, arrange to go back on light duties or on a part time basis for a couple of weeks.

If you have any questions about returning to work or sport you should discuss this with your doctor when you are seen in clinic or contact your physiotherapist.

Driving

You are advised to check your insurance policy and the DVLA as there are often restrictions after having surgery. You must make sure that you are safe to drive, including being able to do an emergency stop.

Contact information

If after leaving hospital you have any concerns about your surgery, please contact the ward or unit where you had your surgery.

If you feel your problem is urgent, please contact your GP or NHS 111 for advice.

NHS 111

Tel: 111

If you have any concerns relating to your mobility or exercises, you can contact the ward physiotherapist.

Ward physiotherapist

Tel: 0300 422 5316

Monday to Friday, 8:30am to 4:30pm

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Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>