

Lumbar Decompression and Fixation Handbook



مستشفى طيبة
TAIBA HOSPITAL



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Multidisciplinary Team

A team composed of multiple disciplines that will provide help and convenience for the preparation of your surgery which is Lumbar Decompression. Physicians, Nurses, Physical Therapists, Clinical Pharmacist, Nutritionist, Social Worker and Clinical Care Coordinator is the principal players on your team. They take an active role in your care which is very important to achieve quick and smooth recovery.

As a patient, your role and responsibility before and after your lumbar decompression, is important for a fast and successful recovery. It is also important to involve a family member or significant other before, during and after surgery. This includes accompanying you to the doctor's office and physical therapy in the hospital. You will find having the emotional support of a loved one who has a thorough understanding of the physical side of the procedure which will help you return to a full and active life.

You will be in our program for 3 months and we will monitor you within this period from the time you enrolled in the program, admission in the hospital and discharge follow up.

Benefits Of Lumbar Decompression and Fixation Program

1. Upon enrollment to this program, you will be provided with the best assistance and convenience until 3 months after your surgery. This program will provide you with high quality health care and medical services in all the hospital departments with the help of the multidisciplinary team involve.
2. You will be treated as priority patients and other departments will be informed that you are enrolled in this program through our hospital system.
3. The clinical coordinator will be present to guide and assist you from your enrollment to this program, when you come for clinic consultations, during your hospital stay and after discharge for 3 months. The coordinator's contact number will be given to you in any case you have queries, problems and need any help regarding your surgery. The coordinator will be responsible in coordinating with other members of the team to provide the best health care for you.
4. The program will provide the needed education and instructions which will help you during recovery period and avoid complications to achieve optimum wellness 3 months after surgery.

Details On What Clinical Care Coordinator Can Help With Patient

Some of the areas that Patient Care Coordinators can assist you and your family with are as follows:

- Assistance in determining your medical benefits
- Obtaining Medical Equipment
- Medical Social Worker referrals
- Transportation coordination
- Home Health Coordination
- Coordinate between Patient and Healthcare providers
- Discharge follow up
- Satisfaction monitoring

Social Worker

Taiba hospital will deliver social workers services for patients in a safe and effective way. We work with people and families to support them through difficult times and ensure that they are safeguarded from harm. Our role is to provide support, help and information in order to improve outcomes in people's lives. While you are in the hospital, you will be visited by a social worker when needed/referred/requested. The social worker will conduct interviews and assist you in understanding and participating in your rehabilitation program. He/she can assist you in your rehabilitation outside the hospital with the necessary information & coordination for outpatient physical therapy and special equipment.

A part of your rehabilitation will be dealing with the variety of emotions you may experience by the change in your physical health. A social worker can provide objective listening and support contacts for you after you leave the hospital. You may request a visit from a social worker at any point in your stay.

- We will do our best to make you feel more comfortable and resolve your problems.
- For any assistance, please 1808088 ext. 0 and ask to talk to our social worker.

Helpful Contact Information

(Consultant Orthopedic)

Sunday, Tuesday and Thursday	7am-3pm
Monday and Wednesday	Operation Day
Friday and Saturday	Off

For assistance, please call 1808088

You can contact any of these numbers in case of Emergency or you can come in OPD during clinic hours or in our Emergency Department open for 24 hours.

What is Lumbar Decompression and Fixation

Lumbar decompression surgery is a type of surgery used to treat compressed nerves in the lower (lumbar) spine. It's only recommended when non-surgical treatments haven't helped. The surgery aims to improve symptoms such as persistent pain and numbness in the legs caused by pressure on the nerves in the spine.

Vertebral fixation (also known as "spinal fixation") is an orthopedic surgical procedure in which two or more vertebrae are anchored to each other through a synthetic "vertebral fixation device", with the aim of reducing vertebral mobility and thus avoiding possible damage to the spinal cord and/or spinal roots.

Criteria for Lumbar Decompression and Fixation:

1. Altered bladder and bowel function and progressive neurological deficits such as motor weakness or sensory deficit in the lower extremities.
2. Surgery should also be considered in patients with radicular pain that persists after an adequate course of conservative management.



Purpose of Lumbar Decompression and Fixation

Lumbar decompression surgery is often used to treat:

- Spinal stenosis – narrowing of a section of the spinal column, which puts pressure on the nerves inside.
- A slipped disc and sciatica – where a damaged spinal disc presses down on an underlying nerve.
- Spinal injuries – such as a fracture or the swelling of tissue.
- Metastatic spinal cord compression – where cancer in one part of the body, such as the lungs, spreads into the spine and presses on the spinal cord or nerves.

Risks and Possible Complications of Lumbar Decompression and Fixation

With any surgery, there is the risk of complications. When surgery is done near the spine and spinal cord, these complications (if they occur) can be very serious. Complications could involve subsequent pain and impairment and the need for additional surgery.

You should discuss the complications associated with surgery with your doctor before surgery. The list of complications provided here is not intended to be a complete list of complications and is not a substitute for discussing the risks of surgery with your doctor.

Only your doctor can evaluate your condition and inform you of the risks of any medical treatment he or she may recommend.

Complications associated with lumbar decompression surgery include:

- Infection at the site of the operation, or in rare cases an infection elsewhere.
- A blood clot developing in one of your leg veins, known as deep vein thrombosis (DVT); in rare cases, the clot can dislodge and travel to the lungs, causing a serious problem called a pulmonary embolism.
- Damage to the spinal nerves or cord – resulting in continuing symptoms, numbness or weakness in one or both legs, or in rare cases some degree of paralysis.

How can I Minimize my Risks and Maximize my Results?

Prior to having your surgery scheduled, we want you to be in the best possible health. We will have you work with a team of health care providers to make sure that your surgery is as safe as possible.

- Weight loss will reduce the risk of complications.
- Diabetes is a risk factor for surgical complications including infection. If you are diabetic, your blood sugars need to be under good control. This is measured by your daily blood sugars and by your hemoglobin A1C. The best goal for hemoglobin A1C is 7 or lower. If needed, you will work with your primary care physician to meet these goals.
- Smoking and use of tobacco products increases your risks for surgery. It is not allowed to smoke 6 weeks before surgery.
- Conditions such as heart attack (myocardial infarction), valve replacement, stroke, rheumatic fever, liver failure, kidney failure, lung disease and other major health problems may require additional testing and management. Our peri-operative specialists will work with your primary care physician to manage these conditions prior to scheduling your surgery.
- Lumbar spine surgery increases your risk for developing blood clots which may be life threatening. Previous blood clots, smoking, use of birth control pills, lack of activity and certain types of cancer can increase your risk of developing a blood clot. If any of these apply to you, please be sure and tell your surgeon.
- Many conditions can decrease the strength of your immune system: HIV, chronic illness, smoking and certain medications may cause you to be more susceptible to infection. Please let your health care team know if any of these apply to you.
- Alcohol may interfere with anesthesia and pain medications. Do not drink any alcohol beverages (beer, wine or hard liquor) within 1 week (7days) of your surgery.
- If you are in recovery from drug or alcohol dependence, please discuss this with your surgical team. Our physician can help you and your family manages your pain medications to decrease the risk of relapse.

ILLNESS

If you develop any illness such as cold, flu, temperature, skin rash or infection, or “flare-up” of a health problem in 10 days prior to surgery, it is important that you notify your surgeon’s office immediately. Sometimes minor health problems can be quite serious when combined with the stress of surgery. Please try not to damage, cut, or scratch the skin, especially on your operative area. Animal scratches/bites or infection, etc., could result in your surgery being postponed.

To protect your immune system from cold and flu the surgeon may advise you to take Pneumovax Vaccine. PNEUMOVAX is a vaccine that is given as a shot (injection). It helps protect you from infection by certain germs or bacteria which are

called pneumococcus. PNEUMOVAX is for people 55 years of age and older.

According to Ministry of Health Kuwait it is mandatory that age 55 years of age and above may take the vaccine in their designated health centers. Upon enrolled in the program the healthcare provider will ask for your Immunization health card to check if you received the pneumovax vaccine, it is important to present your card for proper assessment. If you did not receive the immunization you will be referred to go to health centers.

Before Your Hospital Stay

Preparing for Your Surgery

Appointments Needed Prior to Surgery

In order to help you be ready for safe surgery as possible you will need to attend a number of appointments. These include but are not limited to the following:

Pre-operative Appointment:

1. You will be seen by one of our Physician's who will do a history and physical assessment, go over the risks and possible complications along with the benefits of the surgery, will ask you to sign your surgical consent and enrollment to the program, and will order any remaining lab tests that may be needed, along with any additional x-rays your surgeon has requested. You will be given all needed instructions and directions for your surgery. Enrollment in the program (benefits) will be discussed by your Physician and your Clinical Care Coordinator.
2. You will also be seen by the Anesthesia Department for the first time, and you will be evaluated by the anesthesiologist and have an opportunity to ask questions about your surgical anesthesia.
3. You will be assessed by Internal Medicine Doctor and Cardiologist (as recommended) for pre-operative assessment.

Having Help available

Until you learn to become more independent, you will need help with your daily activities so it is important that you arrange for someone to be available to assist you for about 2 weeks after you are discharged from the hospital.

In choosing a caregiver, consider that this person should be physically able to assist you with the following activities:

- Standing up from a chair, sofa, or bed.
- Stand-by support while walking or managing stairs.
- Assist as needed with bathing, dressing and housekeeping chores.
- Transportation to appointments, back home after your surgery, picking up prescriptions and grocery shopping.
- Assist in meal preparation.

Getting Your Home Ready

For your safety, it is important to make some alterations in your home environment. This should be done before you come to the hospital for surgery.

Bedroom

- If you have two or more story home, arrange bed/sleeping area on the ground floor.
- Make sure that you have lighting at night between your bed and bathroom.
- Keep flashlight at bedside.
- Place a phone within reach on a nightstand without having a turn or twist in bed. Consider purchasing a cordless phone if you don't already have one.

Bathroom

- Consider installing grab bars on walls of the shower or tub.
- Move toilet paper so you do not have to reach forward or twist around when using the bathroom.
- Explore purchasing a hand- held shower head and shower chairs which will allow sitting while.
- Bathing once showers are allowed; a long handled sponge is useful.
- Rubber mat in the floor will be helpful to avoid slippery when taking bath.

Living space

- Remove scatter rugs or other objects on the floor, (such as electrical or telephone cords) which could cause you to trip and fall.
- Have a firm chair which has arm rest, a high seat and straight back available for you to sit in.
- Arrange your furniture allowing clearance for a walker.
- Low chairs, swivel chairs, or rolling chairs are not safe for you to sit in after surgery.
- Place a list of Emergency numbers by each telephone.

Wardrobe/Closet

- You will need low, broad-heeled or flat shoes that are properly fitted.
- Allow ease in dressing by wearing elastic waist or draw string garments.
- Find some knee length gowns/night shirts and robes that won't get in way when you are walking.
- Find an apron with pockets to hold things like mobile, medication, tissue, etc.
- Place frequently worn items in dresser drawer that do not require bending or stooping.
- Purchase a grabber to pick up dropped items; practice using it before surgery.

Showering and Skin Prep before Surgery

The night before surgery it is important to shower with special soap, it is recommended to have a shower with antiseptic liquid, which help your skin to get rid of any organism contamination or colonization. Please don't hesitate to contact the health care provider for coordination.

Do not shave the surgical area unless required by the surgeon.

Nothing to Eat or Drink after Midnight Before Surgery

Diet instructions before surgery:

- Stop all fluids, food, chewing gum, mints, or candy after midnight, with exception of:
Your usual morning blood pressure and heart medications on the day of surgery as recommended by physician.
- You may brush your teeth but do not swallow any water. Please do not chew, suck or swallow anything.
- Do not take diabetes medication or insulin on the day of surgery, unless otherwise instructed.

Your Hospital Stay

- List of all medications and supplements you take, including dose and frequency.
- Loose slippers with non-skid soles and heel backs.
- Toiletries such as toothbrush, toothpaste, comb, brush, etc.
- Glasses, hearing aids with extra batteries and their containers.
- Container for dentures or partials.
- Comfortable clothing to wear.

Important Reminders:

- Leave valuable items such as money, jewelry, watches, and additional credit cards.
- Do not wear metal products such as hair clips, pins, jewelry, or metallic nail polish on the day of surgery.
- Inform hospital staff of any medication and non-medication allergies you may have. Non-medication allergies include latex, flower/plants, surgical or paper tape.
- It is important to bring all the X-Ray, MRI and any investigation done before surgery.

Mobility and Comfort Measures

Shortly after your surgery, the nurse or physical therapist will get you out of bed. Getting up and out of bed will help prevent blood clots, constipation and pneumonia.

The goal is to keep you comfortable. If the medication to control your pain is not working, tell your nurse. You and your nurse will plan together to control your pain.

You may not have bowel movement while you are in the hospital; however, constipation is a common problem following surgery, so please request a laxative if you think you need one.

DON'T BE AFRAID TO SPEAK UP IF YOU'RE UNCOMFORTABLE

After Surgery:

A small tube (Foley catheter) may be inserted into your bladder to drain urine. This catheter will be removed if you are finally ambulating after surgery. If you don't have a catheter and you think that your bladder is full, please let your nurse know.

You will need to do deep breathing exercise using your Incentive Spirometer to open your lungs and clear secretions after surgery. Pre-operative instruction on how to use the spirometry will be given by Physiotherapist.



Blood Transfusion

- The surgeon will request blood before surgery for transfusion during or after surgery. It is required for all patients who will undergo the surgery to replace the blood loss during surgery. To ensure that the blood will be available few days before surgery, we will request for blood to be available on the day of surgery.
- If the patient has a rare blood group and auto-antibody in blood the other option will be Autologous Blood Transfusion which can be done in Kuwait blood bank.

What is Autologous Blood Transfusion

- Is the process of donating one's own blood prior to surgery.

Some of the advantages of autologous blood donation include:

- The patient is assured that the blood is an exact match to his or her blood type, thereby avoiding transfusion reaction.
- There is no risk of inadvertently transmitting infectious agents.
- Autologous blood donations supplement the community blood supply.
- The process of donating blood promotes blood cell production by bone marrow.
- The patient is often reassured by the knowledge that his or her own blood will be used if a blood transfusion becomes necessary.

Some disadvantages to autologous blood donation do exist, which include:

- Contamination of autologous blood with infectious agents is possible during the donation process.
- There is a possibility that a patient's blood will be mislabeled or that allogeneic blood will be inadvertently transfused.
- Autologous blood donation costs more to process and store.
- Blood may be transfused unnecessarily because an autologous blood supply exists.

Intra-operative blood salvage may be considered during surgery.

Intraoperative blood salvage, also known as autologous blood transfusion or cell salvage, is a medical procedure involving recovering blood lost during surgery and re-infusing it into the patient. It is a major form of autotransfusion. Several medical devices have been developed to assist in salvaging the patient's own blood in the perioperative setting. With a greater effort to avoid adverse events due to transfusion there has also been an emphasis on blood conservation

Information regarding PHYSIOTHERAPY PROGRAM in stages

Preoperative Physiotherapy Advices:

- Patient education:

Information regarding PHYSIOTHERAPY PROGRAM in stages

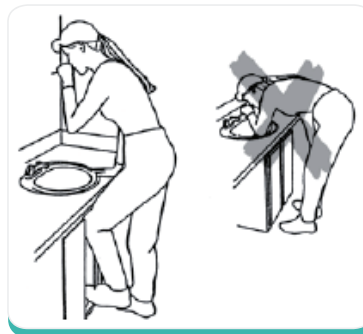
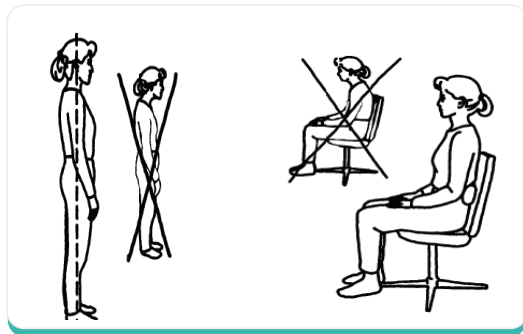
1. In SICU
 - Breathing exercises (inspirometer).
 - Mobility or circulatory exercises (ankle pumps).
2. In WARD
 - Continue the same as before.
 - Log rolling, positioning, getting in and out of the bed.
 - Ambulation and stair climbing.
 - Restoring normal daily life functions.

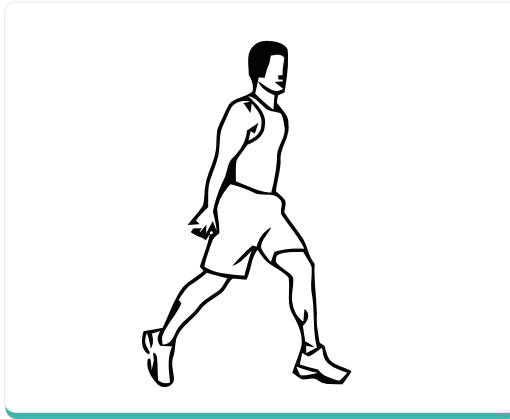
Home Safety Evaluation and Instructions:

1. Stairs information about railings.
2. Standard toilet seat such as elevated commode seat.
3. Bathroom – tub transfer chair to ensure safety while bathing.
4. Bedroom/Living room - Remove the rugs and other obstacles from the floor to ensure safety walking.
5. Children/Pets - Small children need education to interact with the patients to ensure the safety while walking. Take proper steps to ensure that the pets do not try to jump on the way while walking.

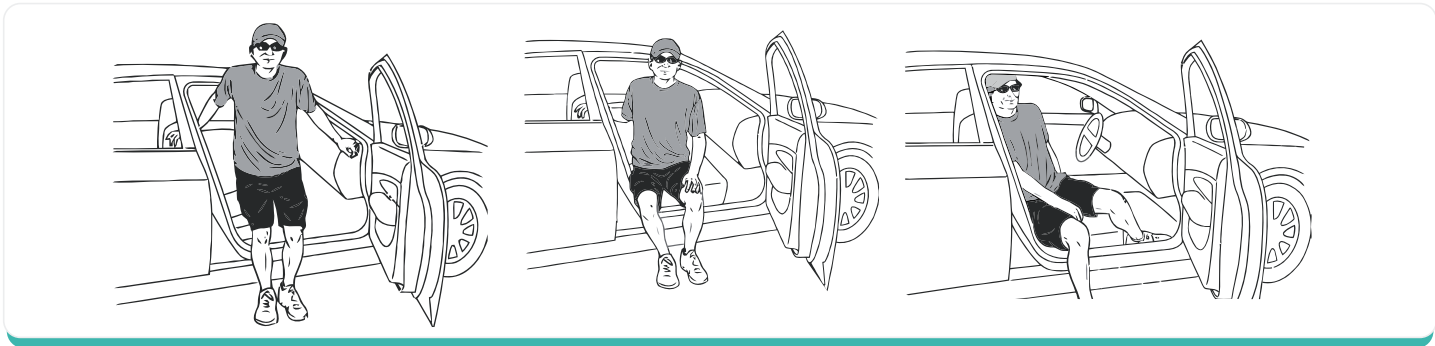
Patient Education

Do's & Dont's





Walking on straight ground 15 - 30 mins



Car transfer

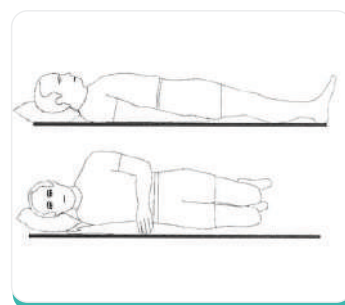
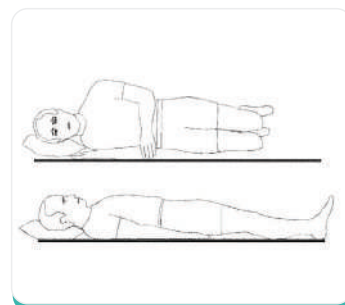


Proper getting in and out of chair

Log Roll Method:

Proper getting in and out of bed:

- Sit on your bed, closer to the head of the bed than to the foot of the bed.
- Scoot back onto the bed as far as you can.
- Lower yourself onto your side using your arms to guide and control your body. At the same time, bend your knees and pull your legs onto the bed.
- Keep your knees bent. Roll onto your back. Keep your shoulder and hips together as a unit as you roll. Think of yourself as a rolling log.



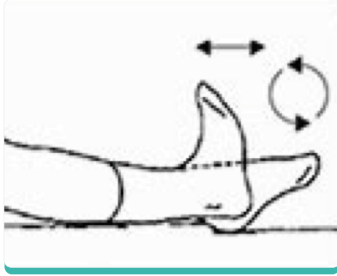
Getting out of bed:

- While lying on your back, bend your knees.
- Roll onto your side. Keep your shoulders and hips together as a unit as you roll.
- Place your bottom hand underneath your shoulder. Place your top hand in front of you at chest level. Slowly raise your body as you lower your legs toward the floor .

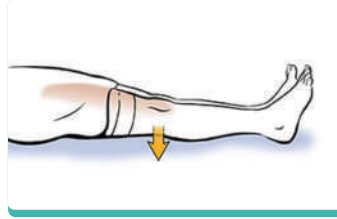


Physiotherapy Exercises

Exercises until the first follow-up:

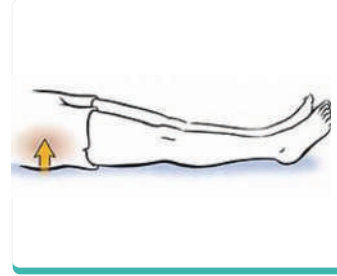


Ankel pump to move feets back and forth and turning. Repeat 10 times,3 sets daily.



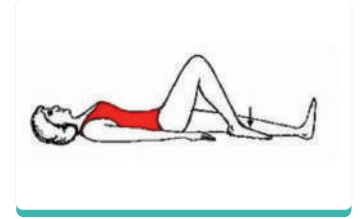
Quadriceps sets

- Lie in bed with your legs straight. Tighten the front thigh muscle of your operated leg while pressing the back of your knee down into the bed.
- Hold for 5 seconds, then relax the leg.repeat 5-10 times each leg,3 sets daily.

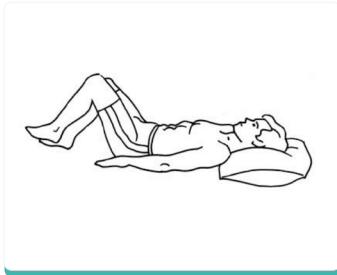


Gluteal sets

- Squeeze your buttocks together tightly. Your hips will rise slightly off the bed.
- Hold for 5 seconds, then release. repeat 5-10 times. 3sets daily.

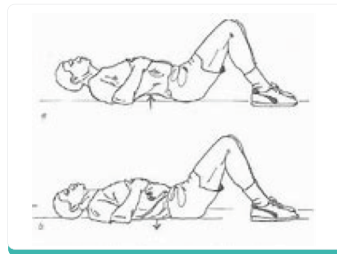


Laying on your back with one of your legs bent. Dig the heel of your bent leg into the bed and tighten the muscle in the back of your leg attempting to pull your heel back to buttock . repeat 5-10 times each leg. 3 sets daily.



Hook Lying March:

Laying on your back with knees bent and feet on the ground, Slowly raise one leg up for 4-5 cm and repeat with opposite leg 10 times. 3 sets daily.

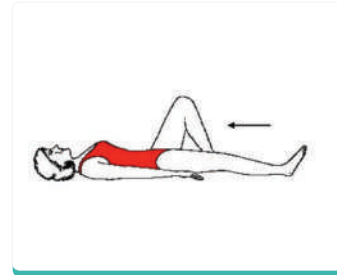


Top:Anterior Pelvic tilt. Repeat

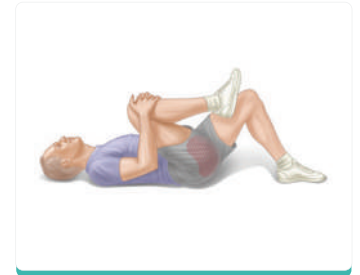
5times. 3 sets daily.

Bottom :Posterior Pelvic tilt.

Repeat 5times. 3 sets daily.

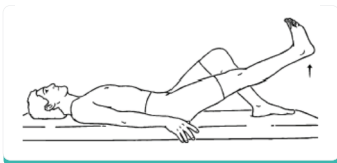


Laying on your back with your legs straight, Bend one knee and sliding your heel on the floor and repeat with opposite leg 10 times each leg. 3 sets daily.



Sigel Knee To Chest:

Laying on your back with knees bent and feet on the ground , slowly bring one knee to your chest until a comfortable stretch is felt and repeat with opposite leg 5times each leg. 3 sets daily.



Straight leg raising:

Laying on your back with one leg straight and one leg bent. Tighten the straight leg and slowly lift the leg until a comfortable stretch in the back of the thigh and hip. repeat with opposite leg 5-10 times each leg. 3 sets daily.

Physiotherapy Discharge Planning Instructions

The physical therapist should assess you prior to discharge from hospital such as:

1. Getting in and out of bed.
2. Toilet activities using elevated commode with or without assistance.
3. Bathing with or without shower chair.
4. Dressing with aids or minimal support.
5. Walk the distance, the patient needs to get around.
6. Stair climbing as much as tolerated.

Day of Discharge

Discharge instructions will also be given to the family members, close friend or other designated care giver to help you at home during your recovery period.

- Getting in and out of the car.
- Providing full support in performing activities of daily living at home during the first week after discharge.
- Review discharge instructions with the patient regarding driving and travelling long distance.

Planning for Your Discharge

Discharge Planning

Patients who undergone lumbar decompression, are generally discharge on the 4th day after surgery.

Medical Equipment

1. Standard medical equipment that will be needed at the time of your discharge from hospital is a walker, cane, hospital bed (optional). The care coordinator will give you a medical report that you can avail this is the government or for Kuwaiti citizens only. For non-Kuwaiti to buy in private sector.
2. The doctor may also recommend a bedside commode.



Home Care

Discharge ability check for the adaptive devices needed at home:

1. Bathroom safety chair.
2. Elevated commode seat.
3. Non slippery surface inside the room and bathroom.
4. Good chair to seat which will maintain straight back and posture.
5. If needed, you can use long handled sponge, brush or sock-aid.
6. Lie in good mattress, no couches.
7. Do not engage in strenuous activities for at least 10 weeks.
8. Walking is a good way to keep active, but you should avoid heavy lifting, awkward twisting and leaning when you do everyday tasks until you're feeling better.
9. You will be asked to return to hospital for one or more follow-up appointments in the weeks after your operation to check how you're doing.

Work

When you can go back to work will depend on how quickly you heal after surgery and the type of job you do. Most people return to work after four to six weeks, if their job isn't too strenuous. If your job involves a lot of driving, lifting heavy items or other strenuous activities, you may need to be off work for up to 12 weeks.

Driving

Before starting to drive again, you should be free from the effects of any painkillers that may make you drowsy. You should be comfortable in the driving position and be able to do an emergency stop without experiencing any pain (you can practice this without starting your car).

Most people feel ready to drive after two to six weeks, depending on the size of the operation

Please talk with your surgeon first before you start driving.

Wound Care

Incision Care and Hygiene

In most cases you may take a shower after surgery as instructed by your healthcare provider, unless your incision is draining or you are instructed otherwise. After showering, gently pat the area dry. Do not take bath or go into pool of water until advised by your surgeon after your first postoperative clinic visit.

Keep the area dry and avoid using creams or ointments. Ask a family member to check your incision for sign of redness, swelling, drainage, increase tenderness, or bleeding.

Tell your physician and therapist if you notice any of these signs. The incision was closed with staples or suture. Don't touch the incision site or remove the pad unless it was removed or soak with water, just replace the pad that was given to you before discharged or follow-up in OPD for dressing.

When to Call Your Surgeon/Care Coordinator

Call the hospital where you had your operation, or your GP, for advice if:

- There's leaking fluid or redness at the site of your wound.
- Your stitches come out.
- Your dressing becomes soaked with blood.
- You have a high temperature (fever) of 38.5C and above.
- You have increasing pain, numbness or weakness in your legs, back or buttocks.
- You can't pee or control your bladder.
- You have a severe headache.
- You experience a sudden shortness of breath (this could be a sign of pulmonary embolism, pneumonia, or other heart and lung problems).

Important Reminders after Discharge

Be aware that your prosthesis may activate metal detectors. Your physician will give you a medical report in case you will travel.

Do Not's for Lumbar Patients

- DO NOT bend at the waist. Instead, bend your knees and squat down to pick up something.
- DO NOT lift or carry anything heavier than around 10 pounds or 4.5 kilograms (about 1 gallon or 4 liters of milk). This means you should not lift a laundry basket, grocery bags, or small children. You should also avoid lifting something above your head until your fusion heals.
- DO NOT start swimming, golfing, running, or other more strenuous activities until you see your doctor. You should also avoid vacuuming and more strenuous household cleaning.
- DO NOT drive for the first 2 weeks after surgery. After 2 weeks, you may take short trips depending on the order of your doctor.
- DO NOT allow water from the shower head to spray the incision.
- DO NOT smoke or use tobacco products after spine surgery. Avoiding tobacco is even more important if you had a fusion or graft.

Commonly Asked Questions about Lumbar Decompression

1. If I agree to have surgery, when will it happen?

Preparation for the surgery normally takes two to three weeks. Additional tests may be done, like x-rays and blood tests. In cases where the need for surgery is immediate, this can be expedited to at least two to three days.

2. Is there any way I can use my own blood for my transfusion, if needed?

You can donate your own blood before surgery so that you can use it if the need arises. Preparations should be made with your doctor.

3. When will I be admitted for surgery?

You will be admitted to the hospital the morning of your surgery.

4. What should I do about my medication?

Don't take any anti-inflammatory medication or aspirin. If your medication includes anticoagulants like Coumadin, your surgeon will tell you when to stop taking them.

5. Should I eat anything before my operation?

You're not supposed to eat or drink anything eight hours prior to surgery. If you do have prescribed medication that your doctor tells you to take, take a small sip of water when swallowing it.

6. How long is the surgery?

This actually depends on the procedure. Your surgery can be as short as two hours. But surgery that lasts four to six hours is normal. Whatever the case, make sure to allow for about 2 hours of time spent in the recovery room.

7. What materials will be used in my surgery?

All tools and materials used in your spinal surgery are designed not to have conflict with your body. This means the use of metal alloys or titanium.

8. Is spinal surgery painful?

As with other surgical procedures, spinal surgery has some pain involved. Of course, this won't be felt during surgery because of anesthesia. After surgery, pain can easily be managed with patient-controlled anesthesia. During recovery, this can then progress to Vicodin, Percocet or other oral pain medication. Once the patient leaves the hospital, a smaller dosage of pain medication can be prescribed.

9. What kind of anesthesia will I have?

The norm would be general anesthesia.

10. What complications can happen?

Spinal surgery actually has a very low rate of complications. However, chronic illnesses may be a factor in increasing risk. Less than 3 to 4 percent of patients nationwide experience infection of the joint or other complications. While infections are the most common problems after surgery, it can be avoided with good pre-operative care. Antibiotics and low-impact exercises should also be started as soon as possible to help prevent it.

11. How long will I have to stay in the hospital?

On average, spinal surgery patients stay in the hospital about one to five days. However, the kind of procedure you have may change this.

12. Is it normal for the incision to bleed after surgery?

Some blood that soaks through the dressing of the incision is no cause for alarm. If this happens when you're already home, just reinforce the dressing with more sterile gauze. However, this should have stopped in the hospital. If it continues, call your doctor immediately.

13. What will I do if there's no one to help me with post-operative home care?

Most patients rely on close friends or family members to help them with post-operative care at home. In case you are unable to make similar arrangements, you can stay in a skilled nursing facility. Some hospitals have one on premise, while others can refer you to a reputable one. If you wish, they can also refer a home health care service for you.

14. How long do I need home care help?

After you are discharged from the hospital, you need assistance doing everyday activities for about three to five days. However, it is recommended that you have someone assisting you for a week or longer in case of emergencies. If you're not able to make arrangements on your own, the hospital can refer a service for you.

15. What should I do after surgery?

Get some rest to give your spine time to heal and avoid instances where you could fall or injure your back. At this time, you are trying to regain your flexibility, strength and balance. Do not squat, cross your legs or sit in low seats or chairs for any reason. Your physical therapist will let you know when you've regained full use of your body.

16. How do I take care of my incision/s?

In about two to three days, your surgical dressing will be removed. Its ok to keep the wound uncovered if there is no drainage or bleeding. Always make sure that the incision is dry before the sutures are removed. At around two weeks after the surgery, the sutures will be removed.

17. What do I do with the pain?

Your pain level should be decreasing steadily in the days following your surgery. After you are discharged you will be given a prescription. It is important that you follow this exactly even when you are not feeling pain. The medication helps manage the pain before it gets worse. The drugs can have some side effects such as constipation, nausea and/or itching.

18. In what instances do I need to report to the hospital?

Call your doctor if you have redness, bleeding, or drainage on your wound; a fever over 101 degrees; increased swelling; unexplained weakness, persistent headaches or lightheadedness; extreme weakness of the bladder or bowel; and severe pain that cannot be treated by the prescribed medication.

19. When can I go back to my normal activity level?

It takes about three to four months after surgery before the patient can engage in some light activities and exercises. In any case, you should discuss this with your physical therapist. He or she will advise you based on your own progress.

20. Do I need to use a walker?

Immediately after the surgery, you may need a walker while you are in the hospital. During the rehabilitation period, your physical therapist may switch you to crutches or a cane.

21. When can I drive again?

Most people are able to properly drive cars for short distances around two to six weeks after surgery. However, patients are asked not to operate vehicles with manual transmissions, as this requires extra effort and movement. Your physician will tell you during rehabilitation when you can start driving normally again.

22. When can I go back to work?

For sedentary work, you can resume about eight to twelve weeks after your operation. While at work, you still need to follow your doctor's orders: no heavy lifting, bending, squatting, or stooping.

23. Will I need any physical therapy?

After surgery, your physical therapist will help you go from your bed to a chair. This is the start of your physical therapy, since it's important to get moving as soon as possible. During your first day after the operation, you will be assisted and trained to stand upright and walk a short distance.

24. How long will the effects of the surgery last?

The surgery, including any implants and procedures, is meant to last for life. Recurrence may happen if you were misdiagnosed or if an underlying cause of your spine problem was not treated.

On Behalf of Taiba Hospital Lumbar Decompression and Fixation Program Team we would like to thank you for being an active participant, being involved in the care process and especially to the family of the patient who are willing to support our program in order to serve you better. We wish your fast recovery and hopefully to see you return in your normal activities of daily living.

Thank you