



# After Lower Back Surgery: A Guide



Centre universitaire de santé McGill  
McGill University Health Centre

**Montreal Neurological Hospital**

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## Why you should read this pamphlet

The information in this pamphlet will help to answer your questions about recovery after lower back surgery. The purpose of this pamphlet is:

- to prepare you for what to expect during the 2-3 days you will be in the hospital.
- to guide you in returning to your daily activities after you leave the hospital.
- to give you the information you need to keep your back healthy and prevent re-injury.

## What to expect while you are in the hospital

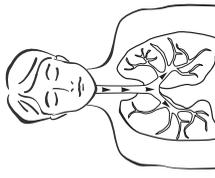
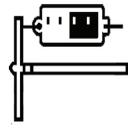
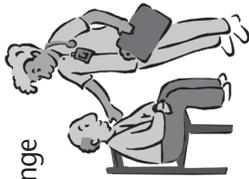
On the following page, you will find a picture guide. It will show you what to expect to happen in the hospital after your surgery on your lower back (laminectomy or discectomy).

## Questions to ask your doctor before going home:

- When can I go back to work? \_\_\_\_\_
- When can I start driving a car? \_\_\_\_\_
- When can I start sexual activity? \_\_\_\_\_
- When can I start favourite sport/exercise? \_\_\_\_\_
- When can I start [other activities not mentioned above]? \_\_\_\_\_  
\_\_\_\_\_
- other \_\_\_\_\_



## Montreal Neurological Hospital Lower Back Surgery Picture Guide

	<b>DAY OF SURGERY</b>	<b>DAY 1 AFTER SURGERY</b>	<b>DAY 2 – GOING HOME!</b>
<b>Activities</b>	Moving with help 	Physiotherapy Walking with help 	Able to walk on your own and do stairs 
<b>Breathing Exercises</b>	Deep breathing 10 times every hour using incentive spirometer 	Deep breathing 10 times every hour using incentive spirometer 	Deep breathing continues 
<b>Pain Control</b>	Pain control using a pump (Patient Controlled Analgesia =PCA) 	Medication for PAIN and laxatives for constipation 	Prescription for pain medication when leaving the hospital 
<b>Food</b>	Liquid → Regular meals 	High-fiber, high protein meals 	High-fiber, high protein meals at home 
<b>Care of Wound</b>	Bandage check by nurse 	Bandage change by nurse 	<b>Check your wound daily for:</b> <ul style="list-style-type: none"> <li>• increasing redness, pain, swelling</li> <li>• drainage or leaking from wound</li> <li>• any small opening from wound</li> <li>• Check yourself regularly for fever (p.9).</li> <li>• See pamphlet section on “Caring for your wound after back surgery.”</li> </ul>

# Controlling pain after surgery

Pain can result from:

- Your wound
- Swelling around the nerves that were “pinched” before the operation
- Swelling around the wound

This pain may continue even after you leave the hospital. This does not mean that your operation was not a success.

You will recover faster when your pain is well controlled.

**When pain is well controlled you are able to eat, sleep and move around more easily.**

Talk to your nurse and doctor when you have pain. Tell them if the pain medication you are taking is giving you the relief you need.

Pain is easier to control when it is treated early and regularly. It is never a good idea to try and "hold off" as long as possible between doses of pain medications. This could cause pain to get worse and make it harder to relieve.

While you are in the hospital, nurses will often ask you to rate your pain from 0 (zero) to 10 (ten). 0 means you are not having any pain and 10 means you are having the worst pain you can imagine

**Fear of Addiction** to pain relief medication is common among patients. *The truth is that medications used to treat your pain rarely cause addiction. This happens less than 1% of the time.* (McCaffery, & Pasero, 1999). Your doctor, nurse and pharmacist know how to use these medications safely. Please talk with them about your fears about your pain control medication.

**Side effects:** Pain relief medications can cause constipation, nausea, and vomiting, or drowsiness. These side effects can be reduced or prevented with the help of your nurse and doctor. *Side effects usually stop after a few days.* If necessary, your doctor can change the medicine or the dose. Please talk with your nurse and doctor about your past experiences with pain medications.

### **Tips to help with your pain:**

- Ask a family member to fill your prescription on the way home from the hospital.
- Take prescribed pain medication when you feel your pain is more than 3 out of 10 on the pain scale.
- Do deep breathing to relax your back muscles
- Change position often and never stay in a painful position
- Listen to your body during exercise – too much pain will tell you that you are going too far.

### **Foods high in protein help with wound healing. They include:**

- Meat
- Beans and nuts
- Cheese, yogourt, milk and eggs

# Managing constipation

Constipation often happens right after surgery. This can be because of:

- Side effects of strong pain medication such as morphine, hydromorphone, codeine
- Not moving as much as usual

**Try to have a bowel movement before coming to the hospital.**

**Try to have a bowel movement by the third day after your surgery.**

## **Tips to keep your bowels moving:**

- Eat lots of fibre such as All Bran™, prunes, fresh fruit and vegetables
- Drink plenty of liquids (approximately 8 glasses per day) such as water, soup, juice, and milk
- Get up and move about as much as possible.
- Stool softener (example: Colace™) and laxative (example: Senokot™, Milk of Magnesia™ or Lactulose™)

**Please tell your doctor and nurse if you have a history of constipation or other bowel problems.**

## Caring for your wound after back surgery

To help your wound heal please follow the instructions below that apply to you as requested by your doctor.

### Caring for wounds closed WITH stitches or staples

1. You should keep your wound covered with a bandage until your stitches/staples are removed.
2. **You should keep your wound and bandage dry at all times until your stitches/staples are removed.** If it accidentally becomes wet, replace it immediately with a new dry bandage.
3. **Change your bandage every second day until your stitches/staples are removed.** Your nurse will organise it with your CLSC. After your stitches/staples are removed you no longer need to keep a bandage over your wound.
4. Your stitches/staples will be removed on \_\_\_\_\_
5. When you take a shower cover the bandage with plastic and waterproof tape to make sure it doesn't get wet.
6. After your stitches/staples are removed you may take a shower without covering your wound. Use warm water and mild soap. Remember to pat dry (never rub) your wound after your shower.
7. A family member, or a friend should look at your wound every day after your stitches/staples are removed. If you are alone you can use a mirror to look at your wound. At first, you might find the wound looking slightly red or swollen. It might also be sore if you touch it. These are normal signs of healing and they should gradually go away in the next few weeks.

## **Caring for a wound closed WITHOUT stitches or staples**

1. You may remove the outer bandage that covers your wound five days after your operation.
2. You can take a shower seven days after your operation. Use warm water and mild soap. Remember to pat dry (never rub) your wound after your shower.

The steri-strips (small paper strips along your wound) should start to fall off by themselves within two weeks after your operation, If they are still on after two weeks, gently peel them off after your shower.

3. **A family member, or a friend should look at your wound every day for the first two weeks after your operation.** If you are alone use a mirror to look at your wound. At first, you might find the wound looking slightly red or swollen. It might also be sore if you touch it. These are normal signs of healing and they should gradually go away in the next few weeks.

## Information for ALL patients regarding caring for your wound

**GENERAL WARNING SIGNS** that you might have a problem with the healing of your wound: **If you should experience any of these, call your surgeon's office.**

- Any increase in the amount of redness, pain, or swelling
- Any leaking (drainage) from the wound, for example, the bandage becomes a little wet from leaking from the wound and needs to be changed
- Any small area of opening along the wound
- Slight fever without any flu-like symptoms

**If you should experience any of the above, please contact your surgeon's office.**

Telephone Number: \_\_\_\_\_

# SEVERE WARNING SIGNS

## **SEVERE WARNING SIGNS that you might need IMMEDIATE medical attention:**

If you should experience any of the problems below, immediately call your surgeon's office.

Telephone number \_\_\_\_\_

**On evenings, nights, and weekends or if you are unable to reach your surgeon, go to the Emergency Room of the Royal Victoria Hospital. If you live out-of-town go to the Emergency Room of your local hospital.**

- Large area of opening along the wound
- Large amount of drainage or leaking (for example, bandage becomes wet and needs to be changed more than twice a day)
- Swollen, red wound with foul-smelling greenish or yellowish discharge
- Fever (higher than 38 degrees Celsius or 100 degrees Fahrenheit and flu-like symptoms (e.g. chills, feeling unwell, severely tired)
- Severe headache that will not go away
- Increasing pain, weakness or numbness in your legs
- Trouble breathing
- Problems controlling your bowel movements or bladder (urine)

## Moving around after you get home

During the six weeks following your operation you should gradually return to your normal activities (light housecleaning, self-care) unless your doctor tells you not to. Walking is a good way to exercise to improve your general strength and energy level. You should only feel a little pain when doing these tasks.

Some problems that you might have in your daily life are:

- Back pain
- Lack of strength in your legs
- Lack of energy (you will get tired easily)

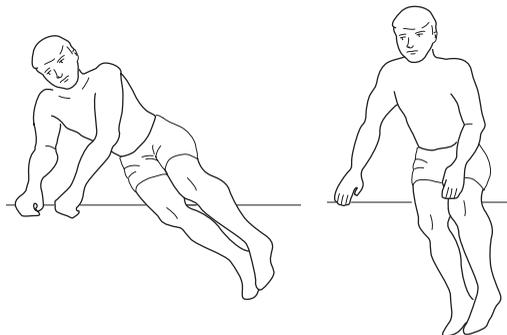
Following these instructions from the physiotherapists and occupational therapists will help you to protect your back from re-injury.

### Lying down

Lying down puts the least amount of pressure on your back. Your physiotherapist can help you find the position which is most comfortable for you. Use a firm mattress or couch. Soft pillows can provide support for your neck and legs (under knees).



To sit up, log-roll onto your side and push off with your arms while gently swinging your legs to the floor.

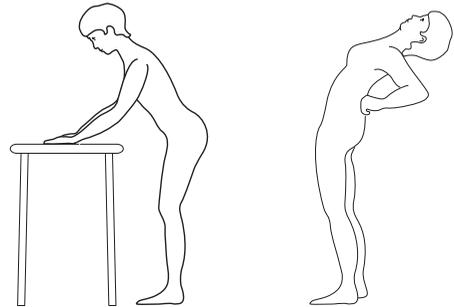
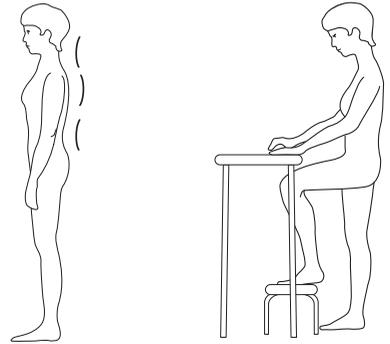


## Standing

Maintain the three natural curves of your back when you stand.

If you are standing for more than a few minutes, it may be more comfortable if you place one foot on a stool. Your working surface should be close to your waist height.

When and if you must work in a stooped (forward) position, you should change your position every 10-15 minutes by standing upright and bending backwards approximately 5-10 times. Remember to stop if you start to feel pain.

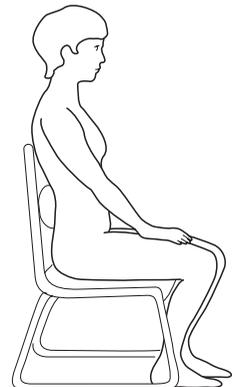


## Sitting

Sitting puts more pressure on your spine than lying or standing.

When your physiotherapist tells you, you may begin to sit but for no longer than 10-15 minutes at a time.

**Type of chair:** When you do sit, use a chair with a straight backrest. Arm supports will make it easier for you to sit down and get up. You may want to place a small towel or pillow between the chair and your lower back to help maintain your normal lumbar (lower back) curve. Stand up and change positions when you begin to feel any pain in your back. A higher seat will help you get up with minimal pain. If the chair is too low, you can add a firm pillow on your seat.



When you are working in a sitting position, support your feet, keep your work close to you and do not slouch.



## Reaching down

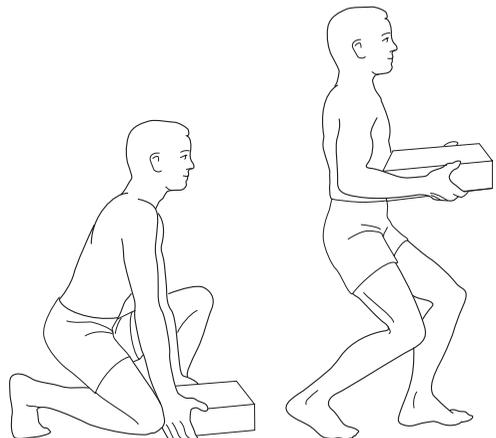
You may have difficulty reaching for something on the floor or in a low cupboard.

If your legs are strong enough, you may lower your body by bending your knees, keeping your back straight.

**Keep the things you often use in places where they can be easily reached.**

## Lifting

For the first 6 weeks following your operation, do not lift anything heavier than 2.5 kilograms or 5 pounds. If you must lift something, keep your back straight, bend your knees, keep the object close to you and let your leg and arm muscles do the work, not your back. Move slowly and do not move suddenly. These suggestions will help to prevent future pain and injury to your back.



# Self Care

## Getting Dressed

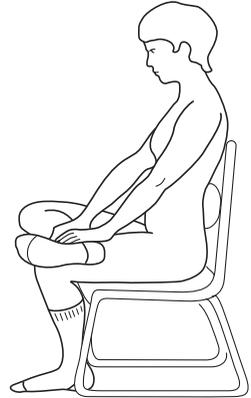
During the first weeks you may find it hard to put on your underwear, pants, socks, and shoes. You may need help at first.

If you find it hard to get dressed when sitting down, try to dress while lying in bed.

When putting on your underwear or your pants, always put your weaker leg in first.

Putting on your socks and shoes will be the most difficult. A trick is to sit down and cross your leg over your knee to put your sock and shoe on.

Remember the same idea of bringing your legs to your body while sitting for washing (see below) also applies when dressing.



## Washing yourself

- During the first weeks, it may be difficult to wash your legs and feet because bending forward is **not** recommended.
- Sitting on the bottom of the tub is **not** recommended as it puts too much pressure on your back when getting in and out.
- To wash and dry yourself bring one leg toward you or cross you leg over your knee while sitting in a chair.

**NEVER try to lean forward to reach your feet, as this will put too much stress on your back and cause pain.**

# Using the bath

## Bath

- You will be able to get into the bathtub when you can comfortably lift your foot over the rim of the tub.
- To help you get into the bathtub, place your hands on the walls to get better support, and then step in. Do **not** hold on to the sink or grab the towel bar or soap dish bar.
- Always use an anti-slip mat in and outside your bathtub to avoid falls. Make sure that all surfaces are dry before getting in the tub.
- In the bath, do **not** sit on the bottom of the tub. It will put too much pressure on your back when getting in and out. Use a bath chair or remain standing and have a shower.

After 6 weeks, ask your doctor if you may sit on the bottom of the bathtub. Your doctor will need to judge if you are able to bend forward without hurting your back.

## **Meal preparation and housekeeping tasks**

When you get home you can prepare your own light meals (breakfast, soup, sandwiches, etc.) and do light cleaning (dishes, etc.). These are good activities to build up your strength and energy level.

When you carry light objects, you should hold them close to your upper body, with both hands so that you do not strain your back.

Ask a friend or family member to help you prepare big meals or do heavy cleaning tasks like vacuuming, or washing the floor. For Quebec residents your local CLSC can provide a list of private agencies. They can help you with housekeeping tasks/services, and meal preparation. A fee would be charged for these services.

## **Groceries**

During the first 6 weeks, please get help carrying your groceries. It may be helpful to use a delivery service.

After 6 weeks, you may begin to carry light bags close to your body. If you feel any strain in your back, it is too heavy for you.

## Driving

Please ask your doctor when you may start driving, that is: getting behind the wheel of a car.

## Riding in a car

Please arrange for someone to drive you home from the hospital. A car seat is very low and can cause strain on your back while getting in and out of the car.

**Here are a few tips for getting into the car after your surgery:**

- You may put a firm pillow on the seat to make it higher.
- Position the backrest to support your back and make sure that the seat is as straight up as possible (90°).
- Push the car seat backward in order to make more space to get in and out.
- When you get in, sit first and then lift one leg at a time into the car.

**We recommend that you do not ride in a car (except to go home) for a period of two weeks after your operation.**

When you begin travelling in a car start with short trips of less than 30 minutes.

## Fitness exercises

General fitness is one of the most important ways to keep your back strong. While in the hospital and for the first few weeks, walking is the best way for you to improve your fitness level without putting too much stress on your back. Your physiotherapist and doctor will help you decide how to progress in the amount of exercise you do as you recover.

### **Once you are at home:**

- **Begin with walking.** It is important to walk without back pain. so start with a short walk, perhaps from your front door to the sidewalk. Then **build up to 20-minute walks.** You may find it easier to walk in a shopping mall.
- Once you can walk for 20 minutes without pain, you may begin to walk on small hills. Remember, if it hurts, you are doing too much!
- Listen to your body and stop any activity that causes pain. Remember, your back is still healing - do not force yourself to do more than your body is ready to do.

### **6 weeks after surgery - activities to consider**

Swimming, especially the front crawl and backstroke, is an activity that is easy on your back. Check with your doctor or physiotherapist before starting this activity.

### **12 weeks after surgery**

Exercises that place more stress on your back such as running, bicycling, golf, alpine skiing, racket sports and contact sports should not be attempted before 12 weeks after your surgery and only after you have talked with your doctor or physiotherapist.

**REMEMBER: Your back needs to heal before you do activities that will put strain on it!**

## **Sexual Activity**

You should talk to your doctor about when you may resume sexual activity. You should start carefully after your surgery. The key is finding comfortable positions that don't require a lot of movement- take a passive role, and let your partner do the movement. If you lie on your back put small pillows or rolled towels under your neck and lower back to support your spine. Avoid arching and thrusting your back. If you experience pain, wait until it becomes more comfortable.

## **References:**

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