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Procedure name: _____

HEMILAMINECTOMY/MICRODISCECTOMY

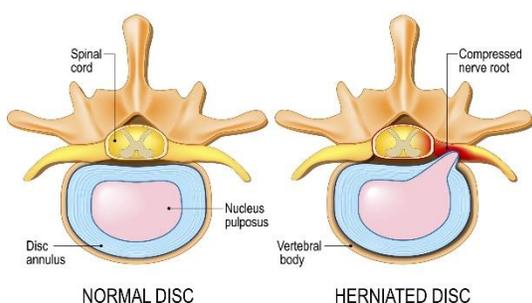
Most likely, the pain in your back or legs, or both, ultimately led you to seek help. You have been diagnosed as either having lumbar foraminal stenosis or a herniated lumbar disk and require a **lumbar hemilaminectomy and/or microdiscectomy**.

The condition of foraminal stenosis results in narrowing where the nerves exit the spinal canal causing compression and can be caused by a variety of reasons, including age, repetitive stress, and arthritis. Disks are the shock-absorbing cushions between the lumbar vertebrae of your spinal column. These disks can herniate for a variety of reasons, including age, stress, strain and sudden impact, although they can occur with no known inciting event as well. Herniation of the disk, as pictured to the right, results in the soft inner contents of the disk pushing through the fibrous outer wall and pressing, against the nerves that run parallel to the spinal column. In either condition, even slight movement can cause the nerve to be irritated and thus cause pain, numbness and weakness in the leg and foot.



A hemilaminectomy and/or microdiscectomy generally takes about one to two hours to perform. You will have a vertical incision which will be about 1 to 2 inches long on the mid-to-low back area along the mid-line. Your surgeon will use a minimally invasive approach. The surgeon will elevate the para-spinal muscle from the bone to expose the level that will be addressed. A portion of the bone is removed to expose the nerve root which lies over the disc space. In a hemilaminectomy, specialized tools are utilized to make more room around the nerve. The hemilaminectomy procedure allows access to the disc space and therefore, if a disc herniation is present, the surgeon will continue with the lumbar microdiscectomy procedure which is designed to remove

Spinal disc herniation



the herniated material from the nerve, alleviating the pressure and relieving your symptoms. Only a portion of the disc itself is removed and this will fill with scar tissue eventually.

You will be up and walking after your surgery. Most patients go home the same day as their procedure but if you are not feeling well or are unable to eat, drink and urinate, then you will be admitted to the inpatient unit

for observation and will be discharged the next day. Please arrange your transportation home in advance.

The risks involved with this type of surgery include: Infection, excess bleeding, damage to dural nerve root, bladder and bowel dysfunction, cerebrospinal fluid leak, no relief of symptoms, excess scarring, increased neurological dysfunction, anesthetic complications, complications related to hospital stay and/or positioning, intra-abdominal injury, vascular injury and/or death.

After surgery, discomfort from your incision is common but temporary. This can be relieved with pain medication in which prescriptions will be provided to you prior to discharge. Following the procedure, you may experience persistent numbness, weakness and pain along the path of the nerve that was decompressed, but these symptoms are generally temporary and gradually go away. Most likely, you will return to the many activities you enjoyed before your pain occurred.

Testing Before Your Surgery

- On the day of your office visit, you will receive a prescription for pre-surgical testing to detect any abnormalities. **These tests can be done up to one month prior to your surgery date. The results must be reviewed by the neurosurgeon's office no later than three working days before your surgery date.** The prescription allows Passavant Hospital or any certified laboratory approved by your insurance company, to do the tests and forward the results to the neurosurgeon's office for review.
- You will also receive a medical clearance form to be completed by your primary care physician. **This form should be completed no more than thirty (30) days prior to your surgery and faxed to our office at 724-720-4598.**
- **If you see any medical specialists, such as a cardiologist or endocrinologist, please notify our office.** Sometimes it is necessary for these physicians to provide clearance prior to your operation.
- One to two days prior to surgery you will be contacted by a nurse in the surgical department at Passavant Hospital, who will review your health and medication history. **If you have not received a call by 3:00 pm, the day before your surgery, please call 412-367-6567.** Please be prepared and have a list of your medications by the phone. The nurse will tell you what time you need to arrive at the hospital for your operation.

If you have any questions before your surgery, please contact our office at 1-877-635-5234.

The Day of Surgery

You will be thinking of many things on the day of your surgery, and it is only natural to be overwhelmed and possibly confused about what to do. This information and other information provided can help you become familiar with the process involved with your hospitalization and surgery. We hope that these help to answer your questions and reassure you about your procedure.

Arrival at Passavant Hospital

- Plan to arrive at Passavant Hospital on the first floor and take the main elevator to the second floor to the surgical waiting area to check in.
- Eating or drinking after midnight the night before surgery is **NOT** permitted unless otherwise instructed.
- You will be visited by the PA who will perform a preoperative assessment.
- You will be visited by the surgeon who will place a mark over the surgical site.
- You will meet with the anesthesiologist who will review the risks of general anesthesia and answer your questions about the anesthetic.
- Your back may be scrubbed by the nurse in preparation for surgery.
- An intravenous (IV) line will be inserted and you will be given antibiotics and fluids.
- All visitors should wait in the surgical waiting room. They will be able to join you prior to being taken back to the operating room.

Operating Room

- You will meet with a nurse anesthetist who will take you back to the operating room.
- You will be asked to review your name, date of birth and procedure when you enter the operating room.
- You will be in surgery for about one to two hours.
- The surgeon will contact your family after the procedure to update them on how the procedure went.
- After surgery, you will be taken to the Recovery Room.

Recovery Room

- Your vital signs will be checked frequently, the surgical dressing will be checked and your symptoms will be assessed.
- You may receive pain medication.
- You will not be allowed to eat or drink.
- Your nurse will provide updates to your family as necessary over the phone.
- You will remain in the Recovery Room until you are completely awake, which usually takes one to two hours.
- The PA will assess and discuss with you discharge versus admission.
- For your safety and the safety of other patients who also just had surgery, visitors are NOT allowed in the Recovery Room.

Step-Down Unit

- If you are being discharged the same day as your surgery, visitors may join you again once you are moved to the step-down unit.
- You will receive something to drink as well as a snack to make sure you can tolerate them.
- You must be able to urinate in order to be discharged.
- Either a nurse and/or PA will review your discharge instructions including dressing changes, restrictions, follow-up, etc.

Patient Unit

- The nursing staff will assess you on arrival to the floor and monitor your progress.
- Your family will be able to join you once you are in your room.
- You will be asked to take deep breaths to prevent pneumonia and do ankle and calf exercises to prevent blood clot complications. Pain medications are available; you should ask for this if you need it.
- You will be assisted out of bed the first time you get up. Then, you are encouraged to walk on your own in your room and the halls. You will see physical therapy and occupational therapy, and they will help you with walking.
- The PA will remove the operative dressing the morning after surgery.

Discharge

- Patients who have had lumbar microdiscectomy/hemilaminectomy are typically discharged the same day as surgery, but some may end up admitted overnight with plans for discharge the day after your surgery. Your nurse and PA will discuss your discharge instructions. Please prepare questions to ask at this time.
- You will be given a discharge instruction sheet that will include restrictions, activities, physical therapy, medications and care of the incision.
- Remember to arrange your transportation home prior to this day. You will not be allowed to drive yourself home. If you anticipate a problem with your travel arrangements, please notify the staff prior to your surgical date.

Discharge Instructions

- A follow-up appointment will be given to you on your day of discharge. If the time or location is not convenient, please call **1-877-635-5234** to reschedule.
- Until you are seen in follow-up, you should limit your activities. You may walk as much as you would like. However, you should avoid lifting more than five pounds, bending or twisting at the waist, or sitting for more than 30 minutes at a time.
- You may not drive until you are seen in follow-up.
- You will need someone to assist you with dressing changes. You will be given supplies when you are discharged.
- You will be given prescriptions for a pain medication, muscle relaxant and antibiotic. Take these medications as instructed. Make sure to ask questions at your discharge time.
- You should call our office immediately if you experience any of the following: fevers, chills, night sweats, swelling at the incision, redness or drainage from the incision, new weakness or pain in your arms or legs.

After your operation, if you have any questions regarding your incision or symptoms that you may be experiencing, please contact our office at 877-635-5234.

Members of the Health-Care Team

You will meet a number of health professionals during this time. Their goal is to help you recover and return you to your prior activities. A brief description of each of these professionals follows:

- **Neurosurgeon.** You have already met this person, who will perform the surgery and direct your care afterward. Please feel comfortable asking questions of your surgeon - communication is an essential key toward recovery.
- **Nurse.** A nurse will obtain information and assess your condition both in the surgeon's office and in the hospital. The office nurse will evaluate you before you see the surgeon and again with the surgeon at the time of your visit. The office nurse will help explain the procedure, answer questions and arrange your surgery. The hospital nurse will assess you in the hospital, and help you before, during and after your surgery. The nurse also will answer questions from you and your family.
- **Physician assistant.** The physician assistant (PA) has been trained to perform many tasks done by a physician. The PA may perform your history and physical examination and review the surgical procedure. The PA can answer questions and will follow you in the hospital after surgery, along with your physician. The PA will review your discharge instructions and facilitate your discharge planning.

Most of the information you will need about your stay is located in your blue folder or the UPMC Information Handout, included in your admission packet. Pertinent telephone numbers, directions, maps, lodging and parking information are highlighted. Your discharge instructions will help you become familiar with any limitations you will have after surgery.

If you have specific questions that are not addressed in these materials, please call the office at 1-877-635-5234.

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