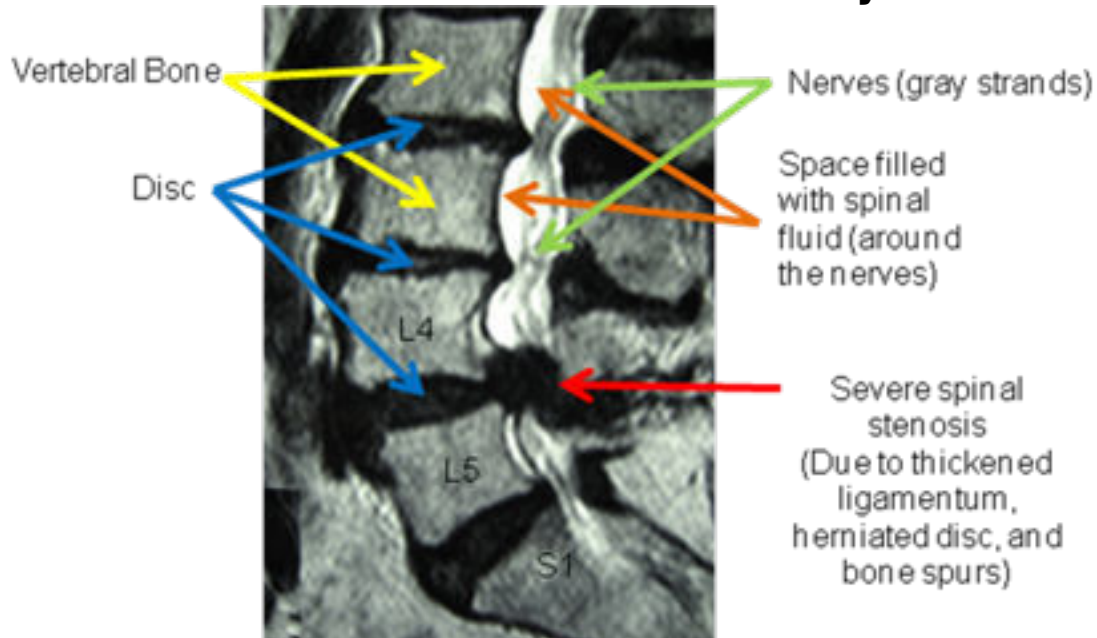


Town Center Orthopedic Associates- Dhruv B. Pateder, MD

Lumbar Laminectomy



- Recovery from this surgery can range from several days to several weeks.
- The first 1-2 weeks tend to be the immediate recovery period. Most patients experience the most discomfort and pain in this time period. Discomfort in the back, buttock and thigh is normal and is experienced by most patients. This is the result of muscle dissection, bone and bone spur removal, and/or excision of herniated discs.
- We generally give patients prescriptions for three classes of medications:
 - a. Narcotic medications (Percocet, Vicodin, etc.)
 - b. Muscle relaxers (Flexeril, Robaxin, Valium, etc.)
 - c. NSAIDs/Anti-inflammatory medications (Motrin, Naprosyn, etc.)
- Most patients stop taking narcotic medications and muscle relaxers within a couple of weeks after surgery. However, there are no “rules” about when a patient should stop taking these medications. You may use narcotic medications and wean off over the course of several days to weeks depending on your pain level. Do NOT take more narcotic medication than prescribed unless you have discussed it with April or Dr. Pateder. We generally recommend using the NSAIDs for at least one week and possibly more if it is beneficial. Please stop using NSAIDs or any other medications and call our office if you develop a rash, have stomach discomfort, gastrointestinal bleeding, etc.

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Lumbar Laminectomy

- Most patients report that they are “fully recovered” by 6-8 weeks with complete resolution of leg pain and significant improvement of incisional pain. Your recovery may be faster or slower. Your recovery may be faster or slower depending on several factors: number of levels, general medical health, severity of stenosis, etc.
- You may continue to experience back stiffness for several months after surgery. This is generally most common upon awakening or staying in a fixed position for a long time (sitting for a long time). We recommend laying on a heating pad for 10-15 minutes before you get out of bed in the morning and start your day (this is similar to a baseball pitcher who “warms-up” before a game). We also recommend that you do not sit for long periods of time. If you have a desk job, try to get up and move around as much as you can.
- Walking after surgery is very important and I highly encourage it. While there are no specific rules on how much one should walk, I recommend a course of walking short distances followed by resting. As you recover, you may increase the frequency and distance that you walk. In general, start out slowly and increase activity as tolerated. You may also ride a straight back stationary bicycle at a slow pace. You may also use an elliptical machine as long as you do not use your arms to pull.
- Do NOT partake in the following activities for the first 6 weeks per our instructions: high impact exercises (running, skiing, jumping rope, etc.), weight lifting (squats, dead-lifts, etc). Weight lifting exercises that put excess stress on your back (squats, dead-lifts, etc) is to be avoided on a long-term basis if possible.
- Incision care for this surgery is generally very easy. There are 2 layers of dressing. The outermost layer is a waterproof dressing that is removed on the second day after surgery. Under that dressing are Steri-Strips which are directly on the incision. The Steri-Strips are also waterproof and can be washed with soap and water. The Steri-Strips will fall off by itself in 10 days.
- If the Steri-Strip has not fallen off 14 days after surgery, you may remove them
- Sometimes, we use staples to close the skin (in cases where skin is very thin, revision surgery using a previous incision, poorly controlled diabetes, etc.). Before you leave the hospital, the outer dressing will be removed and the staples may remain uncovered and “open to air.” The staples are generally removed in the office at your first post-operative visit 3 weeks after surgery (if you do have staples, schedule your first post-operative visit 3 weeks after surgery).
- Physical therapy is started, if one needs it, after you are seen at the first postoperative visit. Until your first post-operative visit, we recommend that you gradually increase the amount of walking you do and try to do as many of your activities of daily living as possible