

Treating a herniated disc with surgery

Lumbar disc herniation



You will soon have surgery for a herniated disc in your lower back (lumbar disc). This sheet explains what is involved in this surgery, how to prepare for it, and how to take care of yourself afterwards.

What is a herniated disc?

A herniated disc is an injury to an intervertebral disc. See the fact sheet [Herniated disc of the lower back](#). The disc has moved out of alignment and is pressing on one or more nerve roots in the lower back.

A hernia can cause significant pain in the lower back and beyond, especially in the legs (sciatic pain). Legs can also become numb or weak.

Why do I need surgery?

The aim of surgery is to free up the compressed nerve root. This helps relieve sciatic pain. In most cases, though, back pain does not improve.

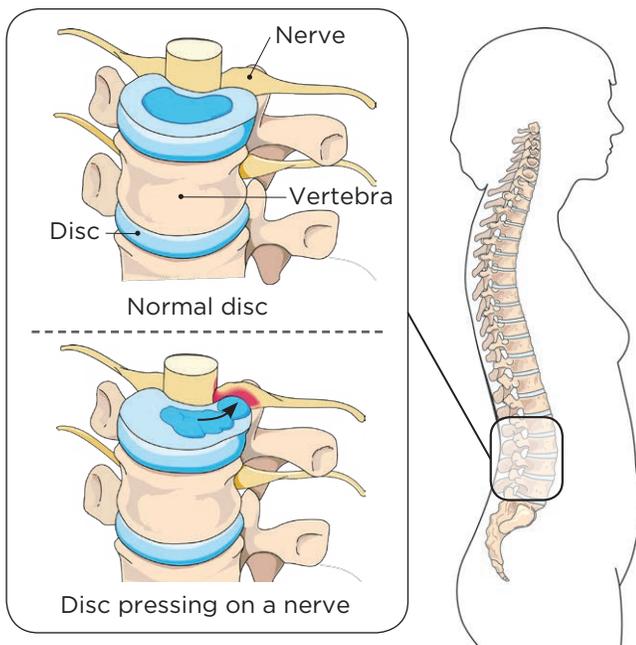
This surgery might be proposed when sciatic pain:

- has lasted for several weeks
- makes it very hard for you to do your normal activities
- is not helped by any of the treatments that have been tried

Surgery is done on **an emergency** basis if:

- you can't feel your foot and are no longer able to move it
- you can no longer hold your urine and stools (incontinence)

Herniated disc



What are the risks related to this surgery?

In the vast majority of cases, the surgery goes well. Some potential, but rare, negative effects are:

- return of the hernia (weeks, months, or years after the surgery)
- new sciatic pain due to swelling caused by surgery
- headaches due to leaks in the fluid around the brain (cerebrospinal fluid)
- severe back and leg pain and decreased muscle strength due to a blood-filled cyst that has formed in the surgical area
- infection in the surgical area
- unusual abdominal bleeding during the surgery



If one of these situations occurs, your healthcare team will assess it. In some cases, medication can solve the problem. But repeat surgery may be necessary for others.

Are there any reasons to avoid to this surgery?

Your doctor will assess with you whether surgery is a good option. The most common factors that would rule out surgery are.

- very fragile bones (severe osteoporosis)
- recent or old fracture of the spine
- spinal tumour
- pregnancy

What precautions should I take before surgery?

You must inform the health care team if you're on any blood-thinning medications (Aspirin, Plavix, Coumadin, etc.).

The doctor or nurse will tell you if you need to stop taking one or more medications.

How should I prepare for the surgery?

You need to arrange for someone to pick you up when you leave the hospital. Also plan for someone to help with shopping and housework for 1 to 2 weeks after you get home.

Prepare some meals in advance.



No eating or drinking as of midnight the day before the operation.

What does the surgery involve?

The surgery will be performed under general anaesthesia (you will be put to sleep).

The surgeon will make a small opening in your back to cut out the piece of disc that is pressing on the nerve. He will then close the incision with small adhesive bandages (Stéri-Strips) that keep it closed. You will not have stitches or staples.

You will have a scar about 1.5 cm long.

The operation will take about 45 to 60 minutes.

Depending on your case, you might need to stay in hospital for 3 to 4 days, or you might have day surgery and return home the same evening

What happens after the surgery?

The nurse will check your condition (pulse, breathing, pain, etc.) regularly and do what it takes to make you comfortable if necessary. Usually, you will be able to get out of bed the same day as the surgery with the help of the health care team.



You can gradually start eating, moving, and using the toilet again.

You will start physiotherapy 2 weeks after the surgery (depending on your case).



A follow-up appointment will be scheduled for 6 to 8 weeks after the surgery.

What precautions should I take after the surgery?

- > Relieve your pain with the medication prescribed when you leave the hospital.
- > Don't shower until 3 days after the surgery.
- > Avoid using any pool or spa for one month.
- > For 1 to 2 weeks, rest lying down, and get up for 15 minutes every hour.



What should I watch for after the surgery?

Contact your doctor right away if you have any of the following symptoms:

- > Clear fluid leaking from the site of the incision.
- > Numbness in the leg.
- > Severe lower back and leg pain that prevents you from doing your daily activities.
- > Signs of infection:
 - fever of 38.5°C (101°F) or more
 - redness, heat, or swelling at site of the incision
 - yellow-green fluid leaking

When can I resume my activities?

- > Physical activities can be resumed little by little. Start with walking.
- > Driving a car is not recommended for at least 2 weeks.
- > The return to work depends on the type of work you do.

In general, you can go back:

- 4 weeks after surgery, for a job where you don't have to move
- 2 to 3 months after surgery, for a job that requires physical activity



Who can I contact for help or to ask questions?

You can contact the surgeon, nurse, or health care team if you have any questions about your surgery.

You can call the nurse in the neurosurgery department:

Tel.:



USEFUL RESOURCES

For information on lumbar disc herniation:
> **vulgaris-medical.com**
Enter “hernie discale” in the search box (French only).

Other health sheets published by the CHUM are available. Ask for those that might fit your situation.



You can also find them on our web site chumontreal.qc.ca/fiches-sante



NOTEPAD



Questions

Write down any questions you want to ask your care team so you don't forget anything.



A series of horizontal lines provided for writing down questions.

The content of this document in no way replaces the recommendations and diagnoses made, or the treatment suggested by your health professional.

To find out more about the Centre hospitalier de l'Université de Montréal chumontreal.qc.ca

