

Information for patients and carers

Physiotherapy Advice and Exercises following Lumbar Decompression Surgery



Introduction

Your consultant has recommended that you have spinal surgery. This leaflet provides advice and information for patients and their carers, partners, or family on spinal surgery and recovery. Such surgery is usually recommended because of a herniated disc (slipped disc), spinal stenosis (narrowing of the canal), tumours, or injury.

Spinal surgery

Your spinal column is made up of a chain of bones called vertebrae. Information in this booklet focuses on decompression surgery for the lumbar part of your spine in the lower part of your back. Your consultant will have explained why you are having your surgery.

There are 3 types of decompression surgery which this booklet is relevant to:

Laminectomy and decompression – Types of surgery that remove part or all the lamina (vertebrae bone) which will help ease pressure on a nerve root or spinal cord.

Microdiscectomy – This surgery is minimally invasive and aims to remove small amounts of the lamina (vertebrae bone) and small parts of a damaged disc to help ease pressure on a nerve root or spinal cord.

Complications following surgery

Cauda equina syndrome (CES) is a condition that occurs when the bundle of nerves below the end of the spinal cord is compressed. Whilst this is rare after surgery, it is important to recognise the signs and symptoms.

It may also be useful to refer to the following website which provides an interactive step-by-step guide used to diagnose cauda equina:

<https://girft-interactivepathways.org.uk/cauda-equina-1/>

If you experience any of the symptoms listed below following surgery, please go to your nearest Emergency Department (A&E) as this may be a medical emergency:

- Severe pain down one or both of your legs and/or feet
- New weakness in one or both of your legs and/or feet, which may cause difficulty walking
- Incontinence or the inability to pass urine or open your bowels
- Changes in sexual function
- Any changes in sensation to the skin of the genitals, bottom or groin area

When will I be discharged?

There are several assessments which the therapy team will complete to determine whether you are safe for discharge, as well as ensuring you are medically fit for discharge:

- Mobility and completing transfers (such as getting on and off the bed and in and out of a chair)
- If required, completing an assessment ascending and descending stairs
- Your pain should be well controlled so that you are able to complete day to day functional tasks safely

Based on these assessments, the therapy team will identify if you require any therapy equipment (including walking aids), further carer input and if required further rehabilitation to support you after discharge from hospital. They will work with you to put these in place.

Most patients who have lumbar surgery will be discharged on the day of, or the day after surgery. The staff on the ward and your consultant will decide when is best for you to go home.

You will be referred to physiotherapy in an outpatient setting to aid your rehabilitation. This will normally be at your local hospital, but please let your physiotherapist know if you would like this to be elsewhere.

If your journey home is longer than 30 minutes, please plan to have regular stops to allow you to stand and walk around.

Immediately after surgery

Post-operative recovery is different for every patient. Some discomfort is normal and can be compared to feeling like you have been “kicked in the back”. Nursing staff on the ward will bring regular pain relief to help with the pain.

Starting to walk early is an important part of recovery and it is normal to get out of bed on the day of your operation.

Getting in and out of bed

Post surgery it is important that you avoid sitting up forwards from lying flat. Initially you will find it easier getting out of bed through side lying. To do this, bend both knees up, roll onto your side and lower your feet over the side of the bed. At the same time use your elbows and hands to push yourself up. To get back into bed, reverse this sequence. The physiotherapist will show you how to do this.

It may be more comfortable to sleep on your side, placing a pillow between your knees to help with comfort.



Back precautions

Following surgery, we would recommend:

- A gradual return to normal activity
- When moving around please **try to avoid extreme bending and twisting**. Please make sure to bend at your hips and knees when reaching down into low cupboards and shelves
- Avoid extended periods of staying in the same position such as static sitting to avoid your muscles getting tired. We would advise you change position every 30-40 minutes
- Please **avoid heavy lifting which causes strain (over 1kg) for the 2-4 weeks** after surgery until you feel stronger and have seen your outpatient physiotherapist

Bad

Bad



Muscles stretched long and shoulders are forward from anchoring hips

Lifting only with back

Not lining up shoulders and knees cause back to twist

Good

Good



Keep head up

Muscles kept short and shoulders are above anchoring hips

Bend knees and lift with legs

Always face the object - keep your shoulders and your knees lined up (don't twist your back)

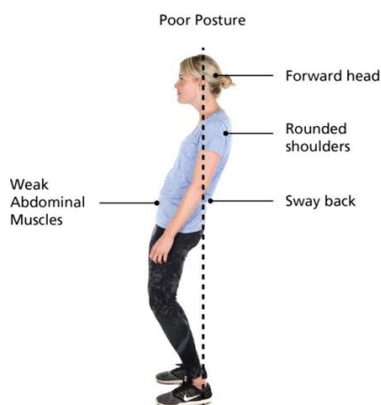
Consider precautions when completing your usual activities of daily living. These may include cooking – make regularly used items easily accessible, ensure you have access to easy to prepare meals, housework – initially avoiding heavier chores, shopping – get support

with carrying heavy bags, childcare – get support with lifting/carrying children, and sex – try alternative positions and use pillows to support your back. Be prepared to accept help from friends and family with activities of daily living if needed.

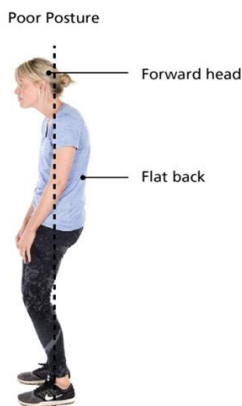
Posture

Maintaining a good posture is important and will allow normal alignment in your spine. This will minimise the strain you put on the structures in and around the spine. In standing your weight should be evenly transferred through both feet, with your head held high but not tipped back. In sitting you want to sit back into a high-back chair with your buttocks touching the back of the chair, your thighs well supported, and feet on the floor.

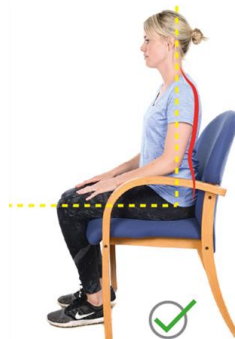
Poor posture



Poor posture



Good posture



Walking and exercising

Once home, we expect you to continue walking daily and complete the daily exercises provided to you on the ward and in this booklet. Your goal should be to increase your walking distance each day as tolerated.

If you have a dog, ask someone to walk it for you for a few weeks to avoid it pulling on you while you have it on a lead.

Swimming, and even walking in water, are good exercises for you to participate in during your recovery, **but do not do so until your wound is fully healed**. Use whichever stroke is most comfortable and progress with this as able.

Washing and dressing

Some people can manage to cross one foot over and place it onto their opposite knee. This brings the foot nearer to them which can help when putting on lower garments.

We advise that you do not sit down in a bath until your wound is fully healed and you can get in and out of the bath without difficulty. You may be able to have a shower if you have a walk in shower. The nursing staff will advise you if you are allowed to get your dressing wet. Alternatively, a strip wash after surgery may be more comfortable.

Driving and transport

We advise that you do not drive for at least 2 weeks. **You may only start to drive again if you can fully control the vehicle and are able to perform an emergency stop without hesitation**. You must inform the DVLA if your ability to drive has been affected by your surgery and if you are still unable to drive 3 months post-operatively. You may travel as a passenger but ensure for longer distances you take regular breaks.

You must inform your car insurance provider of any major medical intervention and must tell them exactly what spinal operation you are having or have had. Not doing so could nullify your insurance cover. You must also ensure that your prescription medications are within the limits of the drug driving laws, and if in doubt, discuss this with your local pharmacist.

If you wish to travel by plane after your surgery, we advise that you seek advice from your surgeon regarding when this is appropriate.

Bed exercises

The physiotherapists will teach you exercises on the ward. These should be completed in bed for ease and guided by the physiotherapist on the ward. We recommend that you aim to complete 10 repetitions of each exercise 3-4 times per day.

Initially, you may begin with less and start slowly, building up as you feel able and as pain allows. Please continue with these exercises until you are seen at your outpatient physiotherapy appointment.

It is imperative that you keep up with your regularly prescribed pain relief medication so you can carry out your exercises effectively. If you are experiencing unbearable pain whilst doing the exercises, please reduce the number of exercises and the frequency. If the pain continues, please stop doing the exercises and contact the physiotherapy department using the number at the end of this booklet.

Pelvic tilt

Lie on your back with your knees bent. Flatten your back against the floor/bed without lifting your bottom up, by tightening your abdominal muscles and bending your pelvis up slightly. Hold for 10 seconds and relax, complete this 10 times.



Knee rolls

Lie on your back with your knees bent, keep your knees bent and together while rolling your knees from side to side slowly. Hold for 5 seconds and relax, complete this 10 times on each side.



Knee to chest

Lie on your back with your legs straight, then bend one knee up towards your chest and hold onto your knee with both hands. Try to keep the other leg straight, but if this is too hard, you can bend your non-working leg and place your foot flat on the floor/bed. Hold for 5 seconds and relax, complete this 10 times on each side.



Bent knee fall out

Lie on your back with your knees bent. In a controlled manner, gradually lower one leg to the side and bring back to the centre. Alternate between each leg. Complete this 10 times on each leg.



Knee slides

Lie on your back with your legs straight and slowly slide one heel as close to your buttock as pain allows. Then slowly lower your leg back down to the bed. Complete on alternate legs 10 times.



Contact details

Should you require further advice or information please contact
Physiotherapy Department: 01257245754 (CDH: Elective Orthopaedics)
01772 522641 (RPH: Neurosurgery)

Ward contact details: 01257 245746 (CDH: Sellers Ward)
01772 522217 (RPH: Ward 2A)
01772 522756 (RPH: Ward 2B)
01772 528180 (RPH: Ward 2C)

Sources of further information

www.lancsteachinghospitals.nhs.uk
www.nhs.uk
www.accessable.co.uk
www.patient.co.uk

www.lancsteachinghospitals.nhs.uk/veteran-aware
<https://bepartofresearch.nihr.ac.uk/>

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www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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Please ask a member of staff if you would like help in understanding this information.

This information can be made available in large print, audio, Braille and in other languages.

Our patient information group review our leaflets regularly, if you feel you would like to feedback on this information or join our reading group please contact on email address:

patientexperienceandinvolem@LTHTR.nhs.uk

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