



TREATMENT

# Preparing for Low Back Surgery

If you and your orthopaedic surgeon have determined that your low back problem might be helped by surgery, there are several things you can do to help ensure that you are prepared for the procedure. This article provides information on how to best plan for your surgery. It also provides details on what to expect during your hospital stay and recovery at home.

## Preparing for Surgery

### ***Preoperative Checkup***

Depending on your age and general medical fitness, your surgeon may ask you to have a checkup by your family doctor and any other doctor that you see regularly, such as your cardiologist (heart doctor).

### ***Smoking***

If you smoke or use smokeless tobacco, you should quit several months before surgery. Nicotine users are at greater risk for serious complications after surgery, including wound infections and a delay in the bone healing needed for successful fusion surgeries. It is extremely important to inform your surgeon about your nicotine usage in advance of your procedure so that, together, you can determine a plan for you to quit.

### ***Medications***

Some medications can affect your surgery by causing bleeding or interfering with anesthesia. These medications include aspirin and other nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen and naproxen. Certain over-the-counter dietary supplements and herbal remedies can also interfere with surgery. Your surgeon will tell you which supplements and medications you should stop taking in preparation for your procedure.

## ***Donating Blood***

It is not usually necessary to donate blood for low back surgery. However, there is always a chance that some blood loss will occur during the procedure. Your surgeon will talk with you about the advantages and disadvantages of donating your own blood versus using someone else's blood. If you decide to donate your own blood, your surgeon may prescribe an iron supplement to help build up your blood before surgery.

## ***Advance Planning***

You will be able to walk after surgery, but you may need to arrange for someone to help you for a few days after your return home with activities like washing, dressing, cleaning, laundry, and shopping.

Even after minor spine surgery, your doctor may recommend that you do not drive for 2 weeks, or possibly even longer. For this reason, you will need to arrange in advance for transportation to and from your hospital appointments and other places that you need to go during this time. You should consult your doctor in advance if you have an extended car trip planned during your recovery. He or she may recommend that you postpone your trip until your recovery is complete.

# **Your Surgery**

## ***Before Your Operation***

Patients are usually admitted to the hospital on the day of surgery. After admission, you will be taken to the preoperative preparation area where you will be interviewed by a doctor from the anesthesia department. The anesthesiologist will review your medical history and physical examination reports.

Together, you and the anesthesiologist will determine the type of anesthesia to be used. In some cases, this discussion will take place during an outpatient visit up to 7 days before surgery.

The most common types of anesthesia used for low back surgery are:

- General (you are asleep for the entire operation), and
- Spinal (you may be awake, but you will have no feeling from the waist down)

You should tell the anesthesiologist about any past or current health issues and about any previous surgeries you have had. In addition, let the anesthesiologist know if you or anyone in your family has had problems with anesthesia in the past.

## ***Surgical Procedure***

Low back surgery usually takes from 1 to 3 hours, depending upon the procedure.

When surgery is over, you will be moved to the recovery room, where you will be observed and monitored by a nurse until you awaken from the anesthesia. You will have an intravenous (IV) line inserted into a vein in your arm. You may also have a catheter inserted into your bladder to make urination easier.

When you are fully awake and alert, you will be taken to your hospital room.

For outpatient procedures, the nurses in the recovery room will make sure that you are able to walk, eat, and go to the bathroom before discharging you home. They will also go over any postoperative instructions with you and make sure that you understand the directions for your pain medications.

# **Rehabilitation**

## ***Pain Management***

After surgery, you will feel some pain. Your doctor and nurses will work to reduce your pain, which can help you recover from your surgery faster.

Many types of medications are available to help manage pain, including opioids, nonsteroidal anti-inflammatory drugs (NSAIDs), and local anesthetics. Your doctor may use a combination of these medications to improve pain relief and to minimize the need for opioids.

Opioids can provide excellent relief from pain, however, they are a narcotic and can be addictive. It is important to use opioids only as directed by your doctor. As soon as your pain begins to improve, stop taking opioids. Talk to your doctor if your pain has not begun to improve within a few days after surgery.

## ***Movement Limitations***

Your spine must be kept in proper alignment. You will be taught how to move properly, reposition, sit, stand, and walk.

While in bed, you will be instructed to turn frequently using a "log rolling" technique. This maneuver allows your entire body to move as a unit, avoiding twisting of the spine.

You may be discharged from the hospital with a back brace or cast. Your family will be taught how to provide care at home.

## ***Complications***

The incidence of complications after low back surgery is low. Risks for any type of surgery include bleeding, infection, and reaction to anesthesia. Complications that are specific to spine surgery include:

- Difficulty with urination (retention)
- Difficulty with intestinal function
- Heart attack
- Stroke
- Blood clots
- Recurrent disk herniation
- Problems related to rods or screws
- Nerve damage resulting in pain, numbness, and/or weakness
- Spinal headache

## ***Warning Signs***

Your doctor will talk with you about how to recognize the warning signs of a blood clot or infection. These complications are most likely to occur during the first few weeks after surgery.

### **Blood Clots**

Warning signs of a blood clot include:

- Swelling in the calf, ankle or foot
- Tenderness or redness, which may extend above or below the knee
- Pain in the calf

Occasionally, a blood clot will travel through the bloodstream and may settle in the lungs. If this happens, you may experience sudden chest pain and shortness of breath or coughing. If you experience any of these symptoms, notify your doctor immediately. If you cannot reach your doctor, call 911 or have someone drive you to the hospital emergency room.

## **Infection**

Infection following spine surgery occurs rarely. Warning signs of an infection include:

- Redness, tenderness, and swelling around the edges of the wound
- Drainage from the wound
- Pain or tenderness
- Shaking chills
- Elevated temperature, usually above 100°F if taken with an oral thermometer

If any of these symptoms occur, you should contact your doctor immediately or go to the nearest emergency room.

## **Your Recovery at Home**

After your discharge from the hospital, you will need to carefully follow your doctor's instructions to ensure a successful recovery.

You should arrange for transportation home after surgery. Once home, you may do as much for yourself as you can, as long as you maintain a balanced position of your spine. You can sit, stand, and go up and down stairs; however, you should avoid prolonged sitting or standing to allow your spine to heal from surgery. Do not hesitate to ask for help from family members or friends if it is needed. If necessary, the hospital can help you make arrangements in advance for a home health aide.

## ***Wound Care***

If your wound was closed with stitches (sutures) or staples, they will be removed approximately 2 weeks after surgery. If your wound was closed with absorbable sutures, they do not have to be removed. If you have wound drainage after you are home, cover the wound with a bandage and call your surgeon.

## Diet

Some loss of appetite is common after surgery. During your recovery, it is important to eat well-balanced meals and drink plenty of fluids. Your doctor may recommend an iron supplement or vitamins before and after your surgery. It is not advisable to go on a weight loss diet right after surgery. The lack of essential nutrition may delay wound or bone healing. Instead, you should focus on eating nutritious foods and getting adequate quantities of protein and fiber. Ask your doctor if you have questions about your postoperative diet.

## Activity

Many people experience a loss of energy after major surgery, but this improves over time. It is very important that you do not stay in bed for prolonged periods of time right after surgery. You should get up every hour or so and take at least a few steps. This will help with your rehabilitation and decrease the chance of blood clots. Your doctor may prescribe an exercise program designed to gradually increase your strength and stamina.

Initially, your doctor will recommend that you participate in light activity like walking. Later, you will be encouraged to swim or use an exercise bike or treadmill to improve your general physical condition.

## After Recovery

After you have recovered from your surgery, you may continue to have some achy pain in your low back that may be persistent. You can reduce this pain by staying in good physical condition. Once you recover, if you are overweight, you should enroll in a program to help you lose weight and keep it off.

Your doctor will evaluate you after your surgery to make sure that your recovery is progressing as expected.

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January 2018

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