Minimally Invasive Micro Discectomy

Minimally Invasive (through a small incision) Micro (under a microscope) Discectomy
(removal of disc material)

Description of Procedure:

A small incision will be made on your low back. X-ray guidance and instruments will help locate the level(s) at which the disc herniation needs to be removed. A tubular retractor is inserted through the tissues of the back and docked on the back of the spine. Removal of a small amount of bone and ligament is then performed to allow access to the spinal nerve roots and the intervertebral disc. A microscope will then be used to better visualize the herniation. Micro-instruments are then used to remove the herniated disc material and fully decompress the affected spinal nerve root(s).

No surgical procedure is without risks. The potential complications include the following: bleeding, blood clots, infection, stroke, loss of motor and/or sensory function of the extremities, loss of bowel/bladder/sexual functioning, scarring, cerebrospinal fluid leak, and death.

Post Operative Instructions:

You will be in the recovery room for about 1 hour then you will be returned to your room on the outpatient unit. Once you are able to void and your pain is controlled, you will be discharged. Physical and Occupational therapy may be ordered for you depending on how you progress with walking and other activities.

Your incisions will be closed with dissolvable sutures and the skin will be closed with Dermabond, or skin “super glue.” The dressing will need to stay in place for 48 hours, and then can be removed. You may shower on the third day after surgery. You will not need to keep the incisions covered, but you will need to make sure they stay clean and dry. Please do not apply any ointments or lotions to the incision until your first post-op visit in the office. The Dermabond will slough off as your skin reproduces itself.

Cerebrospinal fluid leak may also develop during surgery. This is often recognized and repaired intra-operatively. Symptoms of spinal fluid leak include headache that is worse with standing. If this occurs, you are to remain flat as much as possible for 48 hours, drink plenty of fluids and caffeine during this time. If headache persists, you should notify our office and we may arrange for a blood patch procedure for you. This is a procedure where your own blood is injected into the spinal canal to “plug the leak” of spinal fluid to provide relief.

You will be restricted to no driving until you are seen in the office at your first follow up appointment. You will have a 10 pound lifting restriction for the first 6 weeks after surgery. You will have a follow up visit 2 weeks after surgery, then again at 6 weeks after surgery. If you have progressed well, your restrictions will be lifted at the 6 week visit. Some employers will not allow you to return to work until you have no restrictions, which will be a total of 6 weeks or more.

Physical therapy may be needed for some patients to help regain muscle strength and stamina. This can be discussed at any of your follow up appointments.
Please call your Physician’s office with any questions or concerns.

Upon discharge from the hospital, you will be given instructions on things you can and cannot do, and important signs and symptoms to watch for.