

Post-op Spinal Surgery Leaflet

(decompression/discectomy)



This booklet provides you and your family with general guidance on how to care for your back following spinal surgery. It will concentrate on providing you with information on physiotherapy and what to expect following your surgery.

Most questions should be covered here however it does not replace discussion between you and your physiotherapist or surgeon.

The success of your operation is a team effort including doctors, nurses, physiotherapists, occupational therapists, your family and most importantly you.

Immediately after surgery

Pain Management

You will have some pain following your operation. Due to the wound and swelling around the nerves, you may also experience leg pain, but this is expected to settle within 6 weeks as the swelling subsides. A degree of pain is normal at this stage as the healing process starts. It is important you inform the nursing staff if your pain is increasing so we can help you manage this. Controlling your pain not only helps you move, and sleep better but also aids in your overall well-being.

The anaesthetist and ward staff will discuss pain relief options with you, and a pain management nurse may visit you after the operation.

It's important not to suddenly stop your painkillers but to gradually reduce your dosage.

If pain or swelling significantly increases, please contact your physiotherapist, GP, orthopaedic clinic, or attend your local minor injuries clinic for advice. For details, see the information at the end of the booklet.

It's worth noting that the primary goal of the surgery is to relieve leg symptoms. While you may not experience immediate relief from your back pain, as your pain gradually decreases and mobility improves, we hope to see an improvement.

Physiotherapy

We will aim to get you up after you have recovered from the anaesthetic, this can be on the same day as your operation, and it will likely be a Physiotherapist who will assist you.

We will check your sensation and movement before showing you the correct way to get up out of the bed. We will then help you to start walking and if necessary, provide you with a walking aid to help you walk until you are independent. It is common to still have attachments such as a drip or catheter after surgery, but this will not prevent you from mobilising.

Once you are independent walking, with or without a walking aid, you will be shown how to go up and down the stairs if you are required to do this at home.

You will be taught exercises to increase the movement and strength of your back. This will ensure you get the best outcome out of your surgery. It will help if you start these exercises straight away although there may be some circumstances where your consultant does not want you to start exercises straight after your operation. If this is the case, then your physiotherapist will advise you.

If you decide to take up the offer of Physiotherapy, your Physiotherapist will likely encourage you to continue progressing your exercises and walking while addressing any concerns you may have. You are likely to feel that your pain and function are already improving at this stage and may require very minimal input from our service.

Physiotherapy input can vary depending on your pain, function and confidence levels.

Physiotherapy will involve guiding you through and advancing your post op exercises to improve your overall function and address any concerns you may have during this period.

Every person is different therefore your recovery may take longer or shorter than the timescales recommended. The most important thing is that you are improving and trying to move and do more each week.

Returning to daily living

With all activities you should use your common sense and listen to your body. Mild aches after a new activity are acceptable but severe pain is not.

Improvements can continue for 18 months with the current evidence showing that a more active approach in your rehabilitation will have better outcomes.

Walking

It is important to keep moving after your surgery. Regular walking is highly encouraged as it plays a crucial role in aiding your recovery and overall function. Especially within the initial 6 weeks, it is advisable to gradually increase both the distance and pace of your walks as your pain allows, taking care not to worsen any discomfort. While there's no strict limit on the distance you can walk, starting slowly and gradually on even surfaces may provide greater comfort.

Sitting

You should gradually build up sitting during activities like eating or relaxing and this should be guided by your pain. Limit sitting to 15 minutes for the first few days after your surgery and once you are comfortable you can start to build this time up.

Work

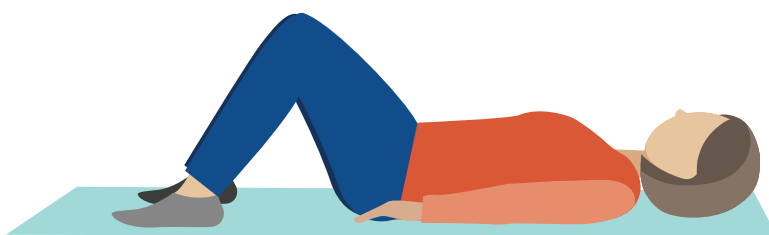
You will need to be off work for between 2-6 weeks depending on your job. If your job involves heavier or more manual tasks, you may be advised to remain off work for up to 12 weeks. This will vary from person to person and your surgeon will advise you about your individual case. It is also sensible to discuss with your employer if you can return to light duties initially or reduced hours, making sure that you can regularly move about. The hospital can give you a fit note (used to be known as a sick note) if necessary.

Driving

We do not recommend sitting for extended periods after your surgery, including driving. However, if you have no altered sensation or weakness in your legs, you may resume driving when you feel confident and safe to do so. Generally, we advise waiting a minimum of 2 weeks before driving, although this could be extended to 4 weeks depending on factors such as pain levels, the need for pain relief medication, and the ability to safely perform an emergency stop. If you do require to drive longer distances, ensure you take regular breaks to stretch your legs. Before leaving the hospital, please discuss driving with your surgeon and remember to check with your insurance company.

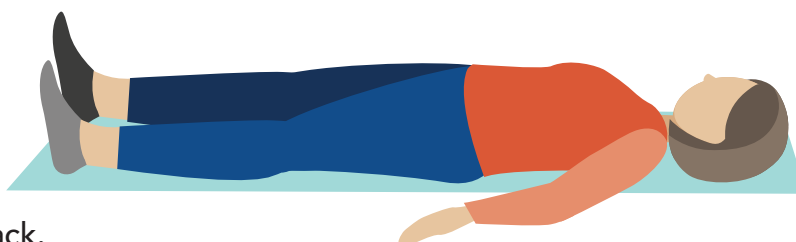
Early stage (0-4 weeks)

Static Abdominals



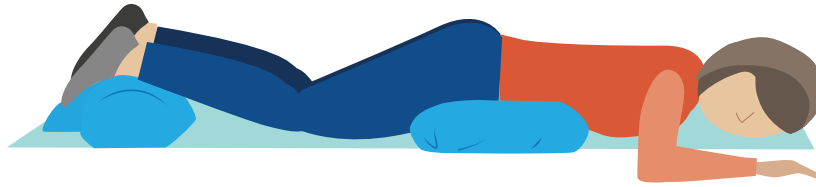
1. Lying on your back with knees bent and arms by your side.
2. Tighten your stomach muscles and press the small of your back against the floor letting your bottom rise.
3. Hold 5 secs. Relax. Repeat 10 times.

Static Glutes



1. Lying on your back.
2. Squeeze buttocks firmly together.
3. Hold approx. 5 secs. Relax. Repeat 10 times.

Prone lying



1. Lying face down with a cushion under your stomach. Relax for a while in this position. As you feel able to, take the cushion away.

Knee hugs



1. Lying on your back with a cushion under your head.
2. Pull your knee onto your stomach helping with your hands. Push your other leg down towards the floor.
3. Hold approx. 3 secs. Relax. Repeat 5 times each leg.



Sit to stand

1. Stand tall with your feet approximately hip-width apart and weight distributed evenly on both feet.
2. Bend your knees and hips and sit down onto the chair. Knees and toes should be pointing in the same direction.
3. Sit down and push back up to the starting position using your front thighs and buttock muscles. You may use your arms to assist if required.
4. Repeat 10 times.

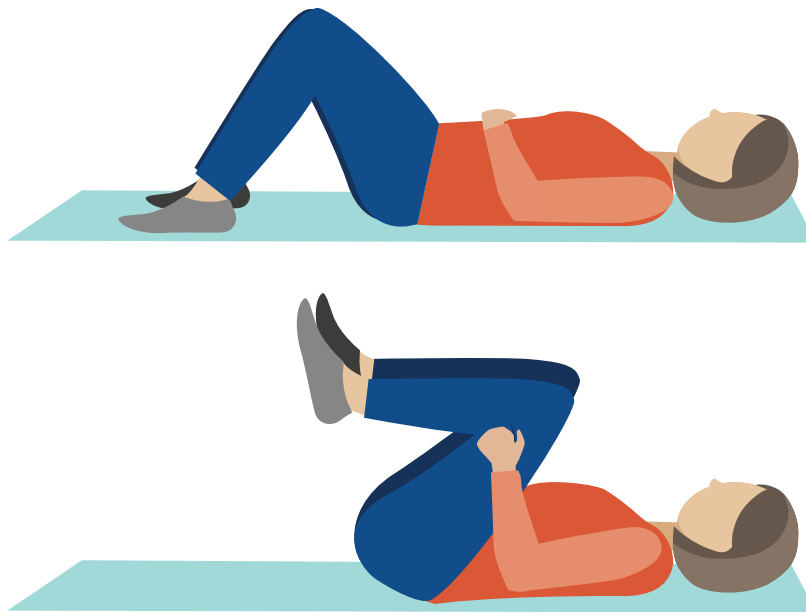
Intermediate stage (4-8 weeks)

Gradually increase walking tolerance slowly and incrementally. Generally, walk for 10-15 minutes and gradually increase as you feel comfortable. Monitoring your step count can be a helpful guide with this.

You can also begin to add in these exercises which will help with regaining your movement and strength. You may feel some pain at your back while doing these exercises however it should settle back down to normal within 15 minutes of completion. Use your own pain and function as a guide however we would recommend doing between 8-12 repetitions of each exercise 2-3 times per day.

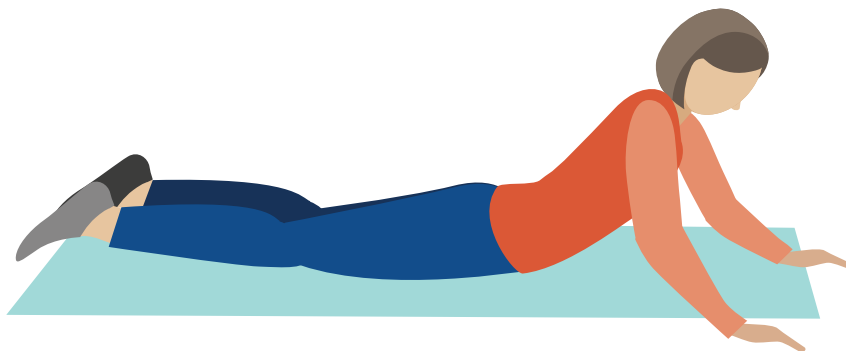
Range of motion (ROM) exercises

1. Flexion in lying (knees to chest)



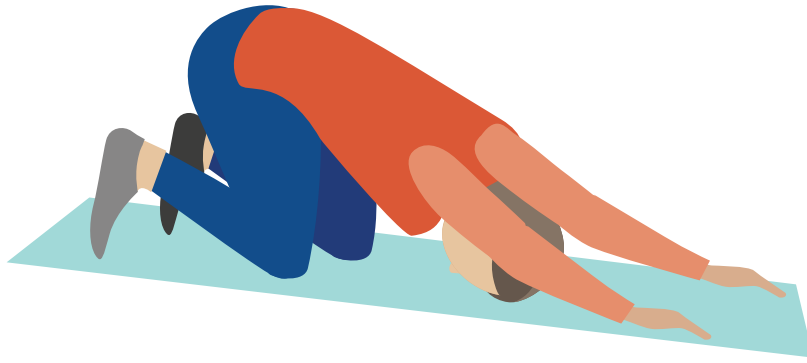
1. Lie on your back, with your legs bent. Grasp behind your knees, pull them closer to your chest and let your lower back round.
2. Hold the position, while breathing smoothly.
3. Hold for a few seconds. Repeat 10 times.

2. Extension in lying



1. Lying face down with both your hands at shoulder height.
2. Straighten your elbows and lift your upper trunk as far up as you can. Keep your pelvis and legs relaxed. Repeat 10 times.

3. Childs pose



1. Start on your hands and knees.
2. Sit back onto your heels, separate your knees and stretch your arms forwards.
3. Relax and try to keep your bottom on your heels.

4. Flexion in sitting



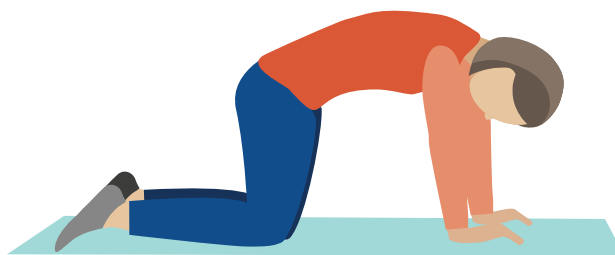
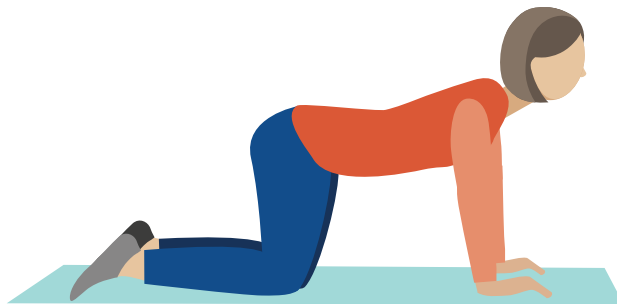
1. Start by sitting on a bench, your legs slightly apart and bent. Move your trunk down between your legs while holding your ankles from the outside. Pull your trunk until you feel a stretch in your low back muscles.

5. Slouch overcorrect



1. Sit on a stool.
2. First let your back drop and get rounded, then use your back muscles to straighten your back and arch it (not too much). Hold approx. 1-2 min.
3. Repeat 10 times.

6. Spinal flexion/extension in 4-point kneeling



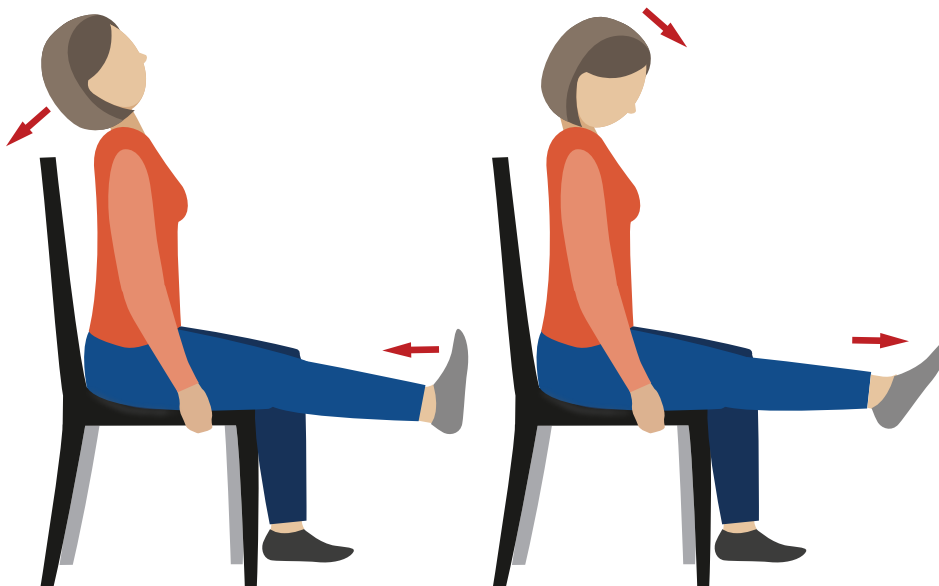
1. On your hands and knees, hands under your shoulders and knees under your hips.
2. Round and arch your back by tilting your pelvis backwards and forwards.
3. Repeat 10 times.

Neuro mobility

1. Neural flossing in lying with hip and knee at 90 degrees – straighten leg until tension is felt – do both legs, one at a time – operated and non-operated. Repeat 10 times.



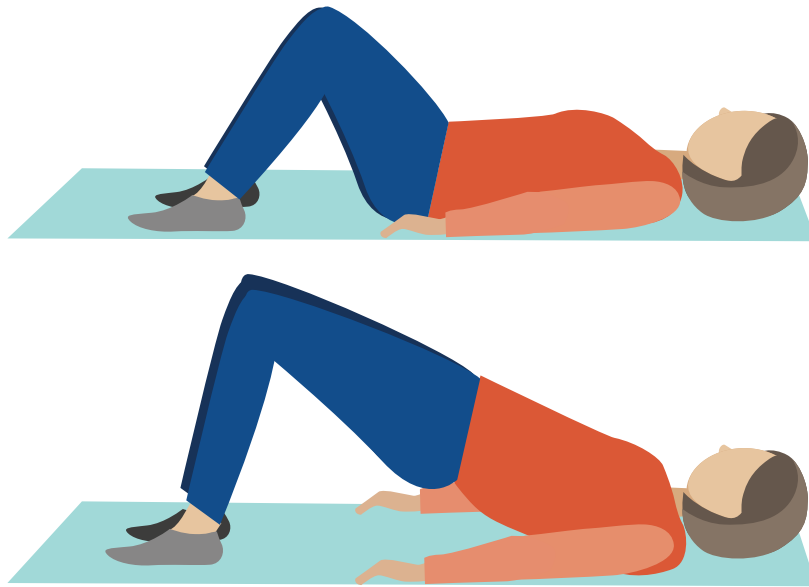
2. You can progress to sitting as able. Sit upright and straighten your affected leg and bend your ankle towards you, as you extend your neck. Then bring your neck towards your chest as you relax the ankle. This will glide the sciatic nerve.



Strengthening exercises

Regaining strength is also important following surgery

1. Glute Bridge



1. Lie on your back with legs bent.
2. Squeeze your buttocks, roll your pelvis off the floor and straighten your hips. Hold and in a controlled manner return to the starting position. Repeat.

2. Sit to stand/half squat



1. Stand tall in front of a chair.
2. Squat down as if you were sitting down (push pelvis back). Briefly touch the chair with your bottom and stand back up. Repeat.

Note: Keep hips, knees and toes aligned.

3. Bird dog/Superman's



1. On your hands and knees.
2. Control the position of your back and lift one leg and opposite side arm. Return to the starting position and repeat with the other side. Repeat.

4. Dead bug



1. Start by lying on your back with your hips and knees bent to 90 degrees and arms straight and pointing towards the ceiling. Flatten your lower back against the floor.
2. Lower one arm towards the floor over your head and at the same time straighten the opposite side leg. Bring the arm and leg back to starting position and repeat with the other side. Repeat.

Advanced/late stage exercises (6weeks +)

Continue with intermediate ROM exercises and aim to try and increase your flexibility particularly with movements that still feels tight or restricted.

You should continue to work on your strengthening exercises and as time progresses and your symptoms allow, you can continue to challenge yourself with these exercises by either increasing the frequency, speed, repetitions or adding an additional weight/resistance band.

Sports and Hobbies

Gentle low impact and non-contact sports can start at 4-6 weeks, e.g. - cycling and swimming.

Contact sports should be avoided at first but generally, you can get back to them after 10-12 weeks however it is sensible to be undertaking other types of exercises such as walking, cycling, and gym work before returning to contact sports. If you need specific guidance and advice on returning to your preferred sport, your physiotherapist can guide you.

You can return to jogging around 10 weeks and it is advisable to gradually build up your time and distance. It is also never too late to start, and jogging/running has so many beneficial health benefits you may wish to look at the NHS Couch to 5k App for a more specific training plan.

Get running with Couch to 5K - NHS ([🌐 www.nhs.uk](https://www.nhs.uk))

As your function improves remember the UK Government guidelines for physical activity levels:

[🌐 Physical activity for adults and older adults \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk)

Physical activity for adults and older adults

Benefits health	Reduces your chance of	Type II Diabetes	-40%
Improves sleep		Cardiovascular disease	-35%
Maintains healthy weight		Falls, depression etc.	-30%
Manages stress		Joint and back pain	-25%
Improves quality of life		Cancers (colon and breast)	-20%
Some is good, more is better		Make a start today: it's never too late	Every minute counts

Be active

at least

150

minutes moderate intensity per week

increased breathing able to talk

OR

or a combination of both

at least

75

minutes vigorous intensity per week

breathing fast difficulty talking

to keep muscles, bones and joints strong

Build strength

on at least

2

days a week

Minimise sedentary time

Break up periods of inactivity

For older adults, to reduce the chance of frailty and falls

Improve balance

2 days a week

UK Chief Medical Officers' Physical Activity Guidelines 2019

Some people will notice improvements immediately after surgery and others will be feeling much better by around 6 weeks. However, everyone is different, and improvements can continue for 18 months with the current evidence showing that a more active approach in your rehabilitation will have better outcomes.

Contact

In an emergency

In an emergency go immediately to your nearest Accident and Emergency (Take your GP letter, procedure information sheet and any tablets issued by Day Surgery). If you have any further queries regarding your operation, please contact the Day Surgery Unit where you had your operation.

Queen Elizabeth University Hospital (Ward 10A/10B/10C/ 10D)

☎ **0141 452 2700** 8.00am - 7.00pm Monday to Friday.

Out with these hours, if further help or advice is required, contact NHS 24 Telephone No: ☎ **111**.

If you have any concerns regarding your physical recovery within the first 4 weeks, please contact the physiotherapy team on ☎ **0141 452 3713** (Mon - Fri, 8.30am - 4.30pm).

Out with this 4-week period, please discuss with your musculoskeletal physiotherapist.

