

## Neurosurgery – Primary Posterior Decompression of Lumbar Spine NEC

### Introduction

The Covid pandemic has had a significant impact on the NHS ability to provide routine elective services. We recognise that patients are waiting longer than we would all like and it is not always possible to identify when treatment will take place. This document provides you with information on how you are able to support yourself while waiting to attend the hospital. The guidance has been written by clinicians who are responsible for your care.

Lumbar decompression is routinely performed at UHCW to improve symptoms related to compression of the nerves in the lower back.

The operation involves freeing up trapped nerve roots in the lower back. This is caused by narrowing of the spinal canal (called stenosis) which becomes more common as our spines age.

Spinal stenosis can cause back pain and/or symptoms down one or both legs (sciatica). Typically this is made worse by standing or walking and relieved by sitting or bending forwards.

Please read the following information in conjunction with the staying healthy guidance appropriate for your condition.

### Guidance for Patients

#### Preparing for the procedure

Please let us know if you are taking anticoagulant medications (blood thinners) such as Aspirin, Clopidogrel (Plavix), Warfarin, dipyridamole, rivoroxaban or any others. You may need to stop these before the procedure.

If you are taking Warfarin we will need to do a blood test before you have the procedure. Please be aware that this may cause a slight delay to your treatment. You can continue to take all other medications as prescribed. You may eat and drink as normal.

**You will need to arrange transport to attend for your surgery as you must not drive yourself or travel on public transport after the surgery has been performed for several weeks.**

We would like you to know about the procedure as much as possible so you can make an informed decision about going ahead with the injection. Can we therefore ask you to read the British Association of Spine Surgeons leaflet on the procedure which can be found at:

[https://spinesurgeons.ac.uk/resources/Documents/Booklets/\(FINAL\)%2003678-21%20Lumbar%20Spine%20Stenosis%20Surgical%20Options.pdf](https://spinesurgeons.ac.uk/resources/Documents/Booklets/(FINAL)%2003678-21%20Lumbar%20Spine%20Stenosis%20Surgical%20Options.pdf)

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## On the Day

When you arrive, a nurse will ask you some questions and check your blood pressure and give you a gown to put on. The clinician performing the operation will explain the procedure and ask you to sign a consent form. Please make sure that you understand the procedure and ask any questions. **It is important that you highlight any allergies you may have to the Nurse and clinician.**

## The procedure

Lumber Decompression is a routinely performed spinal surgical procedure. However choosing to opt for surgery is a complex decision. There is at least an 80% chance of being completely better after your surgery and a 10-15% that you are improved but are still not quite as good as you would like to be. Our team may discuss a minimally invasive approach, which has the advantage of minimising damage to the tissues, therefore reducing pain and allowing for a faster recovery.

A small incision is made on the lower back and then the muscles are separated to access the spine. Subsequently, we make a small space through the bone and ligament in order to identify any trapped nerves. Specific tissues such as bulging discs are 'tidied' which allows the compressed nerves to be more free.

If there is a deformity in your spine or abnormal movement, it may be advised that a fusion is also performed during the procedure. This would be carefully considered and discussed prior to your operation.

## After the procedure

The minimally invasive approach enables you to be able to be up and about within a few hours of surgery. It is very important to move after surgery and you will be advised by the physiotherapy team on how to build up your walking and stamina each day. Your back is likely to feel sore for a few weeks and so you will be advised on suitable pain killers to take.

You can return to light non-manual work and driving from 2 weeks and more physical work from 6 weeks.

## Follow up

Approximately 6 weeks after the procedure, we will offer you a follow up appointment in the outpatient department. If you continue to struggle with the pain despite the surgery or have any concerns please contact our secretaries on – 02476964000 and ask for the neurosurgical secretaries to discuss an earlier clinic appointment.

## Further information

More information with regards your condition, treatment options and support groups, can be found at:

<https://www.britishpainsociety.org/people-with-pain/>

[www.painconcern.org.uk](http://www.painconcern.org.uk)

Or for more information about our hospitals and services please see our website [www.uhcw.nhs.uk](http://www.uhcw.nhs.uk)

## What should I do if my health is deteriorating?

If your pain is deteriorating we recommend you request a G.P. review. Features requiring more prompt review in A&E would be worsening power or sensation in the legs. If you become aware of deteriorating bowel or bladder function then we would recommend going straight to A&E for urgent assessment. Please avoid eating or drinking anything until you have been assessed and informed that you can eat and drink by A&E staff. If you are unsure as to what to do, please contact us.

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## Contact Us

If you have any questions or concerns please contact us on: Tel: 02476964000 and ask for the neurosurgical secretaries Monday – Friday (office hours). If you have any problems or significant concerns outside these times, or are experiencing severe side effects, please contact your GP or attend your local emergency department.

If you would like to contact us by post the address is:-

Neurosurgical Secretaries

UHCW

Clifford Bridge Road

Coventry

CV2 2DX