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Patient Aftercare Advice

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This booklet does not intend to influence the decision to have an operation. It is for surgeon and patient to make an informed decision about surgery, taking account of the likely risks and benefits. It is the surgeon's responsibility to make sure the patient fully understands these issues.

YOUR BACK OPERATION

The best way to recover
- and get back active

You and your surgeon have decided you are having a back operation.

So this booklet is for you – it is to help you recover.

Sciatica usually gets better on its own, but some people need an operation to speed things up. You and your surgeon have decided you are at that point. Surgery is now the best way to relieve *your* sciatica and let you get on with your life.

So, you want to know what to expect. This booklet will tell you about the operation. It will also tell you what you can do to recover as quickly and safely as possible. It has been written by a team of experts, is approved by spine surgeons, and takes account of what patients say. So it should be suitable for most patients having surgery for sciatica. Your surgeon may have given it to you - if not, you might want to ask if it's OK for you.

12,000 people have a disc operation in UK each year.

WHAT IS SCIATICA?

Sciatica is severe pain down the leg. It is due to irritation of the sciatic nerve – the nerve that runs from your back to your foot. Sciatica and back pain often go together but they are not the same. 80% of us get back pain, which often spreads into our buttocks and thighs. But only about 5% ever get true sciatica. Many patients describe a line of pain running down a strip of skin to either their big or little toe. There is often numbness or tingling in the same area. In sciatica the leg pain is usually worse than the back pain.

Sciatica is nerve pain that runs down your leg

The most common cause of sciatica is a disc prolapse. This is often called a 'slipped disc' but that is a bad name. Discs don't slip or crumble or disintegrate – they simply bulge.

Discs don't slip!

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Your spine is a column of solid bony blocks called vertebrae, reinforced by strong ligaments and surrounded by large powerful muscles to protect it. The discs lie between the vertebrae to give the spine flexibility. Discs are round pads of tough spongy tissue that are firmly attached to the bone above and below. Each disc has a strong outer ring or tyre called the annulus. Inside is a soft jelly-like centre called the nucleus. Sometimes a weakness in the annulus allows some of the nucleus to bulge through. This often happens spontaneously or it can happen with some kind of injury like lifting. In itself, this bulging does not matter too much. It is only if it irritates a nerve that it causes sciatica. Or the pressure on the nerve can produce numbness or muscle weakness.

90% of disc prolapses get better on their own.

Spinal stenosis is a less common cause of sciatica. The basic problem is the same – pressure on the nerve. However, this time it is not due to the disc but to narrowing of the space around the nerves. Spinal stenosis is more common in older people and usually comes on gradually. It can produce sciatica, in one or both legs. Or it can produce ‘claudication’ – pain, numbness or weakness in the legs that comes on with walking.

The aim of surgery is to relieve your sciatica and let you get on with your life. Most patients do get good relief of their leg symptoms. Most also get some improvement in their back pain, but that is a bonus. You may not be totally pain-free every day. But you should be able to keep the pain under control and get back to your normal activities.

The aim of surgery is relief of sciatica.

ABOUT YOUR OPERATION

Spinal surgery is all about taking pressure off the nerve. A ‘discectomy’ removes the disc bulge that is pressing on the nerve. Some surgeons use a microscope and that is a ‘microdiscectomy’. An operation for spinal stenosis might be a ‘decompression’ - trimming a little of the bone to give the nerve more space. But the basic principle is the same - to relieve the pressure on the nerve. The name your surgeon uses for the operation really does not matter.

The important thing is that no surgeon actually removes a disc or a bone, so you are not left with a gap in your spine! Modern spinal surgery is ‘minimally invasive’ – that means it does very little damage to the muscles and ligaments. So it heals better and faster. And you know from your own experience that once a cut heals it is as strong as ever.

You may be in hospital for a few days, though some disc surgery is now done as a day case. Many patients have a general anaesthetic but some surgeons now use an epidural. Just like having a baby! In either case the anaesthetist will see you and explain what will happen.

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The actual operation does not really concern you – but you may be interested to know what happens. Or if you would rather not know, you can skip this paragraph! Once you are anaesthetised, you are placed face-down. The surgeon makes an incision about 1-2" long down the centre of your lower back. He holds the muscle to one side to see the spine. Then he makes a small opening into the spinal canal. The nerves are sensitive but tough, so he can move them aside to see the disc prolapse. He then reduces the bulge in the disc by removing any loose material from the nucleus. A final check to make sure the nerve is lying free and that nothing is pressing on it, and that's the job done. All that remains is to let the muscles fall back into position and close the wound with clips or stitches.

There is usually very little bleeding and very few patients need a blood transfusion. The actual operation is usually all over in less than an hour.

An operation for spinal stenosis follows the same principles. But it usually needs a slightly longer incision and trimming some bone to free the nerve. So generally it is a longer and somewhat bigger operation. Post-op recovery is just the same, except perhaps a little slower, especially in older patients.

You will be taken back to the recovery room or the ward. You'll be drowsy for a while if you've had a general anaesthetic. Some patients find their sciatica is gone immediately when they waken. Others find it takes some time but that is not a cause for concern. Obviously, your wound will be a bit sore, but that will settle in a few days. Your doctor or nurse will discuss your post-op pain control.

THE RESULTS OF SURGERY

Disc surgery has stood the test of time and most people get good results. But you should be realistic what that means. And you must be ready to deal with possible problems.

80-90% of disc operations give good relief of sciatica.....but some people still have some back pain.
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Most people get good relief of sciatica, usually quite quickly. Many people find their back pain is improved, but many continue to have some back symptoms – we'll talk about that later. Most people return to most ordinary daily activities quite quickly. Many people can return to some kind of work and to many leisure and sporting activities within a matter of weeks. How long it takes you to get back to normal depends very much on *you*.

A positive approach is best.

But even with the best of operations, some people don't get a good result. That is not always because anything has gone wrong or because of complications. The operation may simply fail to relieve the leg pain, perhaps because the nerve is already damaged by pressure. More often, the problem is ongoing back pain. Sometimes this is due to 'wear and tear', but more

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often it is simply stiffness, muscle weakness and lack of physical fitness - some patients simply don't manage to get going. That is the most important thing to avoid – that is what this booklet is all about.

HOW SOON CAN I GET GOING?

It's natural to be a bit worried after a back operation. Is my back really OK? How much can I safely do? Obviously, post-op soreness may limit you a bit to begin with. But not for long!

You will get out of bed and on to your feet within hours of recovering from the anaesthetic. That is not only safe, it's the best way to get your muscles moving and prevent post-op complications. It is actually step one of your rehabilitation!

Your wound, just like any cut, may limit how much you can move your back. But you can see now that a back operation does not weaken your spine. The main structure of your spine is intact. You have five discs in your lower back and 4 out of five are perfectly OK. Even the disc that has been dealt with is not seriously weakened. 90% of the disc is still intact and the connections between the vertebrae are as strong as ever. So there is no real structural weakness. It is just a matter of the wound healing and getting the moving parts and muscles working again.

So the answer is, you should be able to do a lot. And surprisingly soon after your operation!

Look at that sentence again. **You** should be able to do a lot – your back can, therefore you can. That is perhaps the most important message in this whole book.

Operations are high drama and get all the attention, but there are actually two parts to back surgery. A good outcome depends first on a successful operation. But the final outcome also depends on how well you get going afterwards. One is no use without the other. You can have the best operation in the world, but if you do not get going you will continue to have back pain and disability. And even if your operation is not 100% successful, good rehabilitation can compensate and overcome that.

So, your surgeon has done his job, and now it's your turn. Doctors, nurses and physiotherapists can advise you and show you what to do. But they can't do it for you. Only you can get your back moving and active and fit again. It really is up to you!

Rehabilitation starts as soon as you get over the anaesthetic.

PRACTICAL TIPS

While you are in hospital, your nurse will be able to advise and help you. But most people go home within a day or two. So the sooner you learn how to deal with things yourself, the better.

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You need to care for your wound, which is actually quite easy. It is the same as looking after a cut on your leg - just in a more awkward place. Your wound may be covered with a dressing, which you must keep dry, but you can still sponge yourself down. The dressing is often removed in a few days and there are then some simple rules:

- Keep the wound clean - always wash your hands before touching the wound.
- You can have a shower and gently pat the wound dry with a clean towel. But do not soak in a bath.
- You can wear normal clothes, but be careful not to catch and pull on the stitches or clips.
- It may be more comfortable to avoid direct pressure on the wound for the first few days.

98% of wounds heal uneventfully. Local pain in the wound is normal at first, but it improves day by day. The nurse will remove your stitches or clips after 10-12 days. Many patients seem to be worried about this, but there really is no need - the thought is worse than the reality. It can be a little bit uncomfortable, but it isn't a big deal.

By the time you go home you should not have any problem passing urine. But if you have surgery as a day case you might find it difficult at first. Don't panic. Sit down, relax and take your time. Make sure you have taken your painkillers. The sound of running water sometimes helps.

Constipation is quite common, but nothing to worry about. It may just be the painkillers. Drink plenty fluid. If need be, take a mild laxative. It might surprise you, but getting active can help.

Pain control is important, particularly in the first days and weeks. This is partly to make you comfortable but also to help you get going. You should not hesitate to use painkillers if you need them. You can safely mask the pain to get active: your body will not let you do any harm.

Your doctor or surgeon will advise you about painkillers. After the first few days, simple painkillers like Paracetamol or Ibuprofen are often the most effective. Most people do not need anything stronger. You should take the full-recommended dose regularly every 4-6 hours. Do not wait till your pain is out of control. You may need to take them for a week or two, or as long as they are helping you to get active.

It helps to get going straight away

Here are some simple tricks you can use to get going – not because your back is weak but simply for comfort:

- To get out of bed, roll on to your side. Swing your legs over the edge of the bed, and at the same time push yourself up sideways into a

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sitting position. Then stand up straight, using both hands to push you off the bed. (A higher bed will be easier).

- Bend down by bending your knees rather than from your waist for the first few days.
- Try sitting at the washbasin rather than bending over it.
- Use a shower rather than a bath.
- Sit down to put on trousers and socks – it'll be easier if you avoid tights.
- Use slip on shoes. Or put your foot up on a chair. It's best to avoid long boots
- Sit on an upright chair. Use your hands to push yourself up.
- Stand and walk about as much as you like!

WARNING SIGNS

Most people recover from surgery without any problems. Some days are better than others, but you should see yourself progressing. If you get worse again instead of better, or if you become unwell, you should seek help.

Here are a couple of problems that are quite uncommon. They can be fixed, but you must see your doctor straight away.

Wound infections are rare. Any problems usually appear within 10 days of your operation. Wound pain that gets worse again, or a new and different pain, might mean something is wrong. There may be local heat or redness or swelling in the wound or leaking from the wound. You may feel unwell, or develop a temperature or headaches. If any of these signs appear, see your doctor.

Deep vein thrombosis or DVT is a blood clot in the veins of the leg. Fortunately, it is very rare after disc surgery. If you've been given elastic stockings, you should wear them. But if you develop pain in your calf or swelling of your ankle, or if you develop chest pain, breathlessness or spit any blood, see your doctor.

Don't let that worry you too much.

Most people don't have any complications.

GETTING ACTIVE

We used to tell patients to be careful and to avoid doing anything heavy for months after a back operation. But we know now that was a bad idea – it just slowed down natural recovery! And some people never got going again. Modern surgery does minimal damage and it is safe to get going as soon as you can. There is no need to be too guarded. The latest evidence shows that the sooner you get active, the faster you will recover from your operation.

Just because you've had an operation doesn't mean you have to be an invalid!

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Activity will not do you any harm – quite the opposite. Your body must be kept active to stay healthy. Activity promotes healing. Normal daily activities like sitting, standing, walking, bending, lifting and carrying are part of life. They are an essential part of getting active. Some activities may be uncomfortable at first, but that's nothing to worry about. You just need to be sensible about it. As a general rule, do things slowly at first and a little bit at a time.

Getting active is about what **you** can do – rather than worrying about what your **back** can do.

Immediately after your operation, your first steps may be pretty hesitant. From that starting point, establish a daily activity routine that builds up gradually, step-by-step and day-by-day. To put it simply, your main priority and your main task in life over the first weeks is rehabilitation. Look at it as a long-term investment. It can make a difference to the quality of the rest of your life. It may take time, it may not be easy, but it **will** be worth it.

STRIKE A BALANCE

Within a few weeks you should be doing most everyday things pretty normally. Heavier physical activities come more slowly. You do not need to avoid lifting altogether – just be sensible and avoid the heavy stuff for a while. It's the same for walking, driving, cycling, swimming – do a little, gently at first, and build up gradually. Your goal is to get back to as much as you possibly can, but you have to be realistic.

Try to strike a balance between being as active as you can and not putting too much strain on your back. The basic rules are simple:

- Keep moving.
- Don't stay in one position for too long.
- Move about before you stiffen up.
- Move a little further and faster each day.
- Don't stop doing things – just change the way you do them.

Throughout this process you need to pace yourself. It's no use trying to do too much too fast, making your back too painful, and giving up. On the other hand, unless you push yourself a bit you will never get there. You will have good days and bad days. But you can't keep putting it off until the pain goes away. The important thing is to do a little bit more every day, not just when you feel like it. It's getting active that will make your back fit again and less painful.

There's a lot you can do, and not much you can't.

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Ordinary daily activities – some practical tips

Sitting	Chose a chair and position that is comfortable for you - experiment. Get up frequently and move about. Take advantage of TV adverts!
Driving	Adjust your seat from time to time. Stop regularly for a few minutes break. Get out of the car, walk about and stretch.
Lifting	Think before you lift. Do not lift more than you need to. Keep the load close to your body. Don't twist while you are lifting but turn with your feet.
Carrying and shopping	Think if you need to carry at all. Carry things close to your body or split the load between both hands. Don't carry further than you need to. Use wheels!
Daily activities/hobbies	Don't do one thing for too long. Keep changing activities.
Sleeping	Some people find a firmer mattress helps - or you can try a sheet of chipboard beneath the mattress. Experiment. Try painkillers an hour before you go to bed.
Sex	Fine – as soon as you feel able. But chose a position that you find comfortable.

What is my back able to do? – most things!

GETTING ON WITH YOUR LIFE

Within a few weeks you should be back to most basic activities. Just as important, you should be gaining confidence in your back. You really are going to be able to get on with life just as you did before. So the next goal is to focus on behaving pretty much as normal.

You have to regain the momentum of your life. Begin to get out and about. Start driving, go shopping, visit friends, get back to your evening class or club. Get back to regular exercise. Walking, swimming, cycling, going to the gym, aerobics or yoga are all good exercise. Or if you did not do any regular exercise before, now is a good time to start! Because getting fit and active is the best way to restore your back to normal and to reduce the chance of future problems. It will be a month or two before you can begin strenuous sports – and even then you must train and build up gradually. But remember, it will all be much more difficult if you've been inactive in the early stages.

Rehabilitation depends on you.

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WORK

If you have a job, you've probably been off work for some time before your operation. You now need to get fit for work again. But that takes much less time than you might think. You do not need to wait till you are completely pain-free. There comes a time where work itself is the best form of rehabilitation. And getting back to work is the most important step in getting on with your life. The same applies to all productive activity, whether or not you go out to work.

The longer you are off work, the harder it is to get back.

Most people are able to return to work within 2- 8 weeks – though that varies with the individual, how well the operation has gone, and the type of job. Getting back to heavy work obviously takes longer, and some people with very heavy jobs need to change to lighter work. Research shows that returning to work sooner rather than later is possible - and it is unlikely to do any harm. There may be ways to make adjustments to your job that will let you can get back earlier.

Getting back to work doesn't just happen. You can't sit and wait for the day when you feel 100% fit for work. You need a return to work plan. What are you going to do to build up your fitness for work? What about the practical arrangements for starting work? So, even before you are ready to start, go into work and talk with people about how you can plan your return. You'll need to arrange things with your boss or line manager. If you have an occupational health department or a health and safety rep, they should be able to help. Your work mates could help with heavier tasks, or you might be able to work part-time to start with. Talk about any parts of your job you feel may be difficult to begin with, but stress that you want to be at work. Offer your own ideas about how to overcome these problems. You might even show them this booklet. You'll probably be surprised at how helpful they want to be.

Talk with the people at work about ways to get back soon

Your doctor will need to give you a final certificate to say that you are fit for work. You may meet a practical problem here. Many doctors may be hesitant to talk about work. So you might need to raise the subject. Tell your doctor about your job. Say that you know getting back to work as soon as possible is important. Talk about your return to work plan. Point out that your employer is keen to help.

WHAT IF I'M NOT GETTING BETTER?

Most people recover well from a back operation like yours. But for a few people, things don't go so smoothly. The most common problem is persisting back pain and simply not getting going. Your surgeon will advise if there is anything more he can 'fix', but often there is no magic answer. There is then no point in worrying any more about why you have this problem. It is more

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helpful to concentrate on how to deal with it. Usually, the answer lies in hard work and rehabilitation – and that depends on you.

The best long-term answer to chronic pain is to get on with your life.

Your own effort and motivation can then make all the difference. Progress depends on how you cope and get on with your life despite the pain. Here are some things that do **not** help:

- Believing that you have a permanent weakness in your back.
- Believing that hurt means harm and that you will become disabled.
- Avoiding movement or activity due to fear of doing damage.
- Continued rest and inactivity instead of getting on with your life.
- Waiting for someone to 'fix it'.
- Becoming withdrawn and depressed.

If you find yourself thinking or behaving like that, you need to do something about it. Go back over this booklet. Work out what you can do to change direction and get on with your life.

Even if at first you seem to have a poor result from your surgery, there is still a lot you can do to improve the final outcome. Remember the operation is only the first half of the job. You can make up for a lot by rehabilitation. And even the worst back problems usually improve over time.

If you are not getting going after about a month, you are at risk of long-term problems. If you still can't manage to get going, then you need extra help. That will probably involve physiotherapy and rehabilitation. You need to speak to your doctor or surgeon for this – sooner rather than later. Once again, you may need to raise the subject and make it clear to everyone that you are looking for help to get going.

So even if you don't get such a good result, there is still a lot you can do to improve the final outcome. A positive approach is always best.

REMEMBER

You had a problem with sciatica. Your surgeon has fixed that, and your sciatica should be much better. You may still have some backache, but we've tried to show you how best to deal with that.

You've got the facts and the most up-to-date advice about how to get back to normal. Try to accept that reassurance and don't let needless worry delay your recovery. It's about accepting the fix and getting on with your life.

It's important to get going and keep going – and you mustn't give up. Basically, exercise, work and sport are good. They're healthy and won't damage your back. Think about your sports heroes – they train hard and go on winning after spinal surgery. There is no reason you can't do the same!

It may not be easy, and there is no instant answer. You will have your ups and downs for a while - that's normal. But look at it this way:

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☹ If you do nothing, sit around, get depressed and stay off work - you'll have a bad result. Guaranteed!

☺ If you get back active, stay positive, rehabilitate yourself and get back to work - you're far more likely to get a good result. Go for it!

That's the message from the latest research. – There really is a lot **you** can do to get a good outcome from your operation.

Back cover

Patients want good, practical information and advice. - *Your back operation* meets that need.

Your back operation is a guide for patients who are having surgery for sciatica. It will be suitable for most patients, and aims to help them recover and get on with their lives. The advice comes from the latest research, is approved by spine surgeons, and takes account of patients' needs.

To be sure it contains the latest thinking, it has been written by a team of experts:

Orthopaedic surgery: Prof Gordon Waddell, Glasgow.

Mr Philip Sell, Leicester.

Physiotherapy: Dr Alison McGregor, London.

Ergonomics: Prof Kim Burton, Huddersfield.

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