



A guide to...

Physiotherapy following your spinal discectomy

Patient Information

Inpatient Therapy

Watford General Hospital

Hemel Hempstead Hospital

St Albans City Hospital

What is a lumbar discectomy?

A lumbar discectomy is an operation performed to trim an out of place piece of disc and relieve the pressure it is placing on the nerves in your spine. The pressure from the displaced disc can cause you to have pain which may spread into 1 or both of your legs and also cause weakness.

How long will I be in hospital?

The average length of stay following a lumbar discectomy is between 1-2 days; however this is dependent on your previous level of fitness and any medical or post operative complications. If you are motivated you may be able to get home sooner. You will only be discharged when the team is happy.

Introduction

Whilst supervised physiotherapy is important, it should be remembered that physiotherapists can only guide the rehabilitation, they can not do the exercises for you.

Good motivation and mental attitude is a key component to rapid recovery and you have a very important contribution to make to the success of your surgery.

The programme for recovery that is outlined below should be regarded as a guideline – patients are individual and each have a different pace and rate of recovery.

Surgery

The aim of surgery is primarily to relieve leg symptoms. Some ongoing low back ache is not unusual; post operative physiotherapy will improve this.

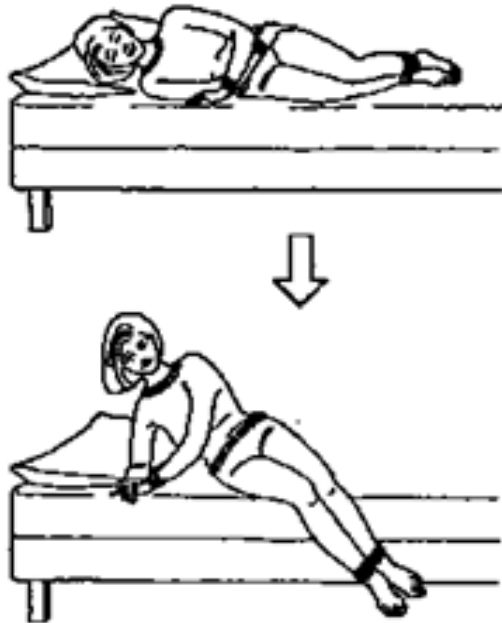
Some people come round from the anaesthetic and feel immediate relief of their leg symptoms. Pain often settles fairly quickly.

Numbness and tingling sensations usually take longer to settle though – this may be days, weeks or months. It varies considerably from person to person. Some people may always have an area of numbness that never fully recovers.

Do not worry if your leg pain is still present – it is not a sign the surgery has failed. Nerves take a long time to recover from being squashed. Bruising and swelling will be present which will settle, but can also irritate the delicate nerve tissue initially. However, please do report any ongoing or new leg pain following your surgery to the staff on the ward or our enhanced recovery nurse upon your return home.

Getting in and out of bed

- Lying on your back with your knees bent
- Reach over with your arm and let your knees lower to the bed
- Lower your legs over the edge of the bed and push your trunk up



Transversus Abdominis (TA)

The transversus abdominis muscle (TA) is the deepest of the abdominal muscles and is one of the main stabilisers of the lower back and pelvis. The orientation of the muscle is similar to a corset, whereby it wraps around your lower abdomen and attaches to your lower back. When the muscle contracts it acts like a back brace stabilising your spine and supporting your lower back.

However, we would **not** recommend using a lumbar brace / support or belt. Research has proven this to have a detrimental effect and actually weaken the core muscles.

To activate your TA

- Lying on your back with your knees bent up and feet flat on the bed.
- Slowly draw your belly button down and inwards (away from your belt line).
- Breathe normally. Do not hold your breath.
- Your rib cage should remain relaxed and should not lift up during this process.
- You should be able to feel the muscle contracting.
- Gently hold this muscle at 20 – 30% of a maximum contraction. Do not brace / tense the rest of your body.

NOTE: Ideally, you should learn to activate your TA muscle during all activities of daily living.

Pelvic Floor (PF)

The PF muscles are the muscles located between your legs and run from your pubic bone at the front, to the base of the spine at the back. As their name suggests, they form the floor of the pelvis. They are shaped like a sling holding your pelvic organs (bladder and bowel) in place. The pelvic floor muscles form an integral part of your spinal support musculature and as such, it is important to maintain the strength in these muscles.

To activate your PF

Correct technique is very important when doing PF muscle exercises. You should feel a distinct 'lift and a squeeze' inside your pelvis. The lower abdomen may flatten slightly, but try to keep everything above the belly button relaxed and breathe normally.

It is important to remember that this is a "secret exercise", as only the PF muscles should be working; this is an exercise that no one can see you performing!

When learning how to activate the PF men and women often find different teaching methods beneficial:

- Lie on your back with your knees bent up and feet flat on the bed

Women

Squeeze and draw in the muscles around your vagina and back passage together – as if stopping yourself from passing urine and wind at the same time. You should feel the distinct lift and squeeze of your PF, as if closing and zipping up your back and front passages.

Men

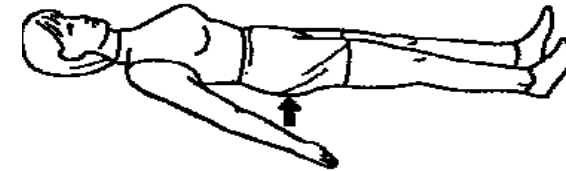
Squeeze and draw in the muscles that control your bladder and back passage together - as if stopping yourself from passing urine and wind at the same time. You should feel the distinct lift and squeeze of your scrotum upwards.

- Breathe normally and gently hold this muscle contraction at 20 – 30% of a maximum contraction. Hold for 5–10 seconds. Repeat 10 times
- Once you have mastered the technique you can also perform in sitting and standing

Post operative exercises

Perform these exercises on your bed, three times a day:

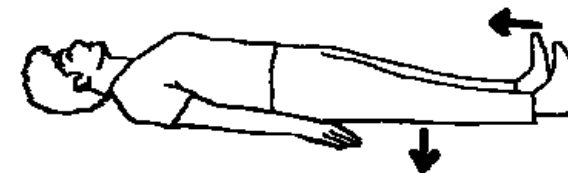
- Lying on your back, squeeze your buttocks firmly together. Hold for 5-10 seconds. Repeat 10 times.



- Lying on your back, engage your pelvic floor (PF) and transversus abdominis (TA) muscles, bend and straighten your legs alternately. Repeat 10 times.



- Lying on your back, engage your PF and TA muscles, pull your toes towards you and tighten your thigh muscle, straightening your knee. Hold for five to 10 seconds. Repeat 10 times.



Advice

For the first four weeks, whilst the initial post-operative pain settles and the disc begins to heal, it is advised to be careful with some activities. A sensible approach is advised and a gradual paced increase in activities is recommended, bearing in mind post operative discomfort and previous level of function.

- **Sitting** Should be gradually built up during activities such as eating or relaxing and should be guided by your symptoms. A limit of 20 minutes at any one time is sensible for the first few days. Once this is comfortable it can be gradually increased. If a long journey is unavoidable (travelling home), you can recline your seat and take a break every 20-30 minutes to mobilise.
- **Caution** with prolonged standing for the first six weeks.
- **Caution** with flexion in sitting and standing for the first six weeks.
- **Walking** is advised and should be increased daily as comfort allows.
- **Lifting** for the first week should initially be limited to about 1 kg (a half full kettle), then gradually increased.
- **Avoid** heavy lifting greater than 10kg until 12 weeks after your surgery.
- **Avoid** prolonged sitting until neural sensitivity has settled.
- **Avoid** heavy lifting and any prolonged activity (sitting and standing) for 12 weeks post operatively due to the risk of recurrent disc prolapsed. This risk is at its highest in the first 12 weeks.

Outpatient physiotherapy

Outpatient Physiotherapy will be based at the West Hertfordshire Therapy Unit, Jacketts Field, Abbots Langley where there are options for face-to-face, telephone and video appointments.

Return to work

As a guide, you are likely to need about 6 weeks off work. If you do a sedentary (mainly sitting down) job you may be back at your desk after about six weeks as long as you are able to stand and move around regularly. If you do a more manual job, it may be around 12 weeks.

Ideally a phased return to work is best

Driving

Please check your car insurance policy.

It is recommended that you avoid driving for three to four weeks as this can aggravate your leg pain. When you do start, please ensure you can perform an emergency stop, safely without pain.

Sports

Gentle low impact and non-contact sports can start at 6 weeks, e.g. swimming and cycling (not breaststroke).

High impact and contact sports should be avoided until four to six months.

Your individual physiotherapist can give you specific guidance and advice on return to your preferred / chosen sport.

**Recovery from this surgery can take up to three months
but will continue up until 18 months**

Notes

West Hertfordshire Hospitals NHS Trust

West Hertfordshire Therapy Unit

Jacketts Field

WD5 0PA

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If you are unsure about anything wait to speak to your physiotherapist or contact the ward you were on

If you need this leaflet in another language, large print, Braille or audio version, please call **01923 217 187** or email westherts.pals@nhs.net.



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