Salford Royal NHS
NHS Foundation Trust

University Teaching Trust

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Physiotherapy advice
Lumbar Spinal Surgery

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Physiotherapy

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Introduction

Back pain is very common and most of us will experience it at some point. With the right approach basic back pain can be avoided. This advice booklet will describe some of the basic ways you can prevent back pain.

The spine is made up of 33 small bones called vertebrae stacked on top of each other in an 'S' shape. Not all backs are the same 'S' shape but they are usually curved at the neck and lowest part of the back.

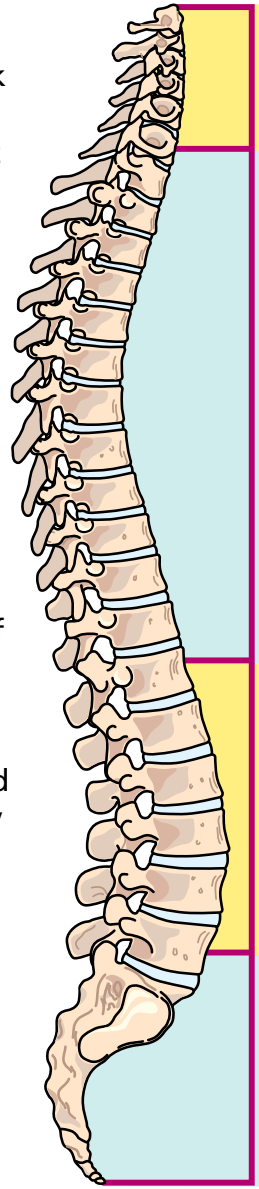
The shape should be kept in mind when you move to maintain the natural curves in your back whatever you are doing. Each of the vertebrae has a disc in between them which acts like a shock absorber (see diagram on page 3).

Spinal nerves pass between each vertebra next to the disc and travel to the legs. These nerves allow us to move our muscles and feel things in different parts of our body.

The muscles in the back support the vertebrae and the discs. The most common form of back pain is caused by these muscles going into spasm.

This often happens when you have been doing something strenuous such as gardening or heavy lifting.

Back pain often occurs in the lumbar region of the spine. This section bears the most weight of the body and is capable of bending and twisting more than any other part so suffers more wear and tear.



Cervical:
refers to neck vertebrae

Thoracic:
refers to vertebrae from the bottom of the neck to the lumbar region

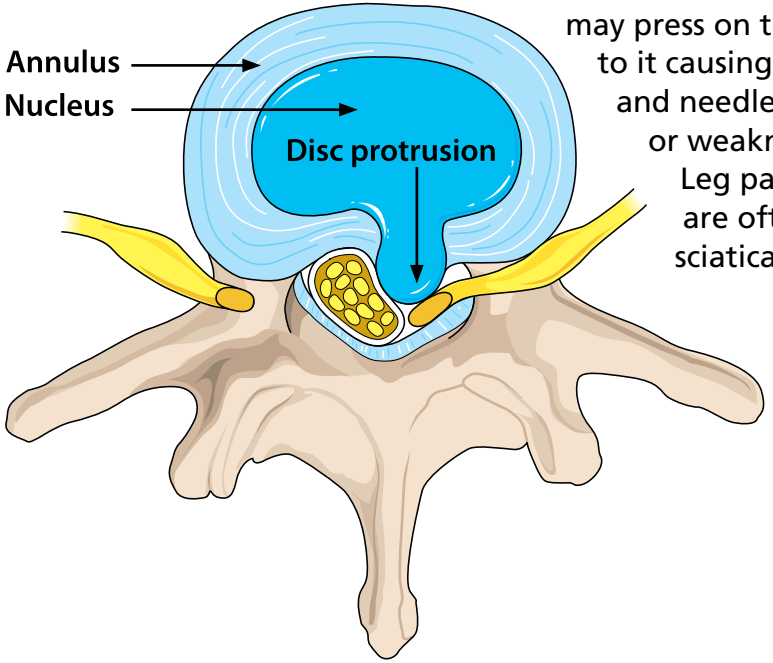
Lumbar:
refers to vertebrae in the lowest section of the spine

Beneath the lumbar spine there are another 5 vertebrae fused together forming the sacrum with the coccyx (or tail bone) underneath

What is a disc?

Discs are tough yet flexible and allow the spine to bend and twist. Discs have a central part filled with a rubbery substance called the nucleus.

The outside wall is called the annulus which is made from tough and flexible fibres. The annulus is a very strong substance which is usually able to heal and 'reseal' itself after surgery.



What has happened to my disc?

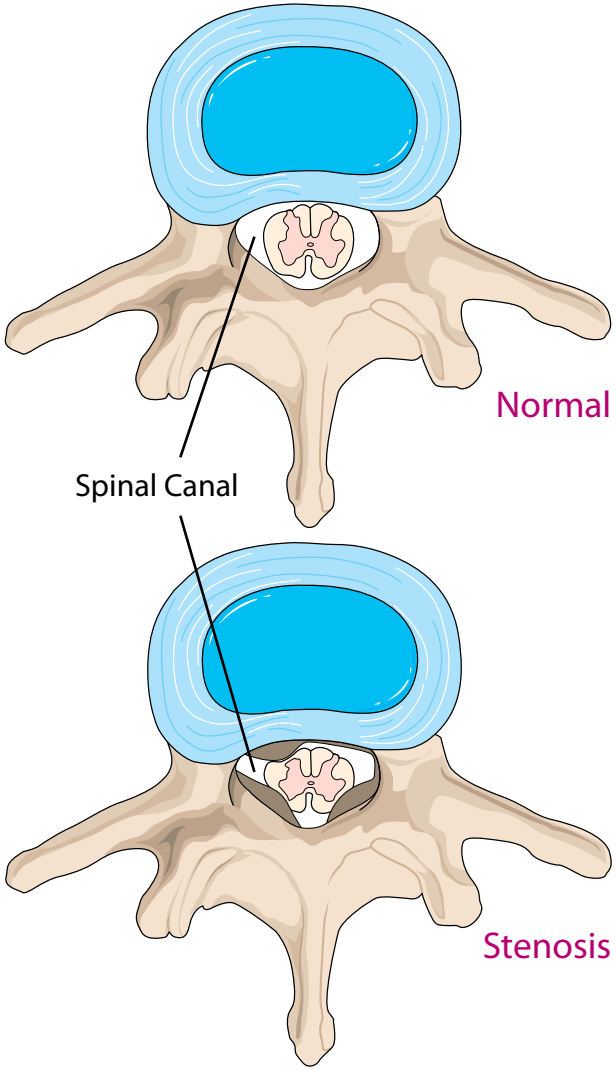
If part of the outer wall (annulus) weakens, some of the central part (nucleus) of your disc may herniate / move through it. This can occur in lots of people without them knowing it. This is referred to as disc herniation but can also be called slipped disc, disc bulge, nerve impingement, disc protrusion, or prolapsed disc.

Both the annulus and nucleus may press on the nerve next to it causing pain, pins and needles, numbness or weakness in the leg. Leg pain symptoms are often called sciatica.

What is stenosis?

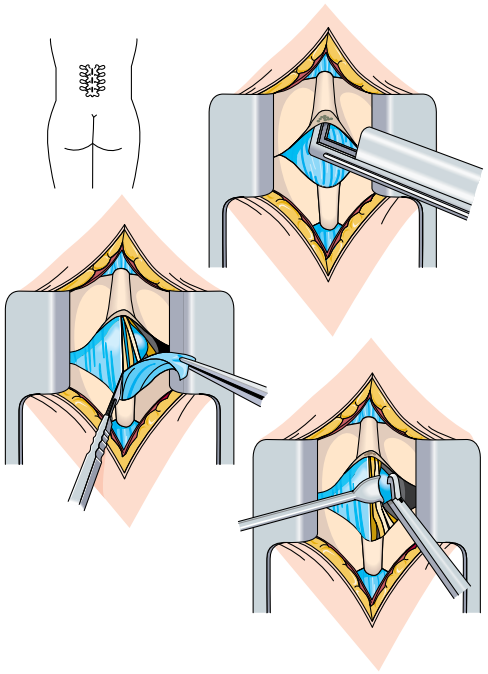
Back and leg pain can sometimes be caused by a condition called stenosis, instead of a problem with the disc.

Spinal stenosis is when the spinal canal is too narrow/nerves become compressed in the narrowed space.



What happens during surgery?

Your surgery will take place in an operating theatre, where you will be put to sleep by an anaesthetist. In the operating theatre you lie on your front, over an arched operating table. The surgeon makes an incision, usually about 3-5 cm long, down the centre of your back.



Discectomy

A small amount of bone and ligament from the back of the spine are removed so the disc and nerve can be seen; this will not make your spine weaker. The part of the nucleus pressing on the nerve is trimmed.

Decompression

A small section of bone and ligament from the back of the spine are removed so the nerves have more space. This is called a laminectomy and will not make your spine weaker.

The surgeon may also remove the osteophytes, this is called a foraminotomy.

Once the surgical procedure is completed the incision is closed with either stiches or clips, and a sterile bandaged applied.

Expectations of surgery

After surgery, there is a 65 to 90% chance of your leg pain reducing or disappearing altogethe. A 25 to 50% chance that you will have back pain that may get worse. However, we hope that your pain will be reduced enough for you to be able to move about well enough to continue with your life, work and social activities.

Possible complications following spinal surgery

- Disc-space infection - this is an infection in the disc that was operated on. It is uncommon and is treated with antibiotics
- Nerve damage - this is damage to the nerves in your back which can lead to foot drop (when you drag your foot while walking), altered feelings which can include pins and needles, temperature changes or no feelings in your back or legs (or both)
- Bleeding or haematoma (collection of blood)
- Bladder and or bowel problems - this may lead to incontinence (loss of control), which may be temporary or permanent
- Dural tears or leaks - this is when the membrane covering the spinal cord (the dura) is damaged. This may lead to nausea, vomiting and headaches. It is usually treated with bed rest

What to expect after the surgery

Some patients find that their leg symptoms have disappeared straight away; others find that it takes longer for them to subside.

Everyone is different. You may experience discomfort around your wound and from spending time in one position. You may also find it difficult to pass urine and may need a catheter for a short time after surgery.

It is normal to be in some discomfort, but let the nurse know if your pain stops you from doing normal things like eating, sleeping, walking and going to the toilet.

Soon after your surgery a nurse will come and see you to work on safely getting out of bed and walking.

You may be seen by a Physiotherapist who will provide post-operative advice, information on starting to exercise and advise when you are ready for home.

Some people go home the same day, others stay in hospital overnight. This may depend on how long your surgery took or whether it took place in the morning or afternoon.

If you have had clips to close your wound, the nurses on the ward will arrange a referral for them to be removed usually between 5-10 days after your surgery.

An outpatient appointment will be made for you to see the surgeon's team about 6 weeks after surgery. It is usually sent to your home address if not given to you in hospital.

If you experience any of the following symptoms you should see a Doctor immediately:

- Numbness around your back passage and genital region
- New onset of bladder or bowel incontinence
- New numbness, pins and needles or weakness in both legs

ADVICE

Avoid excessive bending, lifting and twisting and use a common sense approach.

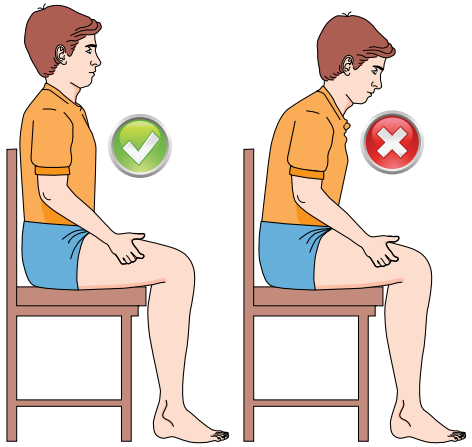
You should not lift anything heavy for a period of 6 weeks.

It is advised not to lift objects heavier than a full kettle of water.

Posture

Good posture is vital as it helps to reduce strain on the joints and ligaments in your spine, therefore reducing the risk of neck and back pain. Sit well supported in a chair, with a pillow or rolled up towel in the lowest section of your back, if needed, so you are using your natural curves.

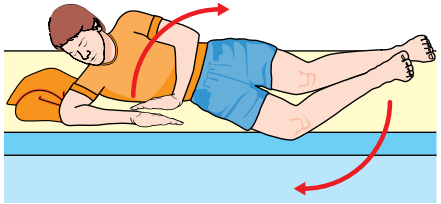
Try to avoid a slouched posture or slumped sitting position. For the first few days after surgery, do not sit for longer than 30 minute periods, get up, stand and have a walk. Changing your posture and taking frequent walks will help to keep your muscles working, prevent stiffness and promote your recovery.



Getting in and out of bed

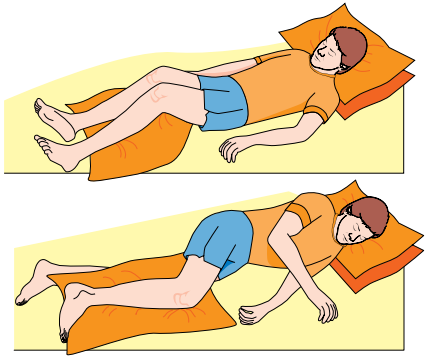
When getting out of bed, roll onto your side with your knees bent and slide your feet over the edge of the bed.

Whilst doing this, use your arms to help push the top part of your body into a sitting position as your legs lower to the floor (see diagram).



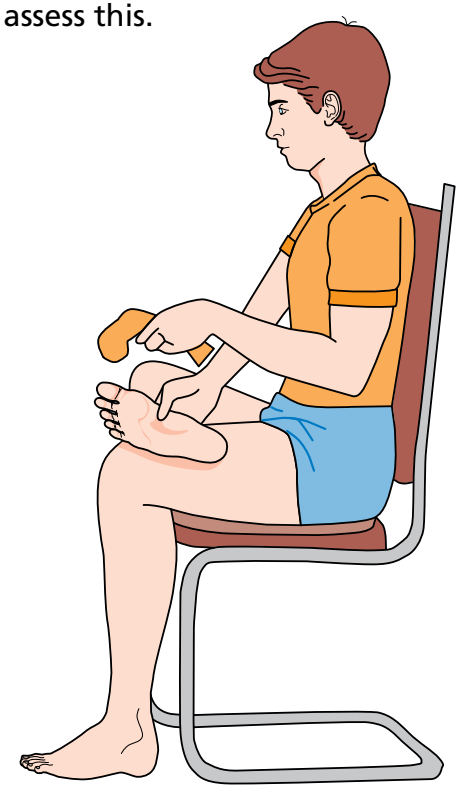
It may be more comfortable to sleep on your side.

There are 2 basic sleeping positions which maybe helpful if your experiencing back pain.



Personal care

When dressing the lower half of your body e.g. putting on socks bring your foot up and rest it on your knee (see diagram). To dress below your knees, you may need to use long handled aids. If you are having any difficulties with personal care including washing and dressing, an Occupational Therapist will assess this.



If you have access to a cubicle shower this should be utilised. If you have a shower over the bath we recommend the use of a bath mat so you don't slip. Alternatively having a strip wash at the sink is advised if there are no alternative facilities. If you feel you may struggle with bath transfers you will require a referral to your community occupational therapist.

If you have difficulty getting on and off the toilet, you may need to be assessed by an occupational therapist. They can assess if toileting equipment is required for discharge. Alternatively, get someone to help you during the period of time you have post-operative pain.

Domestic activities

You can engage in light household activities (i.e. dusting, ironing) when you go home from hospital if you wish to but nothing strenuous until you have seen your consultant. Use a common sense approach, remembering no heavy lifting for **6 weeks**, correct lifting posture for lighter tasks and pacing of activities.

Carry only things that you are comfortable carrying with one hand and do this close to your body. Aim to store frequently used items at waist height to avoid bending and overstretching. Alternatively you could try sliding objects across the work surfaces

- Stand close to the item you are lifting
- Bend at your knees keeping your back straight

Travelling / driving

If you have recently had back surgery you can restart driving between **2-4 weeks** dependent on your symptoms.

You must feel you can control the car and manage a stationary emergency stop with no pain.

You may travel in a car but make sure you don't travel for longer than half an hour before getting out and having a walk around to relieve any stiffness.

This applies for the first few weeks following your surgery.

Return to work

You can return to work as soon as you feel able to manage, remembering heavy lifting must be avoided for the first **6 weeks**. Your Doctor or Physiotherapist may be able to advise you further.

The nursing staff can provide you with a sick note when you leave hospital, then your G.P can provide any further sick notes. It may be useful to speak to your employer/occupational health about your absence, potential for a graded return and for any changes/work based assessments.

Return to exercise / leisure

Everyone wants to know how soon they can start doing things, timescales can be helpful, but everyone is different and will recover at a different rate after an operation. A common sense approach is best. Being mobile as soon as possible improves your circulation and will help with the healing process.

Activity and exercises should not increase any back pain or symptoms. If you have concerns regarding worsening back pain or weakness contact your GP or surgeons secretary.

You may or may not have been given some exercises from your physiotherapist post operatively dependent on your surgery and needs. You may or may not require additional physiotherapy on discharge dependent on your needs. This will be provided locally to where you live.

Regular daily walks are a good way to increase your general fitness and activity level.

Walk for as long as is comfortable. If your discomfort increases too much, your back is telling you to take a short rest, and then carry on. Make a note of how far you walked and try and improve next time. Make sure you take your painkillers at regular intervals; this will help you to keep mobile.

You may return to sex when your back is comfortable. At first choose a position based on comfort.

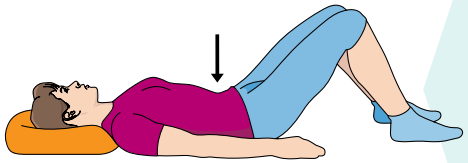
You may return to the gym after 4 weeks starting with light cardiovascular exercise such as treadmill walking, static supported bike and cross trainer. Keep all exercises low resistance and no inclines. No weighted exercises for 6 weeks. Any classes must be low impact for 6 weeks.

Pilates based exercises classes can be beneficial.

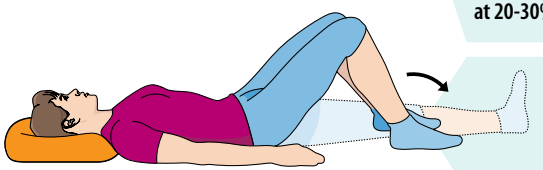
You can commence swimming, once the wound is healed and dry, utilising any strokes. You may return to cylcing at 6 weeks.

Returning to vigorous hobbies, recreation or sport will need to be discussed with your consultant.

Post operative back exercises



Start with both knees bent and feet on the bed. Slowly draw the lower portion of your abdomen situated below your belly button upwards and inwards "away from your belt line". Breathe normally. Your rib cage should remain relaxed and should not elevate during this process. You should be able to feel the muscle contracting if you press deeply 2cm in from the bony prominence at the front of your pelvis. Hold this muscle at 20-30% of a maximal contraction for 10 seconds upwards.



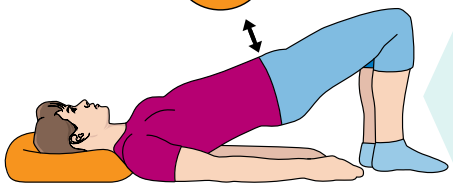
Start with both knees bent and feet on the bed.

Lower leg straight to the floor and return to bent position.

Repeat alternate legs.

Lying on your back, knees bent towards the ceiling, feet on the bed.

Slowly roll both your legs from side to side.

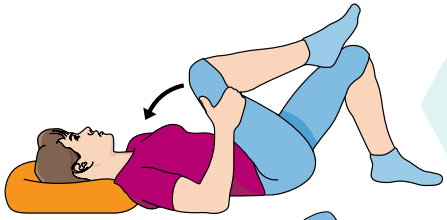


Lying on your back with knees bent, feet on the bed

Lift your pelvis and lower back (gradually vertebra by vertebra) off the bed.

Squeeze buttocks together and hold the position for 5 seconds.

Lower down slowly returning to starting position.

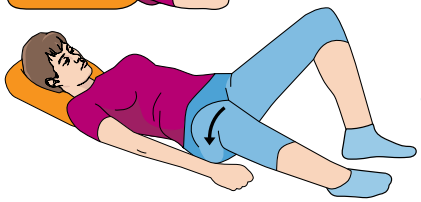


Lying on your back with a cushion under your head.

Pull your knee onto your stomach helping with your hands.

Hold approximately 10 seconds - relax.

Repeat with other leg.



Lying with your knees bent and feet on the bed.

Keep one knee facing up to the ceiling. Allow the opposite knee and leg to fall outwards slowly.

Bring knee back to middle. Repeat with alternate leg.

Aim for x10 reps, x3 a day over the next 6 weeks

Useful addresses

Back Care

National charity providing information, support, promoting good practice

0845 130 2704

www.backcare.org.uk

NHS Choices

information about the symptoms, causes, diagnoisis, treatments and prevention of a slipped disc

www.nhs.uk/conditions/slipped-disc/pages/symptoms.aspx

Disabled Living Centre

Disabled Living,
Burrows House,
10 Priestley Road,
Wardley Industrial Estate,
Worsley, Manchester, M28 2LY

0161 607 8200

www.disabledliving.co.uk

The Care Team

6 Allen Road
Urmston, Manchester, M41 9ND

0161 746 7566

www.thecareteam.co.uk

Arthritis Research UK

St. Mary's Court
St. Mary's Gate, Chesterfield
Derbyshire, S41 7TD

+44 (0) 300 790 0400

www.arthritisresearchuk.org/

NHS Direct

www.nhsdirect.nhs.uk

NHS 111 Service

when its less urgent than 999

111

Back Pain Charity

0845 130 2704

www.backcare.org.uk

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Polish
Jeżeli potrzebne jest Państwu to tłumaczenie, proszę zadzwonić pod numer.

Urdu
اگرآپ کواس ترجمانی کی ضرورت ہے تو مہربانی کرکےفون کریں۔

Arabic
اذا كنتم بحاجة الى تفسير او ترجمة هذا الرجاء الاتصال

Chinese
如果需要翻译，请拨打电话

Farsi
اگر به ترجمه این نیاز دارید ، لطفآ تلفن کنید

0161 206 0224

Email: InterpretationandTrans@srft.nhs.uk

Under the Human Tissue Act 2004, consent will not be required from living patients from whom tissue has been taken for diagnosis or testing to use any left over tissue for the following purposes: clinical audit, education or training relating to human health, performance assessment, public health monitoring and quality assurance.

If you object to your tissue being used for any of the above purposes, please inform a member of staff immediately.

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