

# Kumar Vasudevan, M.D.

## Discharge Instructions - Laminectomy

*This guide can be found online anytime at [www.DrVNeurosurgery.com](http://www.DrVNeurosurgery.com).*

During your surgical procedure, an incision was made on the back of your neck or back to access the spine. Bone was removed in order to decompress the spinal cord and nerve roots and/or to remove underlying pathology. You may have received imaging, specialized blood work, or consultations from other doctors during your stay. If you have not received an update on these results, Dr. Vasudevan will update you at your first post-operative visit.

**Recovery from surgery is a gradual process.** While many patients feel better in a few days after spine surgery, some report that it takes a few weeks to get “back to normal”. This is expected. There may be good days and bad days. We are here to help guide you through your recovery.

Below you can find information about specific aspects of your post-operative care. Keep in mind that while these are general guidelines, there may be instructions specific to your care that our team will discuss with you. You can always contact our office with any questions.

### Follow-Up

- Your discharge paperwork will indicate when you will come back to see us in clinic or how to contact us to schedule your appointment.
- If you did not receive a date or time for your follow-up prior to discharge, contact our office on the next business day after discharge to verify your appointment.
- You may be asked to receive imaging or bloodwork prior to your follow-up; please coordinate with our office staff so the results are received by the time of your visit.

### Diet

- You may resume the diet you had before surgery unless told otherwise. Eating a well-balanced diet is important for wound healing.
- If you are told to adhere to a specific diet or food consistency at discharge, do so until otherwise told by our staff or a speech therapist.

- Constipation is very common after surgery; it is important to drink plenty of fluids, continue physical activity, and consume foods high in fiber. Over the counter stool softeners (e.g., Senna, Colace, Miralax) can also be helpful.

### Medications

- Your discharge instructions will include a list of your medications, including new prescriptions. Please review this information carefully: we sometimes request that you hold certain medications in the immediate post-operative period. Otherwise, you should resume taking the home medications you were taking before surgery.
- **If you are taking a blood thinner (aspirin, Plavix, warfarin/Coumadin, Xarelto, Eliquis, Pradaxa, and others), you should not take it after surgery.** Please do not restart it until directed by Dr. Vasudevan or another physician.
- Questions about medications you were taking prior to surgery are best answered by the physician who prescribes them. We are happy to answer any questions about how these medications may have been impacted by your surgery.
- If you are prescribed steroids (dexamethasone/Decadron, prednisone, etc.) or antibiotics to take at home, take them exactly as prescribed, even if there are unused pills left over. Your pharmacist can help you understand the dosing schedule.
- **Please plan ahead:** If you anticipate you will need a medication refill, please contact our office 48-72 hours before your supply runs out. We can only complete refills on business days during business hours. Please keep us informed!

### Comfort and Pain Control

- It is common to have any of the following in the first 7-10 days after spine surgery:
  - Pain at the incision site
  - Swelling or bruising in the area around your incision (this will disappear over the days to weeks after surgery)
  - Sore throat or mild difficulty swallowing
  - Fatigue and mild difficulty with ambulation
  - Constipation, especially if you are taking pain medication
- Strong pain medications can lengthen your recovery time. We try to limit their use during your recovery. If needed, they will be prescribed at the time of discharge. Do not take any medications that have not been specifically prescribed for you, as there could be unknown and potentially dangerous interactions or side effects.

- If you are working with a pain doctor or another physician prescribing you pain medicine, we may ask you to speak to them for advice on pain control after surgery.
- If you took narcotic/opioid medications (prescription painkillers) before surgery, **do not** take these in addition to pain medicine that was prescribed for you after surgery.
- Can be used in addition to painkillers:
  - **Tylenol** (Acetaminophen): Follow the instructions on the bottle and do not take more than directed. Remember that "extra strength" Tylenol usually cannot be taken as often as regular strength. Some other pain medications also contain Tylenol; if you are taking these you should not consume any additional Tylenol.
  - **Ice packs**: Can be useful directly over the incision to help with pain. Make sure to wrap with a cloth to avoid getting your incision wet.
  - **Stool softeners** (e.g. Miralax, Senna) or gentle laxatives: Widely available over-the-counter and useful for constipation.
  - **Avoid the use of NSAID pain relievers** (aspirin, Advil, Motrin, ibuprofen, Aleve, naproxen, meloxicam, and others) until specifically cleared by Dr. Vasudevan or another physician.
- Keep track of your pain and comfort levels. It is normal to have good days and bad days, and for pain and discomfort to be slightly worse as you increase your activity levels. Your general condition should be improving with time. If this is not the case, please contact us so we can better understand your symptoms.

### Wound Care

- Unless you are told otherwise, any dressing on your wound can be removed at 48 hours after surgery. It is best to leave the wound open to the air. Never submerge the wound in water (such as a bath or swimming pool) until cleared by our staff.
- **If you received skin glue or dissolvable suture** (clear or pink in color) at surgery:
  - You may get the incision wet starting at 3 days after surgery. Before this time, cover the incision or take sponge baths to help keep it dry.
  - You may wash the area around the incision, but do not scrub directly over the incision. This may cause sutures to loosen and the wound to open.
  - Sutures and glue typically absorb on their own within 2-4 weeks.
  - After sutures absorb, you may bathe normally.

- **If you received staples or non-dissolvable sutures** (usually black or blue in color) at surgery:
  - You may get the incision wet starting at 3 days after surgery. Before this time, cover the incision or take sponge baths to help keep it dry.
  - You may wash the area around the incision, but do not scrub directly over the incision. This may cause sutures to loosen and the wound to open.
  - Sutures will usually be removed at 10-14 days after surgery, but the wound is still not fully healed. Continue to avoid scrubbing directly over the incision until 1 month after surgery.

### Daily Activities and Restrictions

- **Gradually advancing your level of activity is the best way to speed up your recovery.** You may be more tired than usual in the weeks after surgery. Get plenty of rest but do not stay in bed. Do gentle activity every day and don't overexert yourself.
- Light walking is a great exercise for the immediate post-surgery period. You may be unsteady on your feet at first, so ensure help is nearby. Start inside your home and gradually increase the distance of your walks each day.
- Adhere to the following restrictions:
  - No alcohol use
  - No smoking — let us know if you need nicotine patches or help quitting
  - No strenuous exercise, heavy housework, straining, or bending at the waist
  - No high impact exercises such as jogging, rowing, biking, or spinning
  - No lifting more than 10 pounds
- Dr. Vasudevan will discuss lifting these restrictions at your follow-up appointment.
- You may resume sexual intimacy when you feel well enough.

### Driving, Travel, and Returning to Work

- **You must have clearance from our staff** before you return to driving, travel, or work. You can discuss this at your first postoperative visit. There may be other aspects of your care that will require separate clearance from other physicians.
- In general, you can expect to be out of work for 4-6 weeks after surgery. Returning to work is a highly individual decision and you can discuss this with Dr. Vasudevan at your follow-up appointment.
- In general, you may return to driving when:

- You are no longer taking narcotic/opioid pain medications.
- You can safely enter and exit the car without feeling dizzy or unsteady.

Call our office immediately if you experience any of the following:

- Fever greater than 101°F that does not respond to Tylenol or other medication
- Severe, persistent pain not relieved by medication
- Increased weakness, numbness, or tingling in the extremities
- Redness, drainage (especially clear fluid drainage), or increased swelling around your incision
- Shortness of breath, chest pain, severe leg pain or swelling

**Please contact our office with any questions or concerns that you may have. We want to be there for you during your recovery!**

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