CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

Lumbar decompression

Why this operation has been suggested

Dr Kieran Hirpara, an upper-limb surgeon at Mater Private Hospital Rockhampton, starts with the least invasive options that suit your condition. Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. At your appointment we take a history, examine you, and arrange imaging where it is needed. For wear-and-tear problems like this one, we usually try non-operative care first. That can mean changing your activities, physiotherapy, or injections. We consider surgery when those steps have not given you enough improvement.

Lumbar decompression means taking pressure off nerves in your lower back. It is typically offered for spinal stenosis, where the spaces around the nerves have narrowed and squeezed them. Your surgeon may have recommended it because your leg pain is worse than your back pain, which is linked to better results from this operation. Surgery aims to ease that leg pain and help you move and function better. In most people, decompression without fusion brings improvement within 2 weeks.

Before the operation

Once surgery is planned, we will give you clear instructions to follow. You will need to stop eating and drinking for seven hours beforehand. We ask for seven rather than six so your operation can be brought forward if the theatre list runs early. Some medications may need to be paused, and we will tell you which ones and when. Bring a written list of everything you take, including any natural or over-the-counter products. Arrange for someone to drive you home afterwards. Wear loose, comfortable clothing on the day. Imaging such as X-rays or MRI scans helps us plan the operation, and we will already have these from your earlier visits. If you have other medical conditions, you may need blood tests or a review with the anaesthetist, the doctor who gives your anaesthetic.

On the day

You will go to the hospital's surgical admissions unit, where you are checked in and prepared for theatre. You will meet the anaesthetist, the doctor who gives your anaesthetic. This operation is done under general

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anaesthetic. A regional nerve block is sometimes added for post-operative pain relief; the anaesthetist will discuss this with you on the day. You are then taken into the operating theatre, where the operation is performed.

You will wake up in the recovery area, where nurses monitor you while the anaesthetic wears off. Once you are stable, you will either go to the ward or go home, depending on the procedure and your recovery.

What the operation involves

Lumbar decompression is done through a cut in the middle of your lower back, over the level that is causing your symptoms. Your surgeon works through or near the small muscles that run alongside the spine, and techniques that spare these muscles, the bone spurs at the back of the spine and the ligaments between them are often used. The aim is to reach the narrowed spaces without disturbing more of your back than necessary.

Once the nerves are in view, your surgeon removes the tissue and bone that is squeezing them. This can mean trimming part of the bone arch that covers the nerves, or removing the whole arch at that level if the narrowing is severe. The thick ligament inside the spinal canal, a common source of pressure, can also be taken away. If a worn disc is bulging onto a nerve, the bulging part is removed. The goal throughout is to give the nerve roots room, and to keep the small joints that steady your spine working where possible.

Sometimes the spine is too loose to be safe without extra support. In that case your surgeon may add a fusion, joining two vertebrae together so they heal as one bone. This is more likely if a vertebra has slipped forward, if a lot of bone needs to be removed to free a nerve, or if scans show the spine is unstable. Fusion usually uses metal screws and rods to hold the bones still while they heal. Your surgeon will tell you before the operation whether decompression alone or decompression with fusion is planned for you, and why.

After the operation

You will wake up in the recovery area, then move to the ward once you are stable. Nurses will check on you and give you pain relief as you need it. Most people find they can stand and take a few steps with help on the same day, and moving early helps your recovery. Your team will tell you whether you go home the same day or stay one night in hospital. Please arrange for someone to stay with you for the first 24 hours after you get home. You will have a small dressing over the cut in your lower back. We leave the dressing on for about 10 days; please do not take it off before then unless we tell you to. We change or remove it when we see you.

Recovery

The first days at home are about gentle movement and rest. Your back will ache where the cut was made, and some swelling is normal. Moving around the house in short, frequent walks helps more than staying still in bed. Simple pain relief taken as directed eases the discomfort while things settle.

Your physiotherapist will guide you through exercises that build strength and confidence step by step. Activity levels usually dip in the first month after surgery, then pick up gradually over the following months. You will be able to do more around the house as your leg pain eases, and longer walks will feel easier as your stamina returns. Your dressing stays on for about 10 days; we will change or remove it when we see you.

Many people notice their leg symptoms improving early, and day-to-day function keeps improving from there. Recovery varies between individuals, so your timeline may differ. Your surgeon and physiotherapist will guide you at each stage and tell you when it is safe to return to driving, work and the activities you enjoy.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

Sometimes the thin lining around the nerves, called the dura, is accidentally torn during the operation. You may notice clear fluid leaking from the wound, a headache that is worse when you are upright, or a feeling of pressure at the site. Tell your team straight away if you notice any of these.

The nerves themselves can be irritated or injured. This might feel like new tingling, pins and needles, numbness or weakness in a leg. Some people notice brief tingling that settles within 2 to 3 weeks. Mention any new nerve symptoms at your next review, or call the clinic if they are severe.

Infection can develop in the wound. Watch for redness that spreads out from the cut, warmth, swelling that keeps growing, oozing fluid, or a fever. A deep infection can cause a deep, throbbing pain that does not ease with simple painkillers. Contact the clinic promptly if you see these signs.

Clots can form in the deep veins of the legs, and this risk is highest in the first five days after surgery. A clot may cause sudden swelling and tenderness in one calf. If a clot travels to the lungs you may feel sudden breathlessness or chest pain. Go to the emergency department if you have these symptoms.

Passing urine can be difficult in the first days after surgery. If you cannot empty your bladder, tell your nurse or call the clinic.

Other problems that can occur include a chest or urinary infection needing treatment, needing a blood transfusion, or needing another operation later. Some people need further surgery if the original narrowing comes back or if a nearby level wears out over time. Your surgeon will discuss this with you if it happens.

Bring anything unusual to your next review, even if it seems minor. The complications table on this page lists typical rates if you want the specifics.

When to call us

Trust your instincts. Call us if you have a fever, if the redness around your cut is spreading, or if fluid is oozing from it. Call us if pain suddenly gets much worse, or if new numbness or weakness appears in a leg. Go to

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emergency if one calf becomes swollen and tender, or if you feel sudden breathlessness or chest pain. Go to emergency if you cannot move a leg or cannot empty your bladder. If anything else worries you, call the clinic.

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