CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

Lumbar discectomy

Why this operation has been suggested

Dr Kieran Hirpara, a spine surgeon at our practice, recommends lumbar discectomy only when it clearly suits 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 if it is needed to confirm the diagnosis.

Lumbar discectomy means removing the part of a worn or slipped disc in your lower back that is pressing on a nerve. The disc is a cushion between the bones of your spine. When it bulges or breaks open, it can cause back pain and leg pain, often with numbness or weakness.

We usually try non-operative care first, such as short-term rest, pain relief, anti-inflammatory medicine, and gradually returning to activity. This is continued for at least 6 to 12 weeks where possible. Most people improve without surgery, and many discs shrink on their own over time. Surgery is considered when pain stays intolerable, when nerve damage appears or worsens, or when non-operative care has not given enough improvement after 3 months.

The aim of the operation is to relieve the pressure on your nerve, so your leg pain settles and you can move and function more comfortably.

Before the operation

In the weeks before surgery, we confirm the plan with scans such as an X-ray or MRI. These show the disc that is pressing on your nerve and help us plan the operation. You will get clear instructions about your medicines, including which ones to stop and when. You will also be told when to stop eating and drinking: we ask for seven hours of fasting so we can bring your operation forward if the theatre list runs early. Arrange for someone to drive you home, as you will not be able to drive yourself. Bring a list of your current medicines and wear loose, comfortable clothing. If you have other medical conditions, you may need blood tests or a review with the anaesthetist before the day.

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On the day

You arrive at the hospital's surgical admissions unit, where you are checked in and prepared for theatre. You will meet the anaesthetist, the doctor who looks after your anaesthetic and pain control during the operation. This operation is done under general 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.

When the operation is finished, you wake up in the recovery area. Nurses stay with you and monitor you while the anaesthetic wears off. Once you are stable, you either move to a ward or go home the same day, depending on the procedure and how your recovery is going. If you go home, someone will need to drive you, as arranged before the day.

What the operation involves

Lumbar discectomy is done through a small cut in your lower back, over the sore disc level. Your surgeon works through this cut to reach the spine. The aim is simple: free the nerve that the bulging disc is squeezing.

Once the nerve is gently moved aside, your surgeon removes the piece of disc that is pressing on it. Only the broken or bulging part is taken away. The rest of the disc stays in place, because it still works as a cushion between the bones of your spine. Taking out more disc than needed does not lower the chance of the disc bulging again, so your surgeon removes what is required and no more.

Some operations use a microscope or a small camera (an endoscope) to see the disc clearly through a smaller cut. These are called minimally invasive techniques. Your surgeon will choose the approach that suits your disc and your body, and will explain which one is planned for you.

At the end, the cut is closed with stitches and covered with a dressing. You will keep the dressing on for about 10 days, as described in the recovery section.

The operation itself usually takes a short time, and you will go to the recovery area afterwards, as described in the section above.

After the operation

When you wake up, you will be in the recovery area, and nurses will stay with you while the anaesthetic wears off. Your back will feel sore where the cut was made, and we will give you pain relief to keep you comfortable. Some people notice a low fever or tenderness around the wound in the first day or two; a small drain near the cut can help with this. You will be able to walk soon after the operation, and you may shower the same day. 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. 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 are about comfort. Your back will feel sore where the cut was made, and your leg pain should start to ease as the nerve settles. Walking is encouraged early, and you may shower the same day as the operation. Keep the dressing on for about 10 days; we change or remove it when we see you.

As the days pass, you will gradually do more. You will avoid heavy bending, lifting and twisting while your back heals. Your physiotherapist will guide you through exercises that build strength and confidence in your movement. Some people find their activity dips in the first month before it builds again, and most people are moving much more freely within three months.

Full recovery takes time, and it varies from person to person. Your timeline may differ; your surgeon and physiotherapist will guide you. You will be able to drive once you are off strong pain medication and can react in an emergency stop. Our separate driving guide explains this in more detail.

If your work is physical, returning to it will be a gradual process, and we will talk with you about the right time. The aim of recovery is simple: less leg pain, easier movement, and a steady return to the things 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.

The disc can bulge again at the same spot after surgery. This may feel like the old leg pain or back pain returning, sometimes with fresh numbness or weakness. If that happens, tell us at your next review, or call the clinic sooner if the pain is severe.

Some people need another operation on the same part of the back. This might be because the disc has bulged again, or for another reason related to the first operation. If you notice your leg pain creeping back after a good stretch of relief, bring it up with us early rather than waiting.

Rarely, the thin covering around the nerve can be torn during surgery. You may notice fluid leaking from the wound, or a headache that is worse when you are upright and eases when you lie down. Report this to the clinic straight away.

Infection is uncommon but possible. Watch for a deep, throbbing pain that does not ease with simple painkillers, redness that spreads out from the wound, or discharge. If you feel hot and shivery, or the wound looks worse rather than better, call the clinic or go to the emergency department.

Some people notice odd sensations in the leg after surgery, such as tingling, burning or skin that feels strange to touch. This can happen when the nerve has been irritated. Mention it at your review; these sensations often settle over days to weeks.

Very rarely, breathing trouble can occur shortly after this type of keyhole surgery. If you find it suddenly hard to catch your breath in the first hours afterwards, tell a nurse immediately.

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The complications table on this page lists typical rates if you want the specifics.

When to call us

Trust your instincts. If something feels wrong, call us. Call the clinic if you have a fever, if the wound becomes more red or starts to leak fluid, or if your pain suddenly gets much worse. Go to emergency if you have swelling or pain in your calf, or shortness of breath. Go to emergency straight away if you lose feeling in your leg or foot, or if you cannot move it. These signs need urgent assessment, and we would rather hear from you than have you wait.

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