

# Lumbar spinal surgery

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## Information for patients

This booklet explains the spinal surgery you are going to have. As well as the operation itself, it covers the benefits and risks, your recovery afterwards, what to do when you go home and returning to your everyday activities. There is also advice from your physiotherapist and occupational therapist.

### Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name** and **date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

**If we don't ask these questions, then please ask us to check.**

Ensuring your safety is our primary concern.

You and your neurosurgeon will have discussed this operation and decided that it is your best option because treatment that does not involve surgery – such as bed rest, pain relief, physiotherapy and epidurals – have not helped.

During your pre-assessment clinic appointment, or when you are admitted to hospital, your doctor will explain the operation in more detail. They will make sure that you are fully informed before you sign the consent form agreeing to surgery.

## Why do I need spinal surgery?

### **Degeneration**

This is a common reason for having spinal surgery. It is wear and tear of your spine that causes one or more of your spinal nerves to become trapped. Symptoms of a trapped spinal nerve include:

- sciatica
- leg or foot pain
- pins and needles
- numbness.

Sometimes you have back pain in one specific part of your spine and you may need surgery.

### **Spinal stenosis**

You usually get this in the lumbar or lower part of your spine. The space for the nerves in your spine becomes narrow. This 'traps' the nerves as they leave your spinal column.

### **Disc prolapse**

You have discs between each of the spinal bones which act as shock absorbers when you move around and carry things. These discs



can wear as you get older or because you have lifted heavy things. When discs prolapse they bulge out and start to trap the nerves in your spine.

Treatment that does not involve surgery, such as bed rest, painkillers and physiotherapy, can sometimes be enough to make a disc return to its normal position. We offer you surgery only if you try this type of treatment repeatedly and it does not work. We rarely offer you surgery for long-term (chronic) back pain on its own because it may not help.

You may have problems controlling your bladder and/or bowel if the nerves that control them are affected. If you have problems either before or after your operation, you must tell your medical team.

## **What are my surgical options?**

Your consultant thinks that you will benefit from one of the surgical options we explain here to repair the damage to your spine. They will discuss with you which procedure is the best for you and explain it in more detail.

### **Discectomy and microdiscectomy**

Both involve removing the part of the disc that is pressing on your nerve root. If you have a microdiscectomy, the damaged disc is removed through a smaller incision (cut) using an operating microscope.

### **Laminectomy**

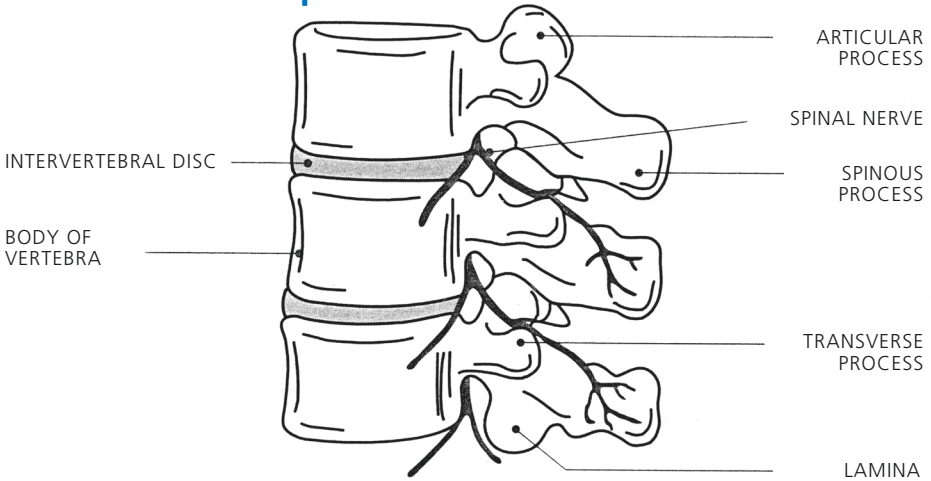
This involves removing the arches of bone at the back of your spine to make more room for your trapped spinal nerves. You usually have this operation if you have spinal stenosis.



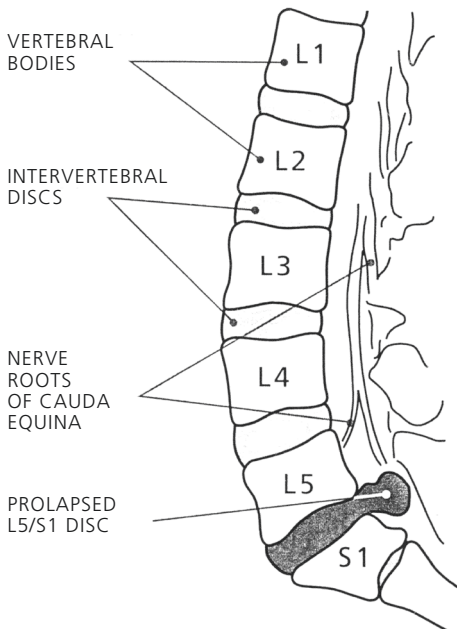
## Spinal fusion

This is complex surgery. We stop certain spinal bones from moving (immobilise) using cages or metal screws. You have this only if your spine needs to be kept steady (stabilised).

## Structure of the spine



## Disc protrusion



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Reference - Physio Tools, Mark  
Comerford, Lumbar Spine -  
Dynamic Stability (Software)



## What are the risks of spinal surgery?

There are risks in having any type of surgery, especially major procedures involving general anaesthetic.

### Bleeding

Bleeding from the veins around your nerves is one of the more common risks. Sometimes you need a blood transfusion.

### Spinal infection

The chance of you developing a spinal infection is very low.

### General anaesthetic

If you are fit and healthy, your risks from general anaesthesia are very low. But if you have serious cardiac (heart) and respiratory (chest) problems, your risks may be much greater. You will need to discuss them carefully with your anaesthetist and surgical team.

### Damage to your spinal cord or main nerves

Occasionally, a nerve may be accidentally damaged or you may have some bruising of your spinal cord. These usually heal and recover. There is a very low risk of the surgery causing major cord damage or damage to the nerves which result in serious paralysis and loss of bowel and bladder function.

### Wound discomfort

Your surgeon has to disturb the structure of your spine to free trapped nerves or release pressure on your spinal cord. This can make your spinal pain worse, so you may have discomfort in the area around your wound after your operation. This settles after a few days in the vast majority of patients. Our physiotherapists and nursing team will work together to help you recover.



## **Bowel and bladder function**

Your bowel function may change after the operation but this will settle quickly. You may find passing urine difficult straight afterwards because of discomfort and pain. If you cannot urinate normally you may need a catheter. This is a standard procedure and usually causes no problem. It is normally left in place until you are up and walking and have no discomfort.

## **Severe nerve damage**

Some patients have extremely serious conditions and will become paralysed without treatment. In these cases, we sometimes cannot avoid nerve damage. For example, a patient with a spinal cord tumour will become more and more paralysed if they do not have surgery. This high-risk spinal surgery means we have to take the risk and try to remove the tumour. It is quite different to the vast majority of work that we do in the unit, which is usually low-risk surgery where we free pressure on patients' spinal cords or nerves. It is very important to remember that we cannot guarantee that spinal surgery will improve your symptoms. Sometimes it might not help at all. It is unusual for surgery to make your symptoms a lot worse, but existing back and nerve pain can sometimes be made worse.

Most of our patients benefit from having surgery. If we think you are a 'borderline' case, your consultant will discuss with you your reduced chances of success.

**So please remember:** the risks of spinal surgery can be very serious but for the vast majority of our patients they are very low.

It is important for you to discuss these issues with your surgeon. You will do this as part of the consenting process where you sign the consent form and agree to go ahead with surgery.



**Please remember:** after spinal surgery you must take special care. Your symptoms may come back or get worse if you do not follow our advice or the exercises we give you to do.

## What are the benefits?

The benefits can include reducing your pain and discomfort, as well as preventing your symptoms from becoming worse.

## Are there any alternatives to surgery?

The only real alternatives to surgery are management of your pain with painkillers or physiotherapy.

### Consent

We must by law obtain your written consent to any operation and some other procedures beforehand. Staff will explain all the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to speak with a senior member of staff again.

## What happens before the operation?

### Pre-assessment

You will be invited to a pre-assessment clinic two – six weeks before your operation. This appointment aims to ensure that you have all the investigations you need, including blood tests, x-rays and ECG (heart reading), to check that you are fit to have your surgery.

A doctor and a nurse will assess you and explain what happens during your operation and hospital stay. The nurse will also talk to you about going home after your surgery and decide whether you need more help in your home.



Please bring with you a list of any regular medication you are taking, even if this is not to do with your spinal surgery. This includes any supplements, vitamins or inhalers.

## **Day of admission**

Your admission letter will explain when to contact the Neuroscience Bed Manager to confirm that there is a bed for you. They will tell you what time to come in and to which ward. We have three neuroscience wards: Murray Falconer Ward, Kinnier Wilson Ward and David Marsden Ward.

If you came to your pre-assessment clinic, you will have had most of your final tests. If not, you will be checked by a nurse and examined by a doctor.

We will tell you approximate time of your operation, which will be the next day. You must not eat or drink anything for a while before your surgery, so we will tell you when to stop.

**Please note:** sometimes you may be admitted on the day of your operation. We will tell you what time to arrive and when to stop eating and drinking at home.

You usually meet your anaesthetist before going into surgery.

## **Medications**

Please bring with you a supply of any regular medications you take. These will be locked in a locker by the side of your bed and given to you at the right times. When you leave hospital, we will give you any that are left as well as some more to make sure you have enough for 14 days at home.





A pharmacist visits each of our wards every day. They will go through your medications with you and answer any questions you have about them.

## **Valuables**

Please do not bring in valuables, jewellery or large sums of money. If you have to bring in any of these, please ask a relative or friend to take them home for you. If this is not possible, please hand in any valuables to the nurse in charge of your ward when you arrive. They will be listed and locked in a safe and you will be given a receipt. The hospital cannot accept liability for the loss of items that are not handed in for safekeeping.

## **Getting ready for surgery**

Before you go to the operating theatre, we will give you a skin cleansing solution to wash or shower with. We will ask you to change into a hospital gown and remove all jewellery and make-up. Any valuables will be locked away (see below).

Your nurse will take you to the anaesthetic room where you will be given a general anaesthetic. They will also collect you from the recovery room after your surgery.

## **What happens after the operation?**

When you wake up you may be wearing an oxygen mask. We will take this off once you are fully awake. You will also have an intravenous line (IV or drip) in your arm giving you fluid as you will not have drunk anything for several hours. We will take this out once you are drinking well.

Usually you can eat when you are fully awake, but we advise you to start with a light refreshment of moist soft food, such as a yoghurt or cheesecake.



Your nurse will observe you closely when you return to the ward and make sure that any pain you have is well controlled. If you have any other symptoms such as nausea (feeling sick) or constipation, your nurse will help you with this.

Depending on the type of surgery you had, you might have a small drain tube coming out of your wound site for 24 hours after your operation. This tube is used to drain off fluid and excess blood which collects at the wound site. Your nurse will take your drain out.

You may also have a urinary catheter to drain urine from your bladder. This is put in either in the operating theatre or when you come back to the ward. Your nurse will take it out as soon as you begin to walk.

We aim to get you moving around on your own as soon as possible. We usually advise you to stay in bed for the rest of the day, unless your doctor tells you otherwise. But depending on the type of surgery you have, you might be able to get out of bed on the morning after your operation. Sometimes you have to stay resting in bed for a few days.

If necessary, one of our physiotherapy team will come to see you. We will go through the exercises in this booklet on Trundle Ward, either with you on your own or as part of a group. If you are on Murray Falconer, Kinnier Wilson or David Marsden wards, one of our therapists may take you to the gym to do the exercises.

The ward team will work closely with you, showing you the best way to get out of bed and giving you the confidence to get up and about again.

If you have difficulties with things such as washing or dressing, we may refer you to an occupational therapist.



## How long will I have to stay in hospital?

This depends on the type of surgery you have. You may be able to go home the same day or the day after. We will normally discharge you from hospital within one – five days.

You will not be discharged until all members of the team who treated you are sure you are well enough.

Please arrange to be collected from hospital by a member of your family or a friend by 10am on the day of discharge. If they cannot pick you up at this time, we may ask you to wait in our neurosurgical discharge lounge and be collected from there.

We provide transport home only in exceptional cases. You should be able to travel in a car, as long as you can recline in the seat. We advise you to get out and stretch your back regularly if you are travelling a long distance.

## What's the best way to look after myself at home?

You will probably feel a little anxious about managing at home after your operation. The advice we give here should help you. If there is anything we have not covered in this booklet, please ask before you go home.

You will need to take things easy for several weeks, so you must take time off work. It can take at least six weeks to heal properly and you will need to follow the exercises we give you carefully.

Do not do any heavy housework for at least four – six weeks after your operation. Ask friends or family to help you with chores such as carrying shopping, vacuuming or gardening. You can gradually start doing these activities again when you feel able. Remember to follow the advice we give you in this booklet.



## How do I care for my wound?

### How big will my wound be?

This depends on which operation you had and your body size. The incision (cut) needed to do a microdiscectomy can be as small as 2.5cm (1in) long; the cut will be longer if you have a laminectomy or spinal fusion.

### When will I have my stitches taken out?

If you have stitches or clips, these will be taken out seven – ten days after your operation. If you go home before they are taken out, the practice nurse at your GP surgery will do this for you. Please make an appointment for this once you are at home.

If you have a smaller cut, you have stitches inside which gradually dissolve. You will have paper strips on your skin covering your wound that you can take off after five days.

### How soon can I shower or have a bath?

Keep your wound clean and dry. Do not have a bath until your clips/ stitches have been taken out. You can shower as normal but change your dressing after each shower for the first week. We will give you a supply of dressings before you go home.

### How long will my wound take to heal?

Wound healing goes through several stages. You might feel tingling, numbness or some itching around the wound. The scar might feel a little lumpy as the new tissue forms and it might also feel tight. These are all normal. Do not be tempted to pull off any scabs as this is a protective layer and removing it will delay healing.



### Contact your GP (home doctor) or the ward if:

- your wound becomes more and more painful
- you have redness and/or swelling around your wound
- you notice any discharge from your wound.

## Will I see my consultant again after I am discharged home?

You may not need a follow-up appointment. If you do, we will arrange it for you before you leave hospital. Your follow-up appointment will be with the consultant or the clinical specialist physiotherapist, and is usually about eight – twelve weeks after your operation. Your consultant will send a full summary of your care to your GP.

## What tablets will I be given to take home?

We usually give you at least a 14-day supply of your regular medications, unless you already have enough at home. We will give you back any medications that you brought into hospital when you are discharged.

We will also give you some painkillers to take home with you, depending on the type of operation you had and how much, if any, pain you are in. This usually includes a mix of:

- **paracetamol** – a first-line painkiller which you should use regularly at home if you are still in pain. You can take only a maximum of eight tablets in any 24 hours.
- **codeine/tramadol** – mild opioid-based painkillers which you can take as well as paracetamol if you are still in pain. Common side effects include drowsiness and constipation.



- **Ibuprofen/diclofenac** – these painkillers also reduce swelling (anti-inflammatory) You usually use them for a relatively short time. You must take them with food. You can take them as well as paracetamol, codeine and tramadol. Avoid taking them if you have had stomach ulcers in the past.

Because codeine/tramadol can cause constipation, we may also give you laxatives such as:

- **senna** – this usually works within 12 – 24 hours of taking it.
- **lactulose** – you need to take this regularly for up to 72 hours for it to work. You should also drink plenty of fluids while taking lactulose.

You can use one or both of these laxatives depending on your symptoms. Ask your GP for advice if you have constipation for more than three days after taking the laxatives.

## Where can I get a fit note?

The hospital can provide you with a certificate for your hospital stay. Please ask the nursing staff or ward clerk. You will have to ask your GP for any further certificates.

## Who can I contact with queries or concerns?

If you have any medical problems, contact your GP first. They will contact the medical team at King's if necessary.

If you have more pain and/or swelling around your wound or you have an altered sensation in your legs or back, please contact the Spinal Nurse Practitioner.

Out of normal working hours, contact the main switchboard on 020 3299 9000 and ask for bleep 682, the senior nurse for neurosciences.



## Ward contacts

Kinnier Wilson Ward	Tel: 020 3299 3172
Murray Falconer Ward	Tel: 020 3299 4445
David Marsden Ward	Tel: 020 3299 4518
Spinal Nurse Practitioner	Tel: 07699 115300 Pager: KH3844 Monday to Friday, 8am – 4pm

## Recovery from surgery

### Physiotherapy advice and exercises

Your spine is very complicated and has many parts – ligaments, muscles, joints and nerves – which can cause you discomfort, weakness or altered sensation. The aim of your surgery is to ease problems in one or two of these parts.

The procedure will cause some scar tissue to form. This happens not only on your skin but also on the tissues underneath, including your muscles, ligaments and particularly around the nerve root. This scar tissue makes you feel stiff and may cause you some discomfort and pain.

After surgery you will gradually recover. You may have 'off' days when you have some discomfort. This is normal. But see your GP straight away if you have:

- pain which will not go away and gets worse
- any new or increasing numbness
- muscle weakness
- change in bladder function swallowing.



Your care after your operation is very important to helping you get the most from your surgery. Your aims are to:

- start moving your spine and its structures to reduce the potential effects of scar tissue
- get back your muscle strength and good posture. These are often poor because of longstanding symptoms
- improve your knowledge of how your spine works and how to look after it.

## Exercises

The aims of your daily exercise programme are to:

- maintain and improve your general mobility
- improve your strength and fitness
- help you to get back to normal activities.

You need to do these exercises three times a day, as long as you feel comfortable. We recommend you do them for at least six months.

They should not increase your pain or symptoms such as numbness, pins and needles or weakness. But while you are exercising you may feel a little discomfort, stiffness, pulling or twinges of pain, which is normal straight after your operation.

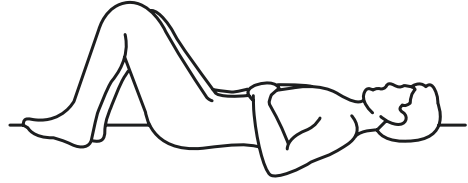
We recommend you do some other types of exercise as well to help your back. Remedial pilates, yoga and gym ball classes are all suitable. If you join a gym, you must tell them that you have had surgery.





## Exercise 1

Lie on your back with your knees bent and your feet in line with your hips.



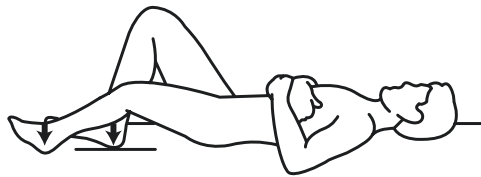
Relax your stomach. Breathe into your lower ribs and as you relax out slowly draw your tummy button up and in. You should feel a gentle tightening in your lower stomach. Do not let your back or pelvis move. You can check whether you are moving by placing your hands over the front of your pelvis.

Keep your tummy button held in for 10 seconds if you can.

Repeat .....

## Exercise 2

Lie on your back with your knees bent and your feet in line with your hips. As in exercise 1, draw your tummy button up and in so you feel a gentle tightening in your lower stomach.



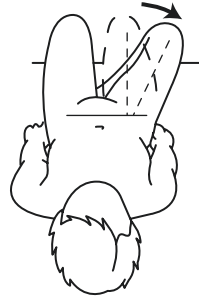
Slide one heel away to straighten your leg. Then slide your heel back to the starting position. Do not let your back or pelvis move.

Repeat .....



### Exercise 3

Lie on your back with your knees bent and your feet in line with your hips. As in exercise 1, draw your tummy button up and in so you feel a gentle tightening in your lower stomach.

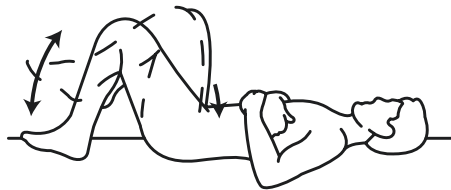


Slowly let one knee lower out to the side without allowing your pelvis to twist. Slowly bring it back to the starting position again keeping control of your back and pelvis.

Repeat .....

### Exercise 4

Lie on your back with your knees bent and your feet in line with your hips. As in exercise 1, draw your tummy button up and in so you feel a gentle tightening in your lower stomach.



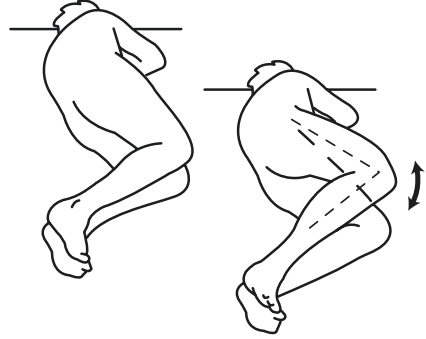
Slowly raise one knee, so your hip is bent at 90 degrees. Then move your knee back to the starting position. Keep your back and pelvis steady when moving your knee.

Repeat .....



## Exercise 5

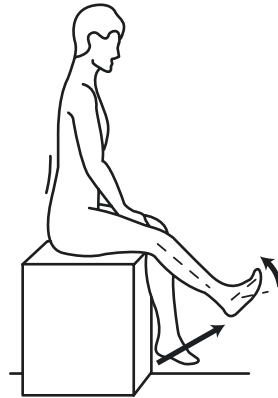
Lie on one side with your pelvis square, hips bent to about 45 degrees and knees bent, and your back in straight position. Keeping your heels together, slowly lift your top knee by turning your hip out without letting your back or pelvis twist.



Hold for ..... seconds, repeat .....

## Exercise 6

Sit tall with your back straight, your shoulders directly over your pelvis and your legs relaxed. Slowly straighten one knee and then the other. Do not let your pelvis roll backwards or twist or your back bend. Do not lean back. Stop if you feel any discomfort in your back or leg.



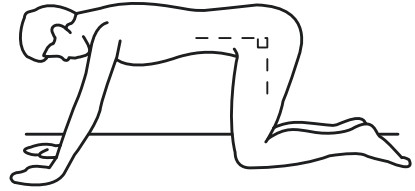
Repeat ..... (L)

Repeat ..... (R)



## Exercise 7

Start on your hands and knees. Your knees should be under your hips and your back relaxed and in a straight position.



Relax your stomach. Breathe into your lower ribs and as you relax out slowly draw your tummy button up and in. You should feel a gentle tightening directly over the pelvis and lower stomach. Keep your back straight. Continue to breathe and keep your tummy button held in for 10 seconds if you can.

Hold for ..... seconds, repeat .....

## Exercise 8

In the same position a gentle stretch can be performed. Keeping your back relaxed, slowly sit back towards your heels. Stop when you feel a gentle stretch and before you feel any pain. Return to the starting position. Rest and repeat.



Hold for ..... seconds, repeat .....

## Other exercises

There are other simple exercises you can do which are part of everyday activities, such as sitting down, standing up and step-ups. Do these slowly and with control. Keep your spine lengthened at all times while you are doing them.



Walking is a very good exercise and helps you to keep fit. It improves your circulation and general strength. Start by walking a short distance and then gradually build up your speed and how far you go.

You should avoid sitting or standing in one position for a long time because this will make you stiff. Also avoid awkward tasks for the first few weeks.

## **Advice on posture**

Posture is not just a matter of sitting or standing in the right position. It is about the way you move as well.

You should be able to do all your normal activities in a relaxed and efficient way because this puts less stress on your body and saves energy.

Acquiring good posture is like any other skill. It takes time and practice. You are not going to change all your habits overnight. Practising regularly will help you to get good results, especially if you focus on how the new positions and movements feel.

For example, when you are sitting in a good position with your lumbar spine well supported, think about the position of your head over your shoulders. It should be possible to balance it there with virtually no effort from the muscles in your neck.

The following information is a guide only. It is important to remember that changing your position often will help to stop your muscles from getting tired and will allow your joints to move.



## **Standing**

Keep the right amount of curve in the lower part of your spine by 'tucking your tail in' and gently tightening your tummy muscles. Lift your breastbone up slightly to allow your shoulders to relax back. In this position, your head will be balanced over your shoulders, taking any strain away from the back of your neck.

## **Sitting**

It is important to keep the hollow in the small of your back while you are sitting because this will help to make sure your shoulders, head and neck are in a good position.

Slumping in a chair is not a good position and puts a strain on your spinal ligaments, joints and discs.

## **Advice on seating**

### **Seat height:**

Your feet should rest comfortably on the floor, with your thighs supported almost as far forward as your knees. A low seat will make your lumbar spine to bend too much and also cause strain in your neck.

### **Seat angle:**

For some activities, such as working at a desk, it is helpful if the seat slopes forward slightly, enabling you to keep your lumbar curve while your trunk is leaning forwards.

### **Seat firmness:**

A seat does not have to be very firm to be good for you, but if it is very soft, you will sink into it, causing your lumbar spine to bend too much (slouching).



**Lumbar support:**

Using some form of lumbar support helps to keep your whole spine in a good position. You can buy lumbar rolls or backrests from specialist shops, but simply using a rolled-up towel or a small cushion can work very well.

**Arm rests:**

Use arm rests whenever possible. They support your arms and take the strain off the muscles of your spine and the bones around your shoulder (shoulder girdle). They also lower the pressure on your discs, especially when you are writing and typing.

**Work surfaces:**

Try to arrange your desk and chair so the desktop is level with your elbows when you are sitting down. If you need to do a lot of reading and/or writing, try using a writing slope.

**Advice on lifting**

Take care when trying to lift anything. Here are a few tips that will help you to lift things as safely as possible.

**Getting ready to lift:**

Do you need to lift the object? If it is heavy, can you get help? If you are going to lift something, is there anything in your way?

**Getting in the right position:**

Stand close to the thing you want to pick up. Put your feet either side of it and face the way you are going to move. Make sure your weight is spread evenly over each foot. Keep your back and neck straight, bend your hips and knees until you are level with the object. Take a firm hold of it using the whole of your hands, not just your fingertips.



### **Lifting correctly:**

Keep your back straight and the object close to your body. Lift it by smoothly straightening your legs at the hips and knees.

### **Putting the object down:**

Do the lift in reverse, taking the same care to make sure your back is straight, and you are holding the object securely and close to your body. Use your legs to do the work. Try not to twist while lifting.

## **Occupational therapy advice**

Occupational therapists can assess, treat and give you advice if you are finding it hard to get back to everyday activities at home or work, or to your leisure activities.

They can give you advice about specific everyday activities, or about equipment and services which can help you at home. Please ask to speak to your occupational therapist if you have any more questions after you have read this booklet.

Ask your consultant or GP any questions you have about your operation and when you are safe to return to sports, driving or work after surgery.

## **General rules of good back care**

Follow these rules to look after your back every day for the rest of your life.

- After surgery, gradually return to activities and remember that pain tells you when you are doing too much.
- Work out how much you can do and gradually increase your activity.
- Plan ahead. Spread your activities over the day or the week. Alternate heavier tasks with lighter ones.





- Try not to become overtired. Rest often. Try not to stay in one position for a long time. Do things such as sitting down while you iron. See the physiotherapy advice on page 11 for more information about your posture.
- Try not to do activities which involve heavy lifting, especially just after your operation. Get someone to help you if you can.
- Organise your surroundings. Put objects that you use often within easy reach. Try not to move in ways that put too much stress on your back, such as reaching too far or lifting heavy things.
- Use labour-saving equipment, such as an automatic washing machine and a dishwasher and long-handled tools to avoid bending and reaching.

## Daily living activities

Ask to speak to your occupational therapist if you need more advice about how to do daily living activities.

## Personal care

**Washing:** When you have a bath, make sure you have a non-slip mat in your bath and take care when getting in and out. Do not forget that this mat can also slip. It is better to kneel or stand in the bath rather than sitting down with your legs straight out in front of you.

**Dressing:** If you find it difficult to reach your feet, you could try:

- placing your foot on a stool in front of you, remembering to bend at the hip and knee of your supporting leg and to maintain your back's natural curve
- while sitting on edge of your bed, bringing your foot up to you, bending at the hip and knee and maintaining your back's natural curve
- laying on a flat surface and bringing your knees up to you, one at a time.



**Grooming:** If you spend a lot of time on your hair, make-up or brushing your teeth, think about changing how you stand or sit while doing them. Try sitting on a high chair at the washbasin and move the mirrors so you do not have to lean forwards.

## Domestic activities

These include things such as doing your laundry, cleaning, vacuuming, ironing, making beds and shopping.

- Take care when doing domestic activities after surgery.
- Cut your household jobs down into small parts and do them often rather than tackling all of them in one go.
- Avoid carrying heavy loads, such as wet laundry, groceries and rubbish.
- Get your shopping delivered if you can. Use a trolley to shop rather than a basket. Shop often for smaller amounts if you can.
- If carrying something, hold it close to you at waist height and break it down into small loads if you can.
- Kneel rather than bend when making the bed. Use a duvet so you do not have to reach over to tuck in blankets.
- Rethink your living space so you can avoid reaching too much and bending.
- Work at work surfaces that are at the right height. Put things that you use often within easy reach, such as at waist height.
- If you are using a tool with a long handle, such as a mop, hold it at hip height and walk with it rather than leaning forward or twisting.
- Get castors fitted to heavy furniture, which allows you to move them easily when you are cleaning.

## Sex

You can resume sexual activity as when you feel comfortable. Moving your pelvis can help you to maintain strength and flexibility



in your lower back, but we advise you to take a more passive role in the early stages.

Try talking to your partner about your concerns to reduce any worries about causing pain. Try alternative positions and use pillows to support your back.

The Outsiders sex and disability helpline (see page 21) offers advice and counselling if you are having difficulties with sexual relationships because of physical problems.

## **Work**

You will need to take time off work after your surgery. This will be between two weeks and three months, depending on the type of operation you have and the work you do. We advise you not to do heavy manual work after surgery; you must also discuss this with your doctor.

Discuss with your consultant or GP the best time to return to work. Depending on the type of work you do and how well you recover, they might advise you to gradually return to work.

- Balance periods of standing/sitting according to how much you can tolerate.
- Rest often.
- Keep making sure that you are not putting too much stress on your neck.

## **Desk/office work**

Organise your desk to make sure the things you use often are easy to reach. Make sure your chair is in the right position. A chair with wheels will help you to avoid twisting, but make sure it is behind your knees and steady before you sit down.



Make sure your table/ computer workstation is in the right position, at elbow height, so you do not hunch your shoulders, tire your arms and make your neck stiff.

If you need to stand to work, the work height should be about 5cm (2in) below elbow height. Use a high stool if you can to switch positions. Or try placing your foot on a block to alternate the weight through your legs, but keep your hips level.

When filing, sit down to reach lower drawers and close them with your feet. Organise filing so the documents you use often are in a drawer at waist height. When opening/closing drawers, stand as close as possible.

When using the phone hold the receiver rather than placing it on your shoulder. Consider a hands-free set or speakerphone if you use the phone a lot.

## **Heavy work (including gardening)**

- Ask your consultant or GP when it is safe for you to start doing heavy work.
- Ask for help from a friend or a relative if you can.
- Use long-handled equipment to avoid bending.
- Take the strain through your arms and legs rather than your back by bending at your knees.
- Use the safe lifting and carrying rules at all times when doing any manual work.

## **Driving**

- You must not drive for at least seven days after your operation, but this depends on the type of operation you had. Ask your consultant, GP and/or occupational therapist for advice about when it is safe to start driving again.



- You must feel confident that you can do an emergency stop and have good power and sensation in your legs before driving again.
- Start by driving short distances.
- Avoid long, non-stop drives by taking regular breaks.
- Whether you are driving or a passenger, alter your car seat as much as you can to support your back and thighs.
- You can use a cushion or a lumbar roll to give your lower back extra support if your car seat does not support you enough.

## Childcare

- Lots of lifting may cause back pain and make it worse. Try to kneel or squat down to the child's level.
- When you are carrying a child, place their back to you, so the heaviest part of them is closest to your body.
- When lifting them out of a cot, make sure the cot side is down and you bring them as close to you as possible.
- When lifting them out of a pram or pushchair, squat down or kneel if you can. Then bring them out towards your knee before standing upright. Use a support for balance.
- Kneel while bathing your child.
- Ask a friend or relative for help if you can.

## Sport and leisure

- You must not do any contact sports until you have discussed it fully with the medical team at your follow-up outpatient appointment.
- Do not do any exercises where you have to twist or change direction quickly until your spine has healed, which usually takes at least six weeks.
- Follow the back care advice in all sport and leisure activities.
- Swimming is good for your back but do not swim until your wound is fully healed.



## Relaxation

Rest and relaxation should be part of your daily routine. Choose the method that suits you from the many books and tapes that are available. Your occupational therapist may be able to advise you about this.

## Support groups and organisations

### Backcare

Information about back pain and how to manage it.  
[www.backcare.org.uk](http://www.backcare.org.uk)

### Brain and Spine Foundation

Advice and support for people with brain and spine conditions.  
Helpline: 0808 808 1000  
[www.brainandspine.org.uk](http://www.brainandspine.org.uk)

### Brain and Spinal Injury Centre (BASIC)

[www.basiccharity.org.uk](http://www.basiccharity.org.uk)

### Outsiders

Sex and disability advice.  
Helpline: 07770 884 985  
[www.outsiders.org.uk](http://www.outsiders.org.uk)

### Scoliosis Association (SAUK)

Advice, support and information about scoliosis and other spinal conditions.  
Helpline: 020 8964 1166  
[www.sauk.org.uk](http://www.sauk.org.uk)



## **Spinal Injuries Association (SIA)**

Helpline: 0800 980 0501

[www.spinal.co.uk](http://www.spinal.co.uk)

## **More information and advice**

### **Drivers' Medical Enquiries**

DVLA

Drivers' Medical Enquiries

Swansea SA99 1TU

Tel: 0300 790 6806

[www.gov.uk](http://www.gov.uk)

### **Disability Service Centre**

Information about disability services.

[www.gov.uk](http://www.gov.uk)

*This booklet has been compiled by the occupational therapy, physiotherapy and nursing staff at King's College Hospital Neurosurgical Unit.*

## **Sharing your information**

We have teamed up with Guy's and St Thomas' Hospitals in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas'. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.



## Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

## PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. The PALS office is located on the ground floor of the Hambleton Wing, near the main entrance on Bessemer Road - staff will be happy to direct you.

Tel: **020 3299 3601**

Email: **kch-tr.PALS@nhs.net**

You can also contact us by using our online form at  
**[www.kch.nhs.uk/contact/pals](http://www.kch.nhs.uk/contact/pals)**

**If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.**