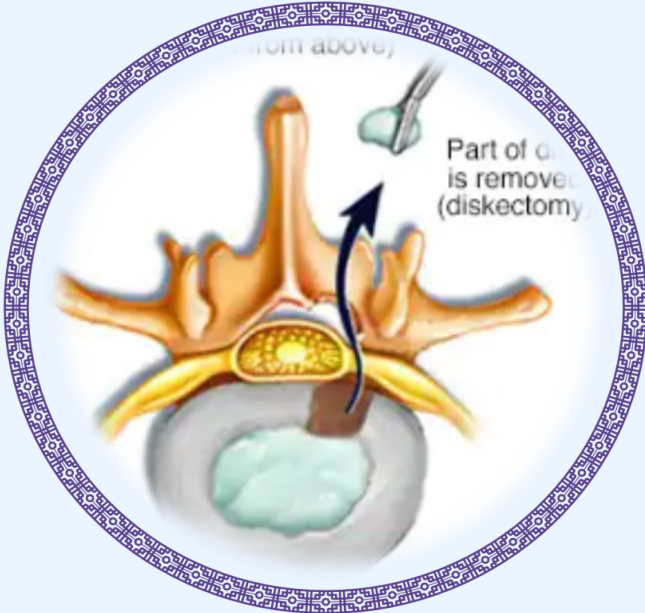


Diskectomy



Department Of Surgery
Health Education Unit

- ⇒ Change in the patient's body condition:
- ⇒ To change the patient's body position, a pillow is placed under the patient's head and the knee is slightly elevated, because bending the knee relaxes the back muscles.
- ⇒ Avoid sitting and standing for long periods of time.
- ⇒ Medications should be taken as prescribed.
- ⇒ Using a belt in all situations except lying down.
- ⇒ Using a brace belt up to 3 months after surgery
- ⇒ Varicose socks should be used until it returns to normal
- ⇒ Changing the dressing every other day
- ⇒ Using the toilet up to 6 months after surgery

If you see the following symptoms, see a doctor.

- No feeling in the legs
- Sweating and shortness of breath
- In case of symptoms of infection (fever, severe pain at the operation site, swelling and redness of the wound).

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Results

Diskectomy reduces herniated disk symptoms in most people who have clear signs of a compressed nerve, such as pain that travels down the legs. However, relief from a diskectomy might not last a lifetime because it doesn't cure the cause of the disk becoming injured or herniated in the first place.

To help prevent re-injury of the spine, it might help to attain and keep a healthy weight, eat a healthy diet, do low-impact exercises and limit activities that involve repeated bending, twisting or lifting.

After surgery:

- ⇒ It is safe to drink and eat food after the operation according to the doctor's order.
- ⇒ When you are allowed to leave the bed, sit on the edge of the bed and dangle your legs, and if you are not dizzy, get out of bed by tying the belt and getting help.
- ⇒ When you is lying on his side, excessive bending of the knee should be avoided.
- ⇒ You should be encouraged to turn from one side to the other side to relieve the pressure, of course, before that he is assured that moving around will not lead to injury in any way.
- ⇒ Do not do heavy work for 2 to 3 months after surgery.

During diskectomy

- ⇒ Surgeons usually perform diskectomy using general anesthesia, so you're not awake during the procedure. Ideally, just the piece of disk that's compressing the nerve is removed. However, small amounts of spinal bone and ligament might need to be removed to get to the herniated disk.
- ⇒ If the whole disk must be taken out, your surgeon may need to fill the space with a piece of bone — taken from a deceased donor or from your own pelvis — or a synthetic bone substitute.
- ⇒ The adjoining vertebrae are then fused together with metal instrumentation.

After diskectomy

After surgery, you're moved to a recovery room where the health care team watches for complications from the surgery and anesthesia. You might be able to go home the day of surgery.

But a short hospital stay might be needed — particularly for those who have serious medical conditions.

Depending on the amount of lifting, walking and sitting your job involves, you may be able to return to work in 2 to 6 weeks. If you have a job that includes heavy lifting or operating heavy machinery, you might have to wait 6 to 8 weeks before returning to work.

Risks

Diskectomy is considered safe. But as with any surgery, diskectomy carries a risk of complications. Potential complications include:

- Bleeding
- Infection
- Leaking spinal fluid
- Injury to blood vessels or nerves in and around the spine

How you prepare

- ⇒ You'll likely need to avoid eating and drinking for a certain amount of time before surgery.
- ⇒ If you take blood-thinning medications, you may need to adjust how much you take before surgery.
- ⇒ Your health care provider will give you specific instructions.

Diskectomy

Diskectomy is the surgical removal of the damaged portion of a herniated disk in the spine. A herniated disk occurs when some of the softer material inside the disk pushes out through a crack in the tougher outside of the disk. This can irritate or press on nearby nerves and cause pain, numbness or weakness.

A health care provider might recommend diskectomy if:

- ⇒ Nerve weakness causes trouble standing or walking
- ⇒ Conservative treatment, such as physical therapy or steroid injections, fails to improve symptoms after 6 to 12 weeks
- ⇒ Pain travels into the buttocks, legs, arms or chest and becomes too much to manage

