

AUSTIN BONE AND JOINT CLINIC

PROFESSIONAL ASSOCIATION
1015 EAST 32ND STREET, SUITE 101
AUSTIN, TEXAS 78705
(512) 477-6341

ORTHOPEDIC SURGERY WITH SPECIAL INTEREST IN

TOTAL JOINT REPLACEMENT
ARTHROSCOPY AND KNEE SURGERY
HAND AND SHOULDER RECONSTRUCTION
PEDIATRIC ORTHOPEDICS
FOOT SURGERY

ELWOOD J. EICHLER, M.D.
L. DON GREENWAY, M.D.
CHRISTOPHER S. CHENAULT, M.D.
C. BRUCE MALONE, M.D.
STEPHEN M. PEARCE, M.D.
JOHN C. PEARCE, M.D.

LAMINOTOMY / DISCECTOMY

A laminotomy and discectomy has been recommended for treatment of your disc herniation. First a program of rest, anti-inflammatory medication and exercise has been tried, but your nerve root compression has not improved. The operation is being done to take the pressure off of the nerve root in your back. It will hopefully relieve the pain in your leg and let the nerve function better. The disc that ruptured is removed because it is already abnormal, and might cause further pressure on the nerve if it is not removed. I want to emphasize again that we are not considering a discectomy to relieve back pain, although it usually helps. If back pain were the only symptom present, surgery would not be necessary. Over 70% of discs that degenerate (wear out slowly) cause back pain that gets better on its own. Even people who have disc herniations and sciatica (nerve root pressure) get better over a long period of time. A study comparing the results of people who have had surgery for ruptured discs, and those who have not, shows that the results are the same after five years. Therefore, the need for surgery is to relieve nerve pain over the short course of the first year or two. Most people simply will not tolerate pain that long, and in our modern world, I do not think they should have to.

Let's review the general course of your surgery. You will decide when surgical treatment will be done with advice and counsel from me. You may be admitted to the hospital for treatment prior to your surgery, or be admitted the same day, depending on your health. Blood tests will be done before surgery. You will be prepared for a blood transfusion, in case you need it, but transfusions are rarely needed with a discectomy.

The day of surgery, you will be asked to sign an operative permit for the surgery and for anesthesia. These permits are written by a state panel to inform you of all risks. They are usually pretty scary, but I want you to read it all. All the problems are possible, but not likely. There are risks in any surgery, but we have decided together that the possible benefits outweigh the risks. The significant risks of the operation are: Infection (less than 1%); failure of the operation to relieve your pain (3-5%); blood clots in your legs going to your lungs (1%) and recurrent disc herniation (5%). The other risks that will be listed are much smaller, but still possible. I will let you discuss anesthesia with the anesthesiologist (an M.D.), since he is the expert in this field.

CENTRAL
PLAZA ST. DAVID
SUITE 101
1015 E. 32ND ST.
AUSTIN, TEXAS 78705
512 / 477-6341
FAX 512 / 477-1148

FARWEST
AUSTIN SURGICAL PLAZA
SUITE 203
6818 AUSTIN CENTER BLVD.
AUSTIN, TEXAS 78731
512 / 795-8812
512 / 795-8993

Your surgery will be performed under general anesthesia (going to sleep). You will be lying on your stomach. A tube will be placed in your windpipe, which sometimes causes a little sore throat after surgery, but that will pass quickly. When I perform your surgery, I wear a special pair of microscope operating glasses and a high intensity fiber optic headlight. I also have another orthopedic surgeon or orthopedic P.A. as my assistant in these cases. The surgery takes about two hours and the pain post-operatively is usually well controlled with pain medication which you can regulate with a patient controlled pump. Many patients note an early change in their leg pain. Sometimes, it takes days or weeks to note significant improvement. This usually depends on how severe the pressure has been, and for how long. Some patients have persistent nerve pain, but it is usually significantly improved. Elimination of weakness and numbness, if present, usually takes longer.

There is usually no need for someone to stay with you overnight after surgery, but that can be arranged if you or your family wish. A private room is necessary for overnight guests in the room.

I will keep you comfortable in bed for the first 12-24 hours. You will exercise your legs, and use a breathing exerciser to keep your lungs clear. My goal is for you to get out of bed and walk around in the first 12 hours. Some patients take a little longer. After you are up and about, have no fever, are on pain pills instead of pain shots, and your incision is doing well, you can go home to recover! Your stay in the hospital is usually 1-2 days after surgery.

If you have any questions about what I have told you here, write them down in the margins or below, and we will discuss them before surgery. There are details, which may concern only your case, which I cannot include here. I want you to be informed, and your concerns are my concerns.