WASHINGTON BRAIN & SPINE INSTITUTE

MIS Lumbar Laminectomy / Discectomy

Postoperative Patient Instructions & Recovery Guide

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Welcome to Your Recovery

You have undergone minimally invasive (MIS) lumbar laminectomy or discectomy. Recovery from MIS surgery is faster and more comfortable than traditional open surgery, but proper activity and wound care are essential. This document provides comprehensive postoperative instructions.

Expected Recovery Timeline

Timeframe	What to Expect
Day 0 (surgery day)	Walk before discharge. Mild to moderate incisional pain. Leg pain often dramatically improved.
Days 1–7	Walk daily, multiple short walks. Some back pain and incisional soreness. Most patients off narcotics within 5–7 days.
Weeks 1–2	Increasing walking distance. Return to light desk work for many patients. Continue lifting and bending restrictions.
Weeks 2–4	Begin gentle stretching and core strengthening as cleared. Most return to office work.
Weeks 4–6	Begin physical therapy if recommended. Gradual return to most daily activities.
Weeks 6–12	Return to most exercises, lifting, and recreational activities.
3–6 months	Full recovery for most. Continued strengthening and conditioning.

Activity Instructions

What You CAN Do

- **Walk** — start with 5–10 minutes 3–4 times per day, increase by 5 minutes daily.
- **Climb stairs** as needed.
- **Sit** for short periods (15–30 minutes); change position frequently.
- **Light household tasks** — cooking, washing dishes, folding laundry.
- **Shower** after 48 hours.
- **Sleep** in any comfortable position; many find side-lying with pillow between knees most comfortable.
- **Resume sexual activity** when comfortable (typically 2 weeks).

What to Be Cautious of — Strict BLT Rule

Bend, **L**ift, **T**wist — these motions place stress on the healing surgical site. **Follow your body.**

- **Minimize bending at the waist for 4–6 weeks.** Squat or hip-hinge to reach low items.
- **No lifting greater than 15 pounds for ~4 weeks**; then gradually advance as tolerated.
- **No rapid twisting** the trunk for 4–6 weeks (turn entire body, not just the back).
- **No driving** until your follow-up appointment and not while on narcotics.
- **No swimming, bathtubs, hot tubs** for 4 weeks.
- **No high-impact exercise** for 6–12 weeks.
- **No nicotine in any form** — slows healing significantly.

Return-to-Activity Milestones

Milestone	Timing	Details
Walking	Day 1+	Short walks (10–15 min) several times daily. Build to 30 min by week 2.
Showering	POD #2	Remove dressing; pat dry. No submersion.
Driving	3–5 days	Once off opioids and able to perform an emergency stop.
Desk work	2 weeks	Return to seated office work once off opioids and alert.
Light physical activity	4 weeks	Light lifting (<15 lb), light household tasks, golf putting.
Hard labor / heavy lift	4 weeks	Manual labor and lifting >25 lb. Earlier if modified duty.
Sexual activity	2–4 weeks	When comfortable; avoid positions that strain the back.
Recreational sports	6–8 weeks	Low-impact first (swimming, cycling). Running, golf full swing at 8 weeks.
High-impact sports	12 weeks	Contact sports, heavy gym lifts — only after surgeon clearance.

Going Home — Your Discharge Instructions

What to Expect in the First 2 Weeks

Most patients experience moderate soreness around the incision, some fatigue, and a gradual return of energy. **Pain is normal and expected** — most patients describe a 5–7/10 the first few days, improving steadily. Your job is to follow the medication schedule below, walk regularly, eat enough protein, and protect the surgical site. Call us with any concerns — even minor ones. We would rather hear from you than have you worry.

Your Discharge Medications

You will be sent home with the following medications. **Specific doses on your prescription bottle take precedence over this general guide.** Take medications as prescribed.

Medication	Dose & Schedule	Important Notes
Oxycodone (5 mg)	1 tablet every 4–6 hours as needed for severe pain (pain ≥ 7/10)	Take only when acetaminophen and an NSAID together are not controlling pain. Stop as soon as you are able — typically within 5–10 days. Do not drive or drink alcohol while taking. Causes constipation — use the bowel regimen on the next page.
Ondansetron (Zofran) 4 mg	1 tablet by mouth every 8 hours as needed for nausea	Dissolves on the tongue or swallows with water. Do not exceed 24 mg in a day. Stop when nausea resolves.
Cyclobenzaprine (Flexeril) 5–10 mg	1 tablet at bedtime as needed for muscle spasm	Can cause significant drowsiness — take only at bedtime to start, and do not drive after taking. May be increased to three times daily under direction. Stop when muscle spasm resolves, usually within 1–2 weeks.
Medrol Dose Pak (methylprednisolone 4 mg)	21 tablets taken over 6 days per package instructions	A tapering dose of an anti-inflammatory steroid that calms nerve root inflammation and accelerates relief of leg pain. Take with food. Do not stop the pack early — finish the entire taper. Monitor blood glucose if you are diabetic — this medicine raises blood sugar.

Layered (Multimodal) Pain Control with Over-the-Counter Medications

Use these in combination with the prescription medications above. **The goal is to control pain with the least amount of opioid possible** — these medicines work through different mechanisms, so combining them is more effective than any single one alone.

Medication	Dose & Timing	Notes
Acetaminophen (Tylenol) 500–1000 mg	1–2 tablets (500 mg each) every 6 hours **around the clock for the first week**, then as needed. Do	Safe for most patients. Use the regular Tylenol (not extra-strength) and add it up carefully. Do not combine with other products that contain

	not exceed 3,000 mg in 24 hours.	acetaminophen (Norco, Percocet, NyQuil, etc.) without counting the dose.
Ibuprofen (Advil, Motrin) 400–600 mg	1 tablet every 6–8 hours with food, as needed.	**NSAIDs may be resumed after surgery** if approved by your surgeon. They are an important non-opioid pain reliever for decompression patients. Take with food. Avoid if you have kidney disease, ulcers, or bleeding disorders.
Naproxen (Aleve) 220–440 mg	1–2 tablets every 12 hours with food, as needed (alternative to ibuprofen — do not combine the two).	Longer-acting NSAID — convenient for steadier coverage. Same restrictions as ibuprofen.

Recommended pattern for the first week

Acetaminophen 1000 mg every 6 hours, around the clock (set a timer; do not skip doses). **Add a layered NSAID dose once permitted** for breakthrough discomfort. **Use the opioid only when these together are not controlling pain** — typically for severe pain at night or before walking. **Take cyclobenzaprine at bedtime** for muscle spasm.

Bowel Regimen

Opioids and anesthesia almost always cause constipation. Start a softener on day 1; if no bowel movement by day 3, escalate as below. Do not wait for severe symptoms.

- **Days 0–2 (baseline):** Take **docusate sodium (Colace) 100 mg twice daily** while taking opioids. Drink 2–3 liters of water daily, eat fiber (fruit, vegetables, whole grains, prunes), and walk frequently.
- **If no bowel movement by POD #3:** Add **senna (Senokot) 2 tablets at bedtime** AND **MiraLAX (polyethylene glycol) 17 g** (one capful) in 8 oz of water once daily.
- **If no bowel movement by POD #5:** Add **bisacodyl (Dulcolax) 10 mg** — either suppository or oral tablet.
- **If no bowel movement by POD #7: call our office.** We may add additional measures (magnesium citrate, enema, or evaluation for obstruction).

Stop the bowel regimen once you are off opioids and having regular bowel movements again.

Showering & Wound Dressing

You may shower starting on postoperative day 2. Remove the surgical dressing before showering — the incision can get wet. Let warm water run gently over the incision; **do not scrub**, do not use a washcloth or loofah directly on the wound. Pat dry with a clean towel. **Do not submerge** in a bathtub, hot tub, or pool for at least 3–4 weeks. Do not apply ointments, peroxide, alcohol, or lotion to the incision unless specifically directed. If Steri-Strips are present, let them fall off on their own (7–14 days).

Call about the wound if you see...

Redness spreading beyond the incision, drainage of pus or cloudy fluid, opening of the wound edges, increasing pain or swelling, fever over 101.5°F, or any clear fluid leak (possible CSF leak).

Driving

Most MIS lumbar laminectomy and microdiscectomy patients may resume driving 3–5 days after surgery, provided you are off all opioid pain medications, can perform an emergency stop without hesitation, and feel mentally clear. Test this in a parking lot before driving on public roads. If in doubt, wait until your follow-up appointment.

Once cleared to drive, start with short trips in familiar areas. **Do not drive while taking opioid pain medication, cyclobenzaprine, or other sedating medications.** Riding as a passenger is fine immediately.

Return to Work

Desk work: 2 weeks. Most MIS lumbar laminectomy and microdiscectomy patients return to seated office work at 2 weeks once off opioids and feeling alert.

Hard labor / heavy lifting: 4 weeks. Manual labor, repetitive lifting >25 lb, and physically demanding work can typically resume at 4 weeks. Earlier return is reasonable if your job permits modified duty (no lifting >15 lb, no repetitive bending, no prolonged static postures).

Bring any disability forms or return-to-work letters to your follow-up appointment and we will complete them at that time. These are typical timeframes — your individual clearance depends on recovery and surgeon assessment.

Follow-Up Appointments

- **First postoperative visit at 2–3 weeks.** Wound check, suture or staple removal if needed, medication review, and review of recovery progress.
- **Second postoperative visit at 6–8 weeks.** Activity advancement, return-to-work clearance, and (for fusion cases) X-rays to assess early fusion.
- **Three-month visit** for final recovery assessment and return to all activities.

Call **301.718.9611** during business hours to schedule or reschedule. Our after-hours answering service will reach the on-call provider for urgent issues.

Recovery Optimization Protocol

Targeted nutrition, sleep, and stress management substantially accelerate recovery and reduce complications. The following protocols are evidence-based and apply throughout your recovery period.

Postoperative Nutrition

- **Protein: 1.2–1.5 g/kg/day** to support tissue healing.
- **Vitamin D 2000 IU daily** — supports tissue healing.
- **Vitamin C (500–1000 mg/day)** — supports collagen synthesis and wound healing.
- **Zinc (15–30 mg/day)** — accelerates wound healing.
- **Hydration: 2–3 liters of water daily.** Aids wound healing, prevents constipation, and supports kidney clearance of pain medications.
- **Foods that support healing:** lean proteins (eggs, fish, poultry, Greek yogurt, legumes), leafy greens, berries, nuts, seeds, fatty fish (salmon, sardines), olive oil, whole grains.
- **Foods to limit or avoid:** alcohol (impairs healing, interacts with pain medications), ultra-processed foods, refined sugars, trans fats, excessive caffeine, sugary drinks.

Sleep Optimization

- **Target 7–9 hours nightly.** Sleep is when most tissue healing occurs. Sleep deprivation amplifies pain perception.
- **Sleep hygiene basics** — consistent bedtime and wake time, dark/cool/quiet bedroom, no screens 30 minutes before bed, no caffeine after noon.
- **Position recommendations: Side-lying with a pillow between the knees** or **supine with a pillow under the knees** typically provides the most comfort. Avoid sleeping on the stomach. A wedge pillow or recliner can help in the first 1–2 weeks.
- **Melatonin 1–3 mg** 30–60 minutes before bed is reasonable for short-term sleep difficulty. Avoid alcohol or benzodiazepines as sleep aids.
- **If you use CPAP, continue every night.** Untreated sleep apnea impairs healing and increases cardiovascular risk.

Stress and Pain Self-Management

"Hurt does not equal harm." Postoperative pain is your body's signal that healing is underway — not that damage is occurring. Patients who catastrophize ("this pain means something is wrong") report worse outcomes than those who reframe pain as part of recovery.

- **4-7-8 breathing** — inhale through the nose for 4 seconds, hold for 7 seconds, exhale through the mouth for 8 seconds. Repeat 4 cycles. Practice 2–3 times daily and whenever pain spikes.
- **Progressive muscle relaxation** — starting at your feet, tense each muscle group for 5 seconds, then release. Work your way up to your shoulders and face. Takes about 10 minutes and is excellent at bedtime.
- **Mindfulness apps** offer free guided meditations specifically for pain, sleep, & surgical recovery.
- **Postoperative blues are normal** — many patients experience an emotional dip around days 3–7. If low mood persists beyond 2–3 weeks, or if you have thoughts of self-harm, contact us.
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Warning Signs — When to Call Us or Go to the ER

CALL 911 OR PROCEED TO THE ER IMMEDIATELY

• Loss of bowel or bladder control / inability to urinate (cauda equina syndrome) • Sudden severe weakness in legs • Numbness in the groin or perineum ("saddle anesthesia") • Severe headache that worsens when upright and improves lying down (possible CSF leak) • Clear fluid leaking from the incision • Chest pain, shortness of breath, or unilateral leg swelling (possible PE/DVT) • Fever > 101.5°F with chills

Call Our Office Within 24 Hours

- Fever 100.4–101.5°F
- Increasing redness, warmth, swelling, drainage, or separation at the incision
- New or worsening leg pain, numbness, or weakness
- Constipation > 4 days or urinary difficulty
- Severe muscle spasm not controlled by medication
- Questions about activity or medications

Long-Term Spine Health

- **Core strengthening** is the most important long-term intervention.
- **Maintain a healthy weight** — every pound of body weight equals 4 pounds of force on the lumbar spine.
- **Stop smoking** — nicotine accelerates disc degeneration.
- **Proper lifting mechanics** — bend at the hips and knees, keep load close to body.
- **Regular low-impact exercise** — walking, swimming, cycling, yoga, Pilates.
- **Ergonomic workspace** — neutral spine posture, frequent position changes.

Contact Information

Provider: Lekhaj Daggubati, MD

Practice: Washington Brain & Spine Institute

Main Phone (All Locations): 301.718.9611 — business hours

After-Hours / Urgent Concerns: 301.718.9611 — answering service will contact the on-call provider

Clinical Office Locations

Rockville: 3202 Tower Oaks Boulevard, Suite 100, Rockville, MD 20852

Tysons: 8605 Westwood Center Drive, Suite 201, Vienna, VA

Frederick: 198 Thomas Johnson Drive, Suite 17, Frederick, MD 21704

White Oak: 11886 Healing Way, Suite 401, Silver Spring, MD 20904

Emergency: Call **911** or proceed to the nearest emergency department for life-threatening symptoms — severe difficulty breathing, sudden weakness or paralysis, loss of consciousness, seizure, severe sudden headache, chest pain, or stroke-like symptoms.