

Endoscopic Lumbar Discectomy / Laminectomy — Patient Guide



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What to expect before, during, and after your minimally invasive spine surgery

What is an Endoscopic Lumbar Discectomy or Laminectomy?

An endoscopic lumbar discectomy or laminectomy is a minimally invasive spine surgery used to treat nerve compression in the lower back. It is performed through a very small incision using a thin tube and a camera (endoscope) to access the spine with minimal disruption to muscles and tissues. This procedure is often used to remove herniated disc material or small areas of bone and ligament that are pressing on spinal nerves.

Why is This Procedure Performed?

- Treat a herniated disc causing leg pain, numbness, tingling, or weakness (sciatica).
- Relieve symptoms of lumbar spinal stenosis by removing small portions of bone or ligament.
- Address nerve compression that has not improved with non-surgical treatments like therapy, medications, or injections.

Benefits & Goals

- Smaller incision and minimal muscle disruption compared to traditional open surgery.
- Faster recovery and less postoperative pain.



- Lower risk of infection and blood loss.
- Same-day discharge for most patients.
- Quick return to walking and daily activities.

Risks & Possible Complications

While endoscopic spine surgery is very safe, all surgeries carry some risk:

- Infection at the incision site (rare).
- Nerve injury or persistent nerve pain (rare).
- Spinal fluid leak (dural tear).
- Recurrence of herniated disc over time.
- Blood clot formation in the legs (DVT).
- Persistent back or leg pain despite surgery.

Before Surgery: How to Prepare

7–10 Days Before Surgery

- Stop medications on the 'Medications to Avoid' list, especially NSAIDs and blood thinners.
- Confirm with your prescribing doctor before stopping any medication.

1–3 Days Before Surgery

- Arrange transportation to and from the surgical center.
- Set up a safe and comfortable area at home for your recovery.

Night Before / Day of Surgery

- Follow fasting instructions exactly — no food or drink after midnight unless instructed.
- Shower as directed. Do NOT apply lotions or oils near the surgical area.
- Bring your ID, insurance card, and medication list.
- Leave jewelry and valuables at home.
- Avoid all nicotine products, as they delay healing and increase risk of complications.

Day of Surgery: What to Expect

- You will meet with your surgical and anesthesia team for final preparation.



- Small incisions are made near the affected area of your lower back.
- A thin tube with a camera (endoscope) is inserted to access the spine through natural tissue planes.
- The surgeon removes herniated disc material or small amounts of bone/ligament to relieve pressure on the nerve.
- The incision is closed with a few sutures or skin glue and covered with a small dressing.
- Most patients go home the same day after a short observation period.

After Surgery: The First Weeks

Pain & Medications

- You may feel mild soreness at the incision site and muscle stiffness, which improve quickly.
- Leg pain may take days to weeks to improve fully as inflammation resolves.
- Your team will provide a multimodal pain management plan to reduce narcotic use.
- Avoid NSAIDs unless approved by your surgeon, as they can interfere with healing.

Walking & Activity

- Walking is encouraged the same day as surgery to promote healing and prevent blood clots.
- Gradually increase walking distance each day as tolerated.
- Avoid heavy lifting (>10 lbs), deep bending, or twisting for the first 4–6 weeks.
- Return to normal light daily activities as soon as you feel comfortable.

Driving

- You may drive once you are off narcotic pain medication and can safely operate a vehicle, usually within 3–7 days.

Incision Care

- Keep the incision clean and dry.
- You may shower after 72 hours, as directed by your surgeon. Pat dry gently.
- Do NOT soak the incision in baths, pools, or hot tubs for at least 6 weeks.
- No creams, lotions, or ointments on the incision unless prescribed.



Return to Work & Activities

- Desk work or light duties: usually within 1–2 weeks.
- Jobs involving moderate activity: 2–4 weeks.
- Heavy labor: 6+ weeks, only with surgeon clearance.
- Return to exercise and sports gradually, starting with low-impact activities such as walking or stationary biking.

Follow-Up Schedule

- First visit: about 2 weeks after surgery to check incision and early recovery.
- Second visit: around 6 weeks to assess progress and discuss activity advancement.
- Further visits as needed to monitor long-term outcomes.

When to Call the Office Immediately

- Fever over 101.5°F (38.6°C) or chills.
- Increasing redness, swelling, or drainage at the incision site.
- Severe back or leg pain that worsens suddenly.
- New or worsening weakness, numbness, or loss of bowel/bladder control.
- Signs of blood clot: calf pain/swelling, sudden chest pain, or shortness of breath.

Frequently Asked Questions

When can I return to walking or exercise?

Walking starts the day of surgery. Light exercise such as stationary biking can begin after clearance, usually around 2–3 weeks.

Is there hardware or a fusion involved in this surgery?

No. Endoscopic discectomy and laminectomy focus on removing pressure on nerves. No hardware or fusion is typically used unless combined with another procedure.

How long before my leg pain improves?

Leg pain often improves quickly, but some patients experience gradual improvement over several weeks as nerve inflammation resolves.

Will this surgery prevent future disc problems?



The procedure treats the current problem, but it does not prevent future disc degeneration or herniation. Staying active, maintaining core strength, and avoiding smoking may help protect your spine.

