

Further information

Information on who to contact, ie web sites / telephone numbers of other departments / organisations which may be of help.

How to contact us

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If you need this leaflet in another language, large print, Braille or audio version, please call **01923 217 187** or email westherts.pals@nhs.net



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West Hertfordshire
Hospitals
NHS Trust



A guide to...

Physiotherapy after spinal decompression

Patient information

Inpatient Therapy

Watford General Hospital
Hemel Hempstead Hospital
St Albans City Hospital

What is a lumbar decompression?

A lumbar decompression is performed to relieve the pressure on the nerves in your spine. The pressure can cause you to have back pain which may spread into one or both of your legs and also cause weakness.

How long will I be in hospital?

The average length of stay following a lumbar decompression is between 1-2 days; however this is dependent on your previous level of fitness or whether there are any medical or post operative complications. If you are motivated you may be able to get home sooner. You will only be discharged when the team is happy you can care for yourself at home.

Introduction

Whilst supervised physiotherapy is important, it should be remembered that physiotherapists can only guide the rehabilitation, they can not do the exercises for you. Good motivation and mental attitude is a key component to rapid recovery and you have a very important contribution to make to the success of your surgery.

The programme for recovery that is outlined below should be regarded as a guideline – patients are individual and each have a different pace and rate of recovery.

Surgery

The aim of surgery is primarily to relieve leg symptoms. Some ongoing low back ache is not unusual; post operative physiotherapy will improve this.

Some people come round from the anaesthetic and feel immediate relief of their leg symptoms. Pain often settles fairly quickly. Numbness and tingling sensations usually take longer to settle though – this may be days, weeks or months. It varies considerably from person to person. Some people may always have an area of numbness that never fully recovers.

Outpatient physiotherapy

Your physiotherapist will refer for you outpatient physiotherapy. Outpatient Physiotherapy can be arranged through Connect Health. They have clinics in various locations and can find one nearest to you

Return to work

As a guide, you are likely to need about 6 weeks off work.

If you do a sedentary (mainly sitting down) job you may be back at your desk after about 4 weeks as long as you are able to stand and move around regularly. If you do a more manual job, it may be around 8-12 weeks.

NOTE: Ideally a phased return to work is best.

Driving

Please check your car insurance policy.

It is recommended that you avoid driving for 3-4 weeks as this can aggravate your leg pain. When you do start, please ensure you can perform an emergency stop.

Sports

Gentle low impact and non-contact sports can start at 6 weeks, e.g. – swimming and cycling (not breaststroke).

High impact and contact sports should be avoided until 4 – 6 months. Your individual physiotherapist can give you specific guidance and advice on return to your preferred / chosen sport.

**Recovery from this surgery will take two months
but can continue up until 18 months.**

Advice

For the first **four weeks**, whilst the initial post-operative pain settles and the spine begins to heal, it is advised to be careful with some activities. A sensible approach is advised and a gradual paced increase in activities is recommended, bearing in mind post operative discomfort and previous level of function.

Sitting should be gradually built up during activities such as eating or relaxing and should be guided by your symptoms. A **limit** of 15-20 minutes at any one time is sensible for the first few days. Once this is comfortable it can be gradually increased. If a long journey is unavoidable (travelling home), you can recline your seat and take a break every 20-30 minutes to mobilise.

Walking is unrestricted and should be increased daily as comfort allows.

Caution with prolonged standing for the first 4-6 weeks.

Lifting for the **first week** should initially be limited to about 1 kg (a half full kettle), then gradually increased.

Avoid heavy lifting greater than 10kg until 12 weeks after your surgery.

Avoid prolonged sitting for about 6 weeks.

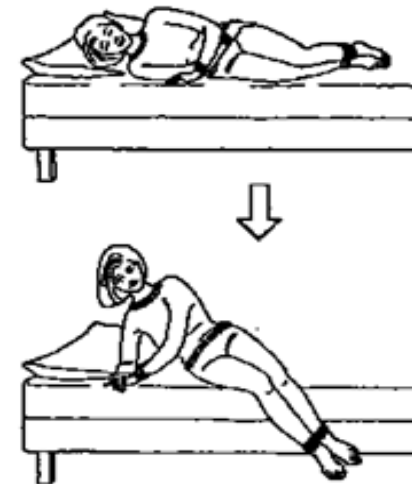
Do not worry if your leg pain is still present – it is not a sign the surgery has failed. Nerves take a long time to recover from being squashed.

Bruising and swelling will be present which will settle, but can also irritate the delicate nerve tissue initially.

However, please do report any ongoing or new leg pain following your surgery to the staff on the ward or our enhanced recovery nurse upon your return home.

Getting in and out of bed

- Lying on your back with your knees bent
- Reach over with your arm and let your knees lower to the bed
- Lower your legs over the edge of the bed and push your trunk up



Transversus Abdominis (TA)

The transversus abdominis muscle is the deepest of the abdominal muscles and is one of the main stabilisers of the lower back and pelvis. The orientation of the muscle is similar to a corset, whereby it wraps around your lower abdomen and attaches to your lower back. When the muscle contracts it acts like a back brace stabilising your spine and supporting your lower back.

However, we would **not** recommend using a lumbar brace / support or belt. Research has proven this to have a detrimental effect and actually weaken the core muscles.

To activate your TA

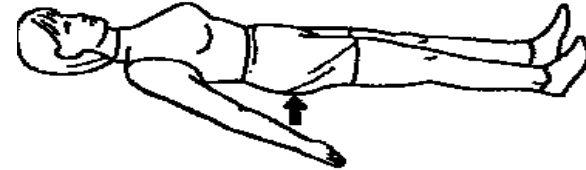
- Lying on your back with your knees bent up and feet flat on the bed.
- Slowly draw your belly button down and inwards (away from your belt line).
- Breathe normally. Do not hold your breath.
- Your rib cage should remain relaxed and should not lift up during this process.
- You should be able to feel the muscle contracting.
- Gently hold this muscle at 20 – 30% of a maximum contraction. Do not brace/tense the rest of your body.

NOTE: Ideally, you should learn to activate your TA muscle during all activities of daily living

Post operative exercises

Perform these exercises on your bed, 3 times a day:

1. Lying on your back, squeeze your buttocks firmly together. Hold for 5-10 seconds. Repeat 10 times



2. Lying on your back, engage your pelvic floor (PF) and transversus abdominis (TA) muscles, bend and straighten your legs alternately. Repeat 10 times



3. Lying on your back, engage your PF and TA muscles, pull your toes towards you and tighten your thigh muscle, straightening your knee. Hold for 5-10 seconds. Repeat 10 times



Women: Squeeze and draw in the muscles around your vagina and back passage together – as if stopping yourself from passing urine and wind at the same time. You should feel the distinct lift and squeeze of your PF, as if closing and zipping up your back and front passages.

Men: Squeeze and draw in the muscles that control your bladder and back passage together - as if stopping yourself from passing urine and wind at the same time. You should feel the distinct lift and squeeze of your scrotum upwards.

- Breathe normally and gently hold this muscle contraction at 20 – 30% of a maximum contraction. Hold for 5 – 10 seconds. Repeat 10 times
- Once you have mastered the technique you can also perform in sitting and standing

Pelvic Floor (PF)

The PF muscles are the muscles located between your legs and run from your pubic bone at the front, to the base of the spine at the back. As their name suggests, they form the floor of the pelvis. They are shaped like a sling holding your pelvic organs (bladder and bowel) in place. The pelvic floor muscles form an integral part of your spinal support musculature and as such, it is important to maintain the strength in these muscles.

To activate your PF

Correct technique is very important when doing PF muscle exercises. You should feel a distinct 'lift and a squeeze' inside your pelvis. The lower abdomen may flatten slightly, but try to keep everything above the belly button relaxed and breathe normally. It is important to remember that this is a “secret exercise”, as only the PF muscles should be working; this is an exercise that no one can see you performing!

When learning how to activate the PF men and women often find different teaching methods beneficial:

- Lie on your back with your knees bent up and feet flat on the bed.