SpinePain SOLUTIONS

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SpinePainSolutions.com

Post-Procedure Instructions: mild® (Minimally Invasive Lumbar Decompression)

After your procedure

SpinePain Solutions · Patient handout

Follow any specific instructions your care team gives you. These instructions do not replace advice from Dr. Sharma or your SpinePain Solutions care team. Follow any personalized instructions you were given at discharge. If something on this sheet conflicts with what you were told, follow your care team's directions and call the office.

Call 911 or go to the nearest emergency room if you have:

- Chest pain, trouble breathing, or coughing up blood
- New or worsening weakness in your legs, or you cannot walk or stand (after the numbing medicine has worn off)
- New trouble controlling your bladder or bowels, or new numbness in the groin, buttocks, or inner thighs
- Confusion, fainting, or a sudden, severe headache
- Bleeding from the incision that does not stop after 10 minutes of firm pressure

Call the office right away at 631-310-0000 if you have:

- A temperature of 100.4°F (38°C) or higher, or shaking chills
- Redness, warmth, or swelling around the incision that is getting worse, or drainage that is cloudy, yellow-green, or bad-smelling
- Clear, watery fluid leaking from the incision, or a headache that gets worse when you sit or stand up and better when you lie down
- Pain that keeps getting worse, new sudden severe back pain, or pain that your medicine does not control
- Pain, swelling, or redness in one calf or leg
- New tingling or numbness that is spreading

If you cannot reach the office and you are worried, go to the nearest emergency room.

What was done

You had a **mild® (Minimally Invasive Lumbar Decompression)** procedure. Through a tiny incision in your lower back, thickened ligament that was narrowing the spinal canal was carefully removed to create more space for the nerves. You may also have received local anesthetic (numbing medicine) and, in some cases, a steroid.

What to expect in the first 24–48 hours

- Mild to moderate soreness at the procedure site is common. Walking often helps.
- Numbness or heaviness in the legs from local anesthetic usually wears off over several hours.
- If a steroid was used, you may notice flushing, a temporary energy surge, or trouble sleeping for a day or two. If you have diabetes, check blood sugar more often—steroids can raise it.
- A small amount of dark reddish-brown drainage on the dressing can be normal. Bright red bleeding that soaks through, or yellow/green drainage, is not—call us.
- You may feel tired or unsteady from sedation. Have a responsible adult with you today.

Activity and lifting

- **Walking** is the best early exercise. Start short walks indoors today or tomorrow and gradually increase as you feel able.
- **Do not lift more than 10 lb** (a full gallon of milk weighs about 8 lb), and avoid strenuous exercise, for **2 weeks**. Increase activity only when your care team says it is safe.

Dressing and bathing

- Keep the outer dressing clean and dry.
- You may usually **shower after 48 hours**. Pat dry—do not scrub the incision.

- Remove the outer dressing as directed (often after about 2 days). Steri-Strips usually fall off in 7–14 days; if still on after 14 days, you may gently remove them unless told otherwise.
- **No baths, pools, hot tubs, or ocean swimming** for about 2 weeks or until cleared.
- Do not put lotion, cream, or ointment on the incision unless instructed.

Medicines, ice and heat

- Continue your usual home medicines unless you were told to hold something.
- For soreness, acetaminophen (Tylenol) or an anti-inflammatory may be used if safe for you—ask if unsure. Take any prescribed pain medicine exactly as directed, with food if it upsets your stomach.
- Restart blood thinners **only as directed by your provider**.
- Ice 15–20 minutes on, then off, with a thin cloth between ice and skin. Keep dressings dry.
- Avoid heat on the procedure site for at least the first 2 days.

Driving and work

- Limit long car rides (over about 1 hour) for a few weeks if they bother you.
- **Do not drive for at least 24 hours** after sedation or anesthesia, and do not drive while you are taking opioid (narcotic) pain medicine.
- Before you drive again, you should be able to turn your head and body, look over your shoulder, and brake quickly without pain slowing you down.
- Return to work or school: many people resume light or desk activity in a few days. Confirm timing with your provider based on your job.

Follow-up

Call SpinePain Solutions at **631-310-0000** if you do not already have a follow-up visit. Many patients are seen around **1–2 weeks** (and sometimes again at about 4 weeks). Bring questions about activity, work, and physical therapy to that visit.

Questions or concerns?

Please contact us through **Klara** or the **patient portal**.
You can also text us at 631-310-0000, or call 631-310-0000.
Website: SpinePainSolutions.com

Scan to open your patient portal

SpinePain Solutions · Dr. Amit Sharma · Bay Shore / Commack / Farmingdale · Phone: 631-310-0000. These instructions do not replace advice from Dr. Sharma or your SpinePain Solutions care team.

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