

## **CARTILAGE IN THE LOWER BACK**

### **Welcome to your surgery**

This information brochure explains the procedure for the operation of cartilage detachment in the lower back. We want to give you the opportunity to prepare in the best possible way. It is normal to feel anxious before surgery, but the anxiety can be reduced and recovery time can be sped up if you are well informed about the procedure. You are welcome to contact us if you have any questions before the operation.

### **Cartilage in the lower back**

It is called a cartilage fracture when part of the arthropod nucleus between two vertebrae detaches and moves. A characteristic of cartilage collapse occurs when pressure from a ruptured synovial nucleus causes pressure on nerves that exit the spinal cord (Landspítali University Hospital Quality Handbook, 2021).

### **Operation**

The procedure uses a microscope to remove the synovial nucleus that presses on nerves.

During the operation, you are under general anesthesia. The staff responsible for putting you under anesthesia will be with you throughout the entire process and will ensure that you sleep deeply and do not feel any pain. A venflon cannula will be placed in your arm, where you will be given painkillers and anesthetics. You will be placed on a heart rate monitor so that your heart rate can be monitored. A blood pressure monitor is placed on the upper arm and a clamp on the finger which is an oxygen saturation meter.

The procedure is performed while you are lying on your stomach. An incision of about 2-4 cm is made at the base of the lower back. In order to get to the synovial nucleus itself, it is sometimes necessary to remove a small part of the posterior bony arch of the vertebra. The pinched nerve is gently held to the side and the articular nucleus removed. After that, the wound is closed.

### **Before surgery**

#### **Shower**

It is necessary to take a shower the night before the operation and before arriving at Orkuhúsið. Clean clothes must be worn after showering and do not use deodorants, creams, makeup, fragrances, nail polish, artificial nails or jewelry.

#### **Smoking and alcohol**

Both smoking and alcohol significantly increase the risk of complications associated with surgery. You should try abstaining from smoking at least six weeks before the operation and also for six weeks after the operation. It is also preferable to avoid alcohol four weeks before the operation.

#### **Conversation with an anesthesiologist before surgery**

An anesthesiologist will call you before the operation and talk to you about preparation. If you have been put under anesthesia before and you had any problems, such as severe pain, nausea or vomiting, it is important to report it.

## **Medicine**

Some medications must be stopped before surgery. This is especially true for medicines that act as „blood thinners“. A doctor will let you know which medications to stop using and how many days before surgery.

## **Important before surgery**

If you experience any of the following symptoms before surgery, the procedure may need to be postponed. We ask you to contact us immediately at 520-0140

- Symptoms that may indicate illness or a cold; sore throat, cough, runny nose, difficulty breathing, nausea, loss of taste and smell, muscle and joint pain, fever or headache.
- Changes in health and/or changes in medication.
- Wounds anywhere on the body

Wounds on the skin can cause an increased amount of bacteria on the body and thus increase the risk of infection in connection with the procedure. To decide if the operation needs to be postponed, a doctor or nurse must examine the wound. Therefore, contact us if you develop a wound so that arrangements can be made in time for the intended operation. The decision to postpone surgery may otherwise have to be made on the day of surgery.

## **Preparation at home**

Before the operation, it is a good idea to make arrangements regarding the journey home and the first few days at home. It must be expected that you will be accompanied home, as you are not allowed to drive until the day after anesthesia.

## **Fasting before surgery**

Fasting means giving up the consumption of food and drink. When checking-in, you will receive detailed fasting instructions.

- Do not eat solid food for the last 6 hours before the operation
- Do not smoke, use snus (chewing tobacco), chew gum or eat throat lozenges after 24:00 the night before the operation
- A clear liquid can be dripped up to 2 hours before the operation. Clear liquids are water, particle-free fruit juices, tea and coffee without milk. Solid food

## **Solid food**

If you have surgery the next morning, then an evening meal and a little extra snack, before going to bed and fasting from midnight are recommended. Long fasting has a negative effect on the body and people usually feel better if these tips are followed.

## **What to have with you before surgery?**

Bring comfortable, wide, easy-to-dress clothes. Bring stable shoes to use. Mobile phones are allowed, but it is important to show consideration for others when waking up. Leave valuables and money at home, but be aware that you may need to buy medication on the way home.

## **In the operating room**

### **Day of operation**

- Before the operation, you are put in a hospital suit and the operation area is marked
- Do not take any medication before surgery except as instructed

After the operation, you go to the recovery room. Pain assessments will be carried out regularly and pain treated as much as possible. As soon as you feel comfortable, it's a good idea to start exercising (sitting up, getting dressed, etc.). This reduces the risk of complications such as blood clots.

## **Going home**

Patients who undergo surgery at Læknastöðin can go home the same day.

### **Medicine**

Electronic prescription painkillers are written by your doctor and can be picked up at any pharmacy. You are responsible for collecting them yourself. If you are unable to collect the medicines after the operation, you can give a power of attorney to a family member who can then collect them for you. This is done through [heilsuvera.is](http://heilsuvera.is).

### **Pain**

It is expected to have pain in the surgical area. The muscles at the surgical site are usually stiff at first after surgery, so it is recommended to try to relax your back rather than tense up because this increases the pain. Numbness that was before surgery, for example in the foot, can take some time to disappear and in some cases it does not go away.

If pain persists, it is preferable to take painkillers regularly throughout the day, every 6–8 hours. Over time it is gradually reduced by reducing the dosage or taking the pain medication less often. It is preferable to take the medication with a glass of water or a meal. Applying cold compress can be used at the surgical site to reduce pain for the first 1-2 weeks after surgery. At that time, it is not recommended to use hot compress as they can cause increased inflammation. The cold compress must not be allowed for more than 20 minutes at a time.

## **Surgical wounds**

The incision wound is closed with sutures that dissolve over time. Over the surgical wound, a dermabond is then applied to support the incision.

It is safe to take a shower 2 days after surgery. It is not recommended to take a bath, go swimming or hot tub for the first three weeks after surgery.

## **Movement**

Moderate exercise is important after surgery to speed up recovery. The advice of a physiotherapist on exercise must be followed.

Important tips for exercise:

- When you turn over in bed, bend your knees and roll over on your side
- It is good to have a pillow under the knee pads when lying on the back and between your legs if the lie is on the side
- When getting out of bed, you have to lie on your side and then push yourself up into a sitting position
- Make sure to keep your back straight when sitting
- Do not lift heavy or stretch for the first 4-6 weeks (or as directed by a doctor)

## **Possible complications**

Any surgery carries a risk of complications. Complications are fortunately rare, but can occur even if we do everything possible to avoid them.

### **Surgical wound bleeding**

There is a small risk of bleeding in the surgical wound on the first day after surgery.

### **Nerve damage**

There is a risk of spinal cord injury in about 1% of cases. It should not affect the effectiveness of the procedure but may delay rehabilitation by 1-2 days.

### **Cerebrospinal fluid leakage**

< there is a 1% risk of cerebrospinal fluid leakage. Then it is best to lie flat for 24 hours to avoid headaches.

### **Other complications**

There is little risk of inflammation of the joint nucleus itself. In very rare cases, impaired function in the legs due to spinal cord injury may occur. There is also a risk of urinary retention after surgery.

### **Digestion**

Constipation can become a problem and is caused by you moving less and using painkillers. It is therefore important to drink enough and eat fiber-rich foods. If necessary, laxatives are available over the counter in pharmacies.

### **Infection**

Seek immediate medical attention if the following symptoms occur during the first two weeks after surgery:

- Temperature is higher than 38.5°C
- Pain is persistent and does not decrease with painkillers
- Bleeding or oozing from a surgical wound
- There is redness, swelling or pus around the surgical wound
- There is a problem with urination
- Constant nausea or vomiting

***In an emergency, it is recommended to seek emergency care or call 112.***

### References

Gæðahandbók LSH. (2021). *Skurðaðgerð vegna brjósclass í mjóbaki*. Sótt 20 júní 2024 af <https://traveler.lsh.is/focal/gaedahandbaekur/gnhskurda.nsf/0/94536A692F63ACBC0025787600530EDE>

Aarhus University Hospital. (2024). *Lumbar disc herniation: Operation and hospitalization*. Sótt 20 júní 2024 af [www.diskus-laend.auh.dk](http://www.diskus-laend.auh.dk)