

We are scheduling you for a procedure – specifically an *Endoscopic Discectomy*. There may be several reasons. The following will help you understand what is happening and what we hope to accomplish.

### Instructions for the day of your procedure

**\* You cannot eat or drink anything after midnight. You can take blood pressure and heart medications or pain medication with a sip of water.**

\* However, **if you use insulin**, eat a light breakfast and cut your morning dose of insulin in half. If you do not use insulin, you do not need to adjust any of your medications.\* You will need someone to drive you home. At this point the procedure is being scheduled at the OhioHealth Shelby Hospital. You will be sedated by an anesthesiologist or CRNA.

\* Take all your regular medicines that morning. Including your pain medicines. It is normal to be nervous. Medicine to help you relax is available through our office at 419 522 1100. You also have the option to say “stop” at any time during the procedure and Dr. Mike will immediately stop.

\* The day of the procedure you should go home and not plan anything the rest of the day. You can resume light activity the next day, but not carry anything heavier than your cellphone for 4 weeks

Your spine is made up of several structures. This is why we perform so many different types of interventions. If you are reading this then the disk itself is at least partly felt to be the issue and it is where we are planning on working. Dr Mike will place a needle into the disk and do a *discogram* first. **Don't worry – You get lots of numbing medicine.** This helps us see what we are doing and it also helps to color the inside of the disk. Dr Mike might ask if the pain feels the same or different. You will get plenty of pain medicine through the IV during the procedure. A tube or *dilator*, about the size of an old-fashioned pencil is then slid over this needle into the disk. Dr Mike then uses a camera or *Endoscope* into the disk. Several tools are used to reach in. You can think of them as very long, very thin needle nose pliers, but they are much more complex and can grab to the side and “punch” or bite out small fragments of disk, disk parts and even pieces of bone that are felt to be in the way. A cauterization wand called an *Ellman* unit is usually used. This is the point where it becomes an art-form and like a painting no two cases are the same. Every effort to avoid the nerve itself is made. We often see it and take a picture after we decompress the area around the nerve or nerves. The camera and the tube we are working through is then simply pulled out and you might get one small stitch that can come out in a day or two. Otherwise, you might have an internal stitch and a simple band-aid. You can shower the next day. Dr Mike will give you any more technical details you want to know, all you have to do is ask questions. More information is available on Dr Mike's website [www.ISPRoC.com](http://www.ISPRoC.com) or the website [www.Richardwolfusa.com](http://www.Richardwolfusa.com)

After we are done, an epidural steroid injection is done near where we were working. This helps to decrease any pain later and has probably already been done for you at least once if we are at this point in your care.

The purpose of the injection is usually to decrease inflammation, decrease pain, make therapy

possible/more effective and help determine where your pain is coming from. Injections are just one of the things being done in an attempt to help. Physical therapy and your involvement with a home exercise program will be even more important.

These are relatively safe procedures and Dr Mike claims a perfect safety record. Side effects are very rare but the reality is that ANYTHING BAD CAN HAPPEN. Your signature on the consent form indicates that Dr Mike has explained the risks, potential alternatives and you understand this and have made an informed decision to proceed.

The endoscopic discectomy, like any other medical procedure, has the possibility it will not help. No doctor can ever tell you that any treatment, especially for the spine, will work with 100% certainty. It is also a rare possibility that you may feel somewhat worse for 1-2 days afterwards. It is not unusual for all the muscles in the back to then become sore where we entered. This should resolve in 1 or 2 days, but may take longer. You will have pain medication to take for this pain. However, you should not have any long-term undesired effects, but about 15% of all people should expect some leg pain for up to six weeks. Whenever the skin is broken (just like to draw blood) there is a chance of bleeding and a chance of infection. The chance of infection is extremely small in this case because we are doing the procedure at a surgical center and we are using sterile technique, in an actual operating room. Dr Mike has never had an infection in any cases so far. This is partly because we are so careful, but you will also get an antibiotic through the IV with your sedation shortly before the procedure and there is also an antibiotic placed in the disk.

There will be an X-ray machine in the room and we cover your back with big blue drapes and clean your back with a cool brown soap called betadine. The machine will not touch or hurt you, although, it may bump the table on which you are laying. It is normal to be nervous because you will be on your stomach and will not be able to see what is happening. Dr Mike will talk to you throughout the procedure and will tell you when to expect anything that is potentially uncomfortable, even if you appear to be sleeping. There is the possibility a student or other observer will be in the room or office. They are harmless observers in the process of learning and they will not be involved in the procedure in any way. If you would prefer that they were not in the room, let us know.

Lastly, you need to understand that these procedures are often done to help patients avoid more involved open surgical procedures with longer recovery times and much higher likelihood of complications and reoperation. It is not unusual to do an endoscopic approach and make an effort to TRY and avoid an open discectomy. It is very common for a Neurosurgeon to say to “Try this first and we'll do surgery a month later if it doesn't work” You may have even been sent by another surgeon and told to “try it this way first with Dr Mike and I'll open you later if we have to” Weeks or months later patients do, unfortunately, go on to have an open surgery. This does not constitute a failure of the procedure. You also must understand that a progression of your disk disease will continue afterwards regardless of your initial response and you are likely to have problems at a later date.

If you are not able to make your appointment for any reason, you must call and cancel 24 hours prior to the procedure, otherwise you will be directly billed a “No Show” fee. Many people are waiting and if you want to be rescheduled someone can be put in your time slot.

**If you have been given this handout, then Dr Mike has reviewed your case and thinks this is the right thing for you at this time and that there is more than a good chance this would help you considerably.**

If you do not understand **please** ask us questions.

Dr Mike is always more than happy to explain things to you and your family.