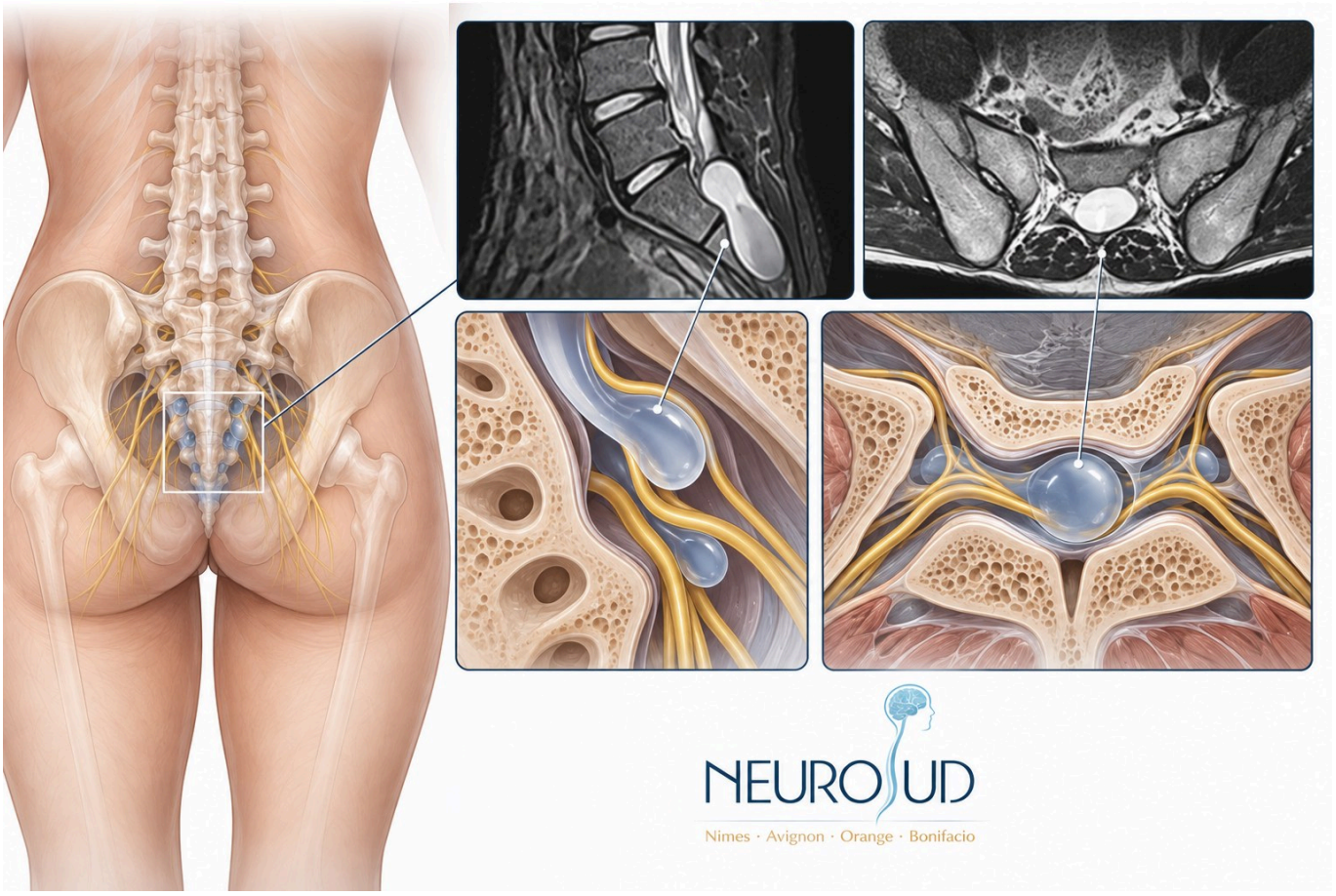
PRACTICAL GUIDE

Tarlov Cyst



This guide takes you through the time before, during and after your operation at the Neurosciences centre. Following this advice helps you return gradually to normal life and take an active part in your care. Keep it with you and bring it on the day of admission.

The operation in two sentences. A Tarlov cyst is a fluid-filled pocket that forms around a nerve root in the sacrum and can compress the nerves of the pelvis, bladder, bowel and legs. The operation treats the cyst or cysts, under general anaesthesia, through an incision in the lower back.

Contacts

From outside France, dial +33 and drop the first 0.

Neurosurgery ward (24/7)	04 66 28 25 52 · +33 4 66 28 25 52
Neurosud office	04 66 04 95 70 · +33 4 66 04 95 70 · secretariat@neurosud.fr
Occit'Perf (home pain-relief infusion)	04 66 26 55 96 · +33 4 66 26 55 96
Address	Cabinet Neurosud, 4 place du Professeur Robert Debré, Neurosciences building, CHU de Nîmes, France

Your journey at a glance

These timings are a guide: your surgeon may adjust them if needed.

When	What happens
Day 0	Operation
Day 0 to day 2	**48 hours of strict bed rest**, lying flat
Day 2	First gradual getting up with the physiotherapist
Day 5 to day 6	Discharge from hospital
10 days after discharge	**Mandatory stay near the clinic**, then return home with the team's approval
Up to 1 month	No prolonged sitting, no lifting over 3 kg, car limited to short trips
From 1 month	Return to work possible (at least 1 month off work)
From 6 weeks	Gradual return to prolonged postures and wide trunk movements

STEP 1

1 Before your admission

Plan ahead: if you live far from Nîmes, your stay, including hospital time, lasts about **16 days** away from home.

To arrange	Details
Accommodation near the clinic	For the **10 days after your discharge**. Mandatory for all patients, whether they come from elsewhere in France or from abroad.
Someone with you	Ideally, a person who stays with you during those 10 days for shopping and meals.
Your care after discharge	Contact a nurse and a physiotherapist in advance if the team has asked you to.
Your transport	Ambulance, medical taxi or your own vehicle, as advised by the surgeon.
Your home on return	If needed, adapt it: bed at the right height, long shoehorn, help with shopping and housework.

While waiting for the operation, keep moving and stay as active as you can without making your pain worse: your recovery will only be better for it.

STEP 2

2 The day of surgery

In the morning

- ☐ **Bring all your imaging** (MRI, CT scan, CT myelogram)
- ☐ Come **fasting** (nothing to eat or drink)
- ☐ Brush your teeth and take a full shower, including your hair
- ☐ Wear clean, comfortable clothes and shoes that hold the heel and slip on easily

How the day goes

Order	What happens
1	Welcome at the Neurosciences centre by the nurses, settling into your room
2	Transfer to the operating theatre. The anaesthetist and the surgeon see you before the operation
3	Operation under general anaesthesia, with **continuous monitoring of your nerve activity**
4	Recovery room, then back to the ward, **lying flat**
5	The nurse tells you when you may drink and then eat, a few hours after the operation

Good to know. To monitor your nerves, electrodes are placed on your arms and legs, some as fine needles inserted while you are asleep. Small spots of blood at these sites are normal when you wake up.

Smoking and vaping are not allowed in the Neurosciences centre. If you are dependent, consider nicotine patches.

STEP 3

3 Your hospital stay: 5 to 6 days

For the first 48 hours, you stay lying flat. This rest lets the operated area around the nerves heal and limits the risk of a leak of the fluid that surrounds them, which causes headaches.

During the 48 hours	Allowed	Not allowed
Position	On your back or side, turning in one piece with help from the team	Sitting up, raising the head of the bed, getting up
Activity	Moving your feet and ankles, breathing deeply	Getting up, even to go to the toilet
Meals	Drinking and eating lying down, once the nurse allows it	

Day by day

Day	What happens
Day 0 and day 1	Strict bed rest. A urinary catheter is in place, sometimes a small drain. Pain relief through the drip, then by mouth. Treatment to prevent blood clots may be prescribed.
Day 2	After 48 hours: gradual sitting up, then first time out of bed and first steps **with the physiotherapist**. The urinary catheter is removed; you have about 6 hours to pass urine.
Day 3 to day 5	Longer and longer walks, learning the right movements with the physiotherapist. Visit from the surgeon; a check-up scan may be done if needed.
Day 5 or day 6	**Discharge**, approved by the surgeon, the nurse and the physiotherapist.

Headache when sitting up? Tell the nurse straight away: you will be laid flat again and the surgeon will be informed.

Your bowels often slow down because of bed rest and painkillers: you will be offered laxatives.

At discharge. If your surgeon has arranged a pain-relief infusion at home with the provider Occit'Perf, the catheter placed in theatre stays in. Contact your nurse as soon as you leave so that she can set up the infusion with the equipment delivered by Occit'Perf.

4 STEP 4 The 10 days near the clinic

After discharge, you stay near the clinic for 10 days before considering going home. This rule applies to all patients, including those who come from other regions or from abroad.

Why? This is the period when a complication, especially a fluid leak at the wound, may appear. Staying nearby means the team can see you quickly if needed.

Do	Walk several times a day, use the right movements (step 5), keep an eye on your wound
Avoid	Travelling by car (as passenger or driver), long journeys, prolonged sitting
Going home	After these 10 days, **with the team's approval**. Then, until day 30, use the car for short trips only.

5 STEP 5 Everyday movements

The ward physiotherapist shows you these movements and gives you advice suited to your needs.

Two rules for every movement: do not bend forward, and do not twist your back.

Situation	How to do it
In bed	On your back or side, spine straight, with a pillow that keeps your head in line. Do not sit up in bed, only on the edge of the bed.
Getting up ("log roll" technique)	Bend one leg, then the other, and roll onto your side in one piece, back straight. Swing your feet out of bed while pushing on the opposite hand and elbow. To stand up, push with your hands on your thighs. Do not hold your breath.
Lying down	The same steps, in reverse order. Do not use the bed's overhead handle.
Washing	Standing, weight spread over both feet. When brushing your teeth, rinse with a glass rather than bending over the sink.
Dressing	For the first 15 days, put on trousers and shoes lying on your back. Or sit upright at the back of a chair and rest your ankle on the opposite knee.
Sitting (first month)	Only for meals and to use the toilet, back straight, knees lower than hips. **No low, deep or soft seats.**
Walking	Start as early as possible, several times a day, gradually increasing time and distance. Avoid standing still for long.
Bending down	Do not bend your back: bend your hips and knees, holding on to a stable piece of furniture.
Carrying	**No more than 3 kg for 1 month.** Carry close to your body and share the weight between both hands.

Situation	How to do it
Getting into a car (once allowed)	Seat back tilted to about 110°. Sit down with your back to the car, pushing on your thighs, bring in one leg after the other, then press your back against the seat.

STEP 6

6 Returning to activities

Your goal: **move gradually and do a little more each day.** You will have good days and bad days; this is normal. The sacral nerves recover slowly, over several weeks to several months.

Activity	When
Daily activities	Gradually, from your return. No prolonged positions or extreme trunk movements **before 6 weeks**.
Car	No car during the 10 days near the clinic. Then, short trips only **until day 30**.
Work	At least **1 month** off work, extended if needed by your family doctor or your surgeon.
Sport	Gradual return, **with the surgeon's approval** at the follow-up visit. Regular physical activity, even moderate, helps you stay healthy.

What is normal after the operation: tiredness in the first weeks, temporary numbness of the buttocks or genital area, and pain that changes place or intensity in the first days.

Risks of the operation

Every operation carries risks, even when it goes well. The surgeon discusses them with you at your consultation; here are the main ones.

Risk	In practice
Cerebrospinal fluid leak (the fluid around the nerves)	Headache when standing, or clear fluid from the wound. This is the reason for the 48 hours of bed rest and the 10 days near the clinic. May require longer rest or, more rarely, another operation.
Wound infection	Uncommon. Treated with local care and antibiotics.
Haematoma	A collection of blood at the operation site, which usually resolves on its own.
Nerve symptoms	Numbness, bladder, bowel or sexual problems, usually temporary. In rare cases they may persist.
Persistence or recurrence	Pain may not disappear completely, and a cyst may re-form.
Blood clot (phlebitis or embolism)	Made more likely by bed rest. Prevented by moving your legs and, if needed, medication.
Anaesthesia	Its specific risks are explained by the anaesthetist at your consultation.

⚠ Warning signs

If any of these signs appears, contact us promptly, without waiting for it to get worse:

- Headache that appears when standing and goes away when lying down
- Clear fluid leaking, swelling or oedema at the wound
- Persistent fever above 39 °C
- Worrying pain that you did not have before the operation
- Difficulty holding or controlling your urine
- Numbness around the back passage or the genital area
- Numbness, itching or unusual weakness in the legs
- Unusual loss of balance

Who to contact	Number
Neurosurgery ward (24/7)	04 66 28 25 52 · +33 4 66 28 25 52
Occit'Perf (if you have a home infusion)	04 66 26 55 96 · +33 4 66 26 55 96
Your family doctor	

In a serious emergency, or if you cannot reach anyone, call **15** (French emergency medical service) or **112** (European emergency number).