

Lumbar Spine Surgery factsheet

Introduction

Back pain is very common and most of us will experience it at some point. With the right approach, basic neck pain can be avoided. This advice booklet will describe some of the basic ways you can prevent back pain. The spine is made up of 33 small bones, called vertebra, stacked on top of each other in an 'S' shape. Not all spines are the same 'S' shape but they are usually curved at



Cervical
refers to

Thoracic
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vertebr

Lumbar
refers to
of the s

Beneath
another
forming
(or tail)

the neck
and lowest
part of the
back.

This shape
should be
kept in
mind when
you move
to maintain
the natural
curves in
your neck
and back
whatever
you are
doing. Each
of the
vertebrae
has a disc
in between
them which
acts like a
shock
absorber.
Spinal
nerves
pass
between
each
vertebra
next to the
disc and
travel to the
arms and
legs. These
nerves
allow us to
move our
muscles
and feel

things at
different
parts of our
body.

What is a
disc?

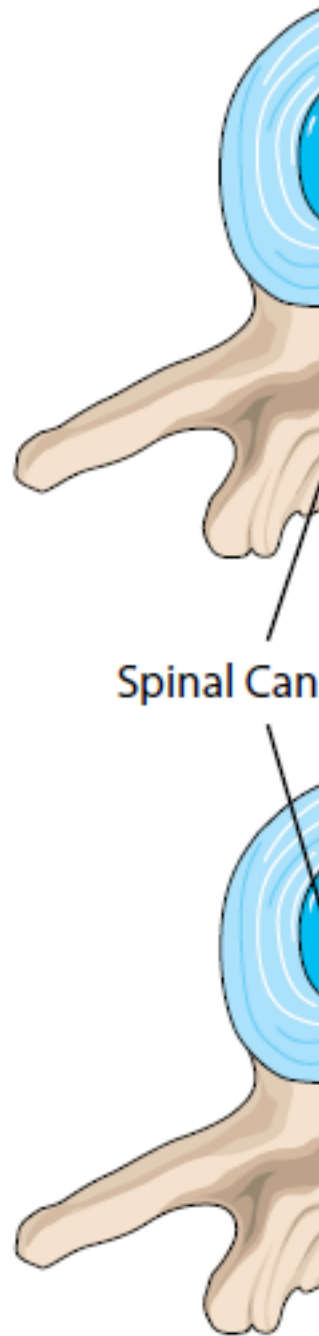
What has
happened
to my disc?

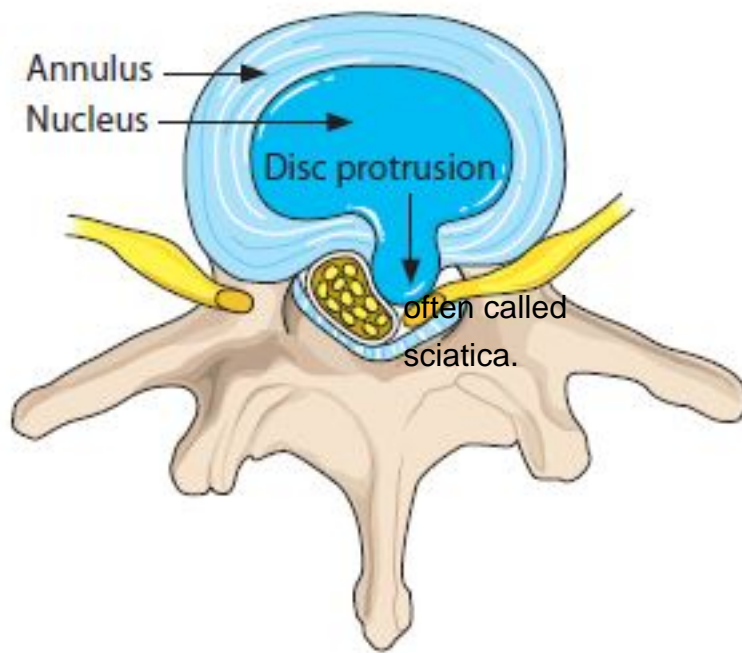
What is
stenosis?

Discs are tough yet flexible and allow the spine to bend and twist. Discs have a central part filled with a rubbery substance called the nucleus. The outside wall is called the annulus which is made from tough and flexible fibres. The annulus is a very strong substance which is usually able to heal and 'reseal' itself after surgery.

If part of the outer wall (annulus) weakens, some of the central part (nucleus) of your disc may herniate / move through it. This can occur in lots of people without them knowing it. This is referred to as disc herniation but can also be called slipped disc, disc bulge, nerve impingement, disc protrusion, or prolapsed disc. Both the annulus and nucleus may press on the nerve next to it causing pain, pins and needles, numbness or weakness in the leg. Leg pain symptoms are

Back and leg pain can sometimes be caused by a condition called stenosis, instead of a problem with the disc. Spinal stenosis is when the spinal canal is too narrow/nerves become compressed in the narrowed space.





What happens during surgery?

Your surgery will take place in an operating theatre, where you will be put to sleep by an anaesthetist. In the operating theatre you lie on your front, over an arched operating table. The surgeon makes an incision, usually about 3-5 cm long, down the centre of your back.

Discectomy

A small amount of bone and ligament from the back of the spine are removed so the disc and nerve can be seen; this will not make your spine weaker. The part of the nucleus pressing on the nerve is trimmed. Once the surgical procedure is completed the incision is closed with either stitches or clips, and a sterile bandaged applied.

Expectations of surgery

After surgery, there is a 65 to 90% chance of your leg pain reducing or disappearing altogether. A 25 to 50% chance that you will have back pain that may get worse. However, we hope that your pain will be reduced enough for you to be able to move about well enough to continue with your life, work and social activities.

- Bleeding or haematoma (collection of blood).
- Bladder and or bowel problems - this may lead to incontinence (loss of control), which may be temporary or permanent.
- Dural tears or leaks – this is when the membrane covering the spinal cord (the dura) is damaged. This may lead to nausea, vomiting and headaches. It is usually treated with bed rest.

ERROR: Infinite table loop

What to expect after the surgery

Some patients find that their leg symptoms have disappeared straight away; others find that it takes longer for them to subside. Everyone is different. You may experience discomfort around your wound and from spending time in one position. You may also find it difficult to pass urine and may need a catheter for a short time after surgery. It is normal to be in some discomfort, but let the nurse know if your pain stops you from doing normal things like eating, sleeping, walking and going to the toilet.

Soon after your surgery a nurse will come and see you to work on safely getting out of bed and walking. Routinely, you do not need to be seen by a physiotherapist. Please see post-op advice booklet (in PDF format below) for specific details and exercises. Some people go home the same day, others stay in hospital overnight. This may depend on how long your surgery took or whether it took place in the morning or afternoon.

If you have had clips to close your wound, the nurses on the ward will arrange a referral for them to be removed usually between 5-10 days after your surgery. An outpatient appointment will be made for you to see the surgeon's team about 6 weeks after surgery. It is usually sent to your home address if not given to you in hospital.

If you experience any of the following symptoms you should see a Doctor immediately:

- Numbness around your back passage and genital region
- New onset of bladder or bowel incontinence
- New numbness, pins and needles or weakness in both legs

Lumbar Discectomy



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Lumbar Stenosis



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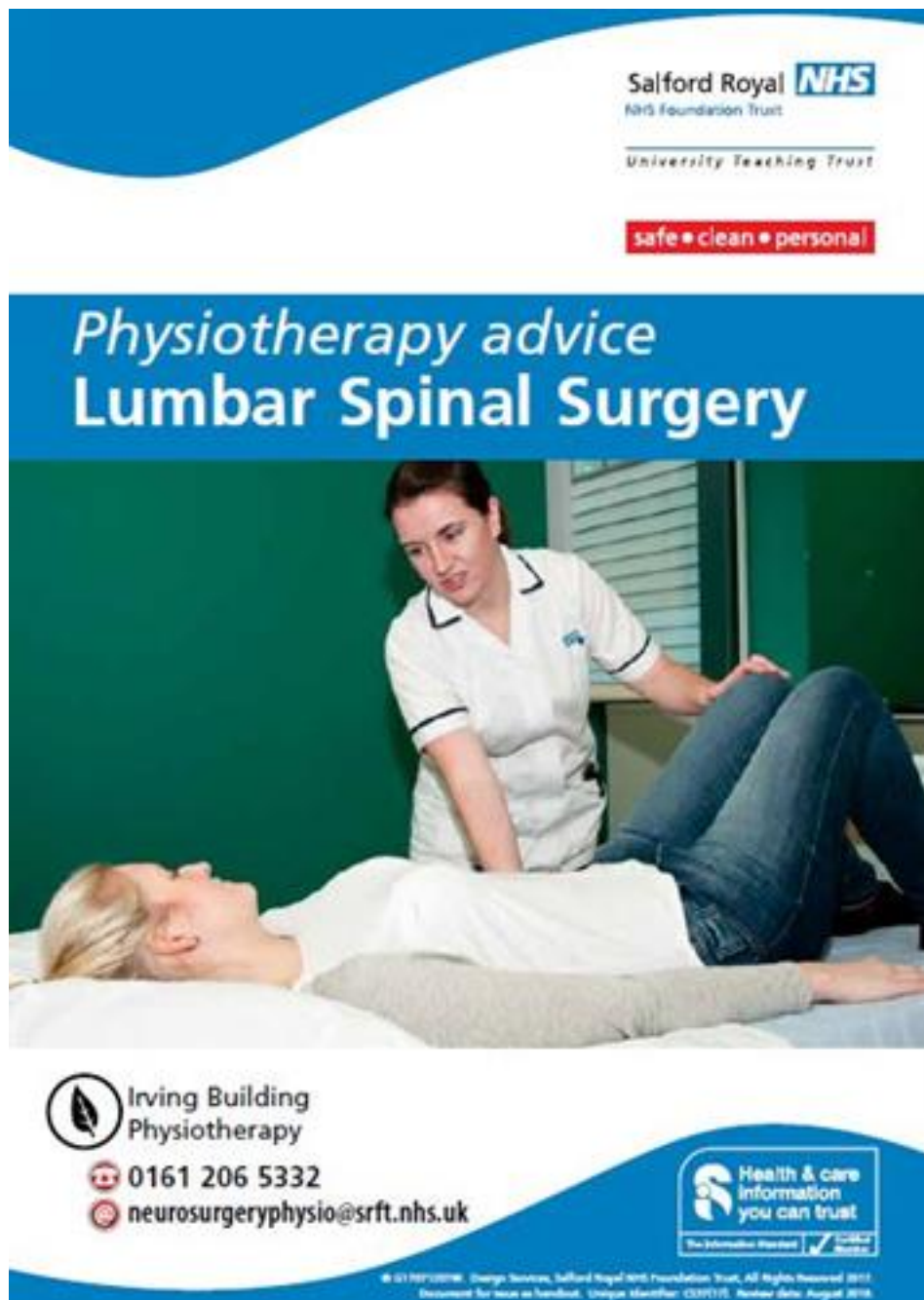


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Post-operative advice and exercises

Please see post-op advice booklet (in PDF format below) for specific post-operative advice on posture, getting in and out of bed, personal care, domestic activities, travelling / driving, returning to work and returning to exercise / leisure activities.

Post-operative exercises are also included if appropriate, though these may be tailored to individual needs based on your type of surgery.



Exercises With Knee Rolls