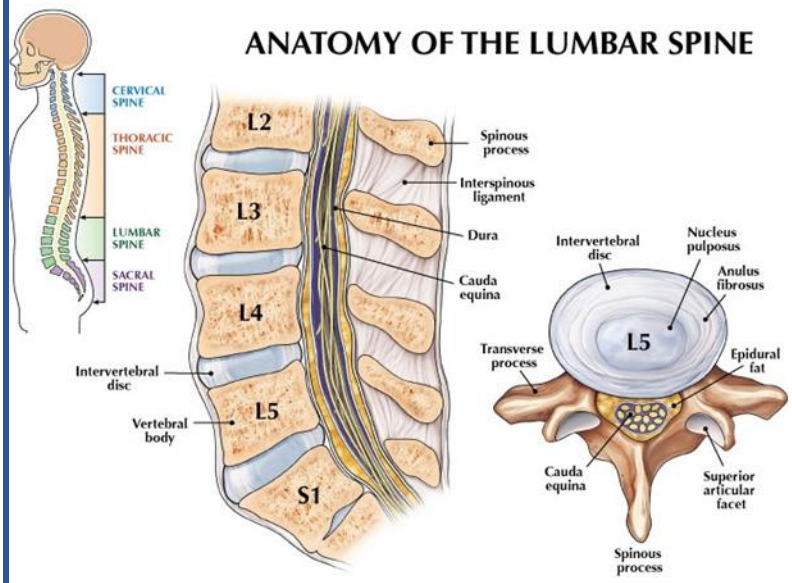
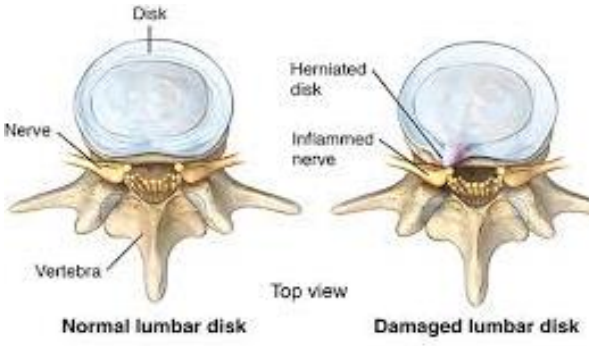
LUMBAR MICRODISCECTOMY

BRAIN & SPINE CENTRE SYDNEY

A microdiscectomy is an operation to remove a piece of disc that is compressing a nerve and causing pain or weakness in the leg.



What is a disc herniation?



The disc between the bones of the spine can wear out and cause a herniation into the area where the spinal nerves are located. This can be seen on an MRI. Compression of the nerve can cause pain, weakness or numbness in the leg (location in the leg depends on the level of the spine affected).

REASONS FOR SURGERY

This surgery is indicated in those patients who have symptoms related to nerve root compression by a herniated lumbar disc. The surgery aims to remove the portion of the herniated disc causing compression on the nerve root. The most common symptoms are: leg pain, pins and needles/numbness, weakness or bowel and bladder disturbance. Surgery is indicated in patients whose symptoms are not settling or becoming intolerable. Generally, surgery is offered after most conservative options have failed e.g. medication, physiotherapy, spinal injections. Early surgery may be performed in patients who have worsening symptoms e.g. weakness. The benefits of surgery should always outweigh the risks. Surgery aims to reduce the pressure on the nerve and therefore relieve symptoms, and is very effective at reducing leg symptoms.

RISKS OF SURGERY

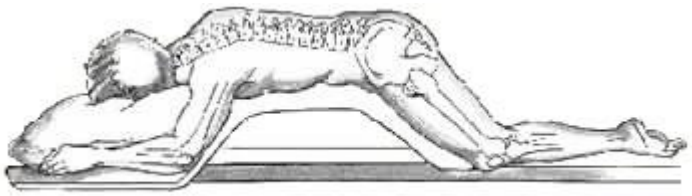
All surgery has some risks and these vary between procedures. The risks with surgery can be related to the anaesthetic, medication or the operation. Risks related to the anaesthetic depend on your other medical issues and to the medications used and include heart and lung problems, clots in the lungs or legs, bleeding and infection. Generally, surgery is safe and major complications are uncommon. The chance of a minor complication is around 3 or 4%, and the risk of a major complication is 1 or 2%. Over 90% of patients should come through their surgery without complications. All surgeries carry a small risk of something catastrophic such as death.

The risks involved with a lumbar microdiscectomy include: infection, bleeding, failure to improve symptoms, temporary or permanent nerve damage resulting in weakness/numbness, spinal fluid leak and recurrence of the disc herniation, bony instability, pressure areas from the operating rests and vision disturbance due to positioning for surgery.

PROCEDURE

The operation requires a general anaesthetic. To perform the operation, you must lie on your stomach so the surgeon can access you back.

- A small incision is made in the middle of the back
- X-rays are used to confirm the correct level of surgery
- Muscles are moved out of the way to expose the back of the bone of the spine
- A small hole is made in the bone (lamina) to gain access to the spinal canal where the spinal nerves are
- The spinal nerves are gently retracted out of the way
- The part of the disc that is pushing on the nerve is removed
- The muscle is then placed back into position, the skin is closed and a dressing is placed over the wound.



The patient is then woken up and taken back to ward.

DISCHARGE

Most people spend a couple nights in hospital recovering after surgery in the ward. You may require pain medications to help with the pain associated with the cut in your back. This pain usually settles within a few days. The pain should be easily controlled with pain tablets. In most cases, you can walk around a few hours after the operation. You must be able to eat, drink and go to the bathroom prior to discharge. A physiotherapist will give you instructions on how to reduce bending, lifting and twisting while your back is recovering.

You should discuss with your surgeon when to resume any blood thinning medications which have been stopped for surgery.

You should continue with regular gentle exercise on discharge as well as any exercises given to you by the physiotherapist. You should avoid activities such as heavy lifting, moving objects, bending or twisting, prolonged sitting or standing. You should not swim for 3 weeks after surgery.

You may drive when you are no longer taking narcotic pain pills and can turn your head adequately to check your blind spots. Limit driving to short trips and slowly increase your driving time. You may need to make plans to be off 2-6 weeks depending on the work you do. Heavy lifting may not be allowed for 12 weeks.

WOUND CARE

The wound will be closed with dissolving stitches and reinforced with sticky paper strips. The wound must stay covered for 1 week and the dressing changed each day after showering. After one week, the dressing may be removed and left off. The paper strips will fall off over 1-2 weeks.

Your wound will be healed within two weeks from your surgery unless there has been some reason to delay that healing. In addition people that have other medical problems such as: diabetes, people who need to take daily steroids for other conditions, and those people whose immune system may be compromised, may need additional time for their wounds to completely heal.

If there is any redness, tenderness, swelling or discharge of the wound, you should see your family doctor immediately.

FOLLOW UP

You will need to be seen again by your neurosurgeon6 weeks after surgery for your post operative appointment.

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