St Vincent's Neuroscience

LUMBAR DISCECTOMY

The majority of lumbar disc prolapses will resolve by themselves. A combination of rest, analgesia and anti-inflammatories, and a graduated exercise program targeted at strengthening back and abdominal muscles (including physiotherapy, hydrotherapy, pilates) will be beneficial during the acute period. Occasionally a guided injection of steroids or analgesia directly around the affected nerve root will be performed to good effect. Surgery is indicated if there is no resolution of symptoms or worsening of neurological function.

OPERATION

The choice of surgery will be discussed with you by the surgeon. In general terms, the aim of surgery is to relieve pressure on the affected nerve root responsible for the pain and neurological symptoms. This may be performed by a:

- Microdiscectomy
- Standard discectomy
- Laminectomy and discectomy

Which approach is taken will be dictated by the size and position of the disc prolapse and any bony stenoses evident on the relevant x-rays. A general anaesthetic is used in all operations. The patient is laid on their front (prone) and a short incision made overlying the level of the disc prolapse. The x-ray is used to confirm the level and the disc removed in a microsurgical technique, with or without a laminectomy. The ski is closed with dissolvable sutures.

Risks of this procedure

The risks of this operation includes the following. A detailed discussion with your surgeon is recommended prior to surgery.

- Infection: may be superficial or deep (involving the bone and/or disc space).
- Bleeding: may be superficial bruising or a deeper collection.
- Damage to the spinal nerves resulting in weakness, numbness or tingling.
- Damage to the covering of the nerves and spinal cord (thecal sac) which could result in a leakage of spinal fluid from that sac which is usually repaired at the time.
- Persistence of preoperative symptoms, in particular back pain, leg pain and/or numbness.
- Recurrence of symptoms due to a recurrent disc prolapse or to a lesser degree secondary to scar tissue.
- Blindness: extremely rare and thought to be secondary to hypotension.

Long term effects

You should expect leg pain to improve after the operation. Any numbness or weakness will take longer to improve and if there is permanent damage to the nerve root from the disc prolapse this may not fully improve. It is important for you to continue back and abdominal exercises after your operation to minimise the small risk of a recurrent disc prolapse.

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