St Vincent's Neuroscience

THORACIC DISCECTOMY

The majority of thoracic 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

There are several approaches to surgery in the thoracic spine region. These include:

- Laminectomy and transpedicular removal of thoracic disc
- Costo-transversectomy with rib resection and removal of thoracic disc
- Thoracotomy and removal of thoracic of disc
- Sternotomy and removal of thoracic of disc

The choice of surgery will be discussed with you prior to operation. Whichever approach is used is determined by the size, site and level of the disc prolapse. A microsurgical excision of the disc is performed and a fusion using cages, bone grafts and/or screws may be required. A chest tube will be left in place for several days if a thoracotomy is required.

Surgical treatment is to relieve pressure on the nerve roots/spinal cord. Back pain in itself is not an indication for surgery and may not be relieved by removing the disc prolapse.

Risks of these procedures

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

- Infection: to the wound or deeper down in the bone (uncommon)
- Bleeding: superficial bruising, or deep which may require a second operation because it has resulted impairment of function from spinal cord compression.
- Permanent neurological injury: weakness, numbness, paralysis due to injury of the neural structures (rare)
- CSF leak: leakage of the spinal fluid bathing the spinal cord. Rarely a second operation is required to correct this.
- Instrument failure/malposition: this is very rare but may require a second operation to reposition hardware and promote stabilization.
- Respiratory complications from thoracotomy including pneumonia, pneumothorax, haemothorax

Long term effects

You should expect any trunk pain to improve after the operation if it was there pre-operatively. 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 resolve. 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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