

LUMBAR DISCECTOMY

This patient advisory is intended to provide you with general information. It is not a substitute for advice from your neurosurgeon. You are encouraged to discuss the benefits and risks of discectomy with your neurosurgeon. This is an abridged version of the NSA patient education pamphlet: Lumbar discectomy – a guide for patients. The complete pamphlet is available from your neurosurgeon.

Lumbar discectomy is a surgical procedure to remove part of a disc that is pressing on spinal nerves in the lower (lumbar) back.

Discs are soft but strong, thick cushions that sit between each vertebra of the spinal column. They are resilient to the mechanical forces placed on them but can become damaged through age or trauma, such as heavy lifting. This damage is called “herniation”.

When a disc herniates, the protrusion may press into the spinal canal or on a nearby spinal nerve, compressing or “pinching” it.

The most common symptoms are pain in the lower back, buttocks, hip, thigh and leg, numbness, tingling and weakness in the legs. In serious cases, bladder and bowel control may be impaired or lost.

A large herniation of a lumbar disc, most commonly between the fourth and fifth lumbar vertebrae, can exert severe pressure on spinal nerves within the spinal canal. In rare cases, this may become a medical emergency, and surgery is needed to stop the pressure caused by the herniated disc.

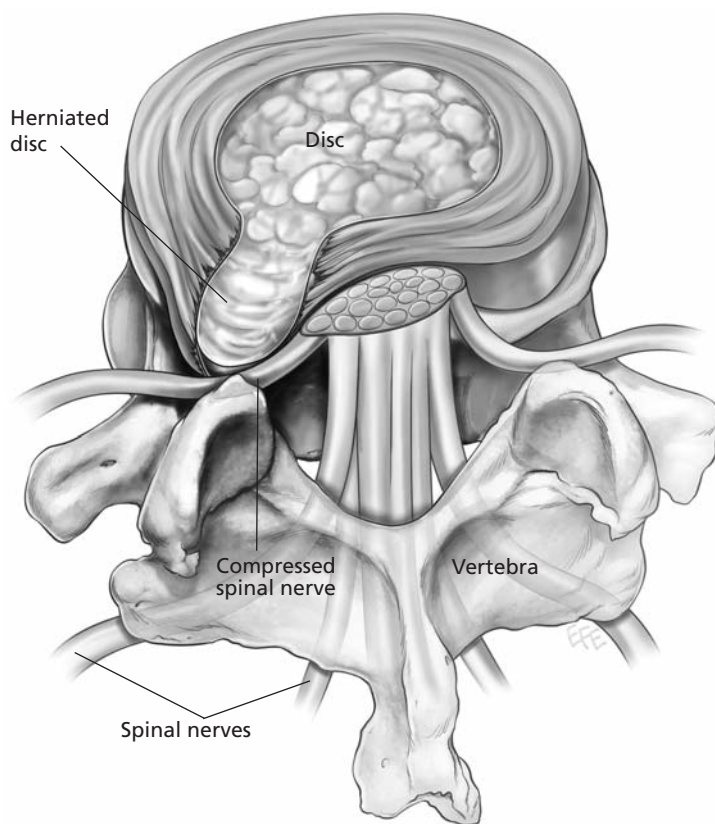
Diagnosis

Diagnostic imaging of discs and the spinal column can provide your surgeon with important information about any abnormalities. Magnetic resonance imaging (MRI), computer tomography (CT), X-ray examination and myelograms can reveal the anatomy of a herniated disc and the precise location of nerve compression.

Your surgeon will examine you to determine your strength, reflexes, ability to feel pain, and ability to move. You will be asked about pain, numbness, weakness, previous similar symptoms, and any bowel or urinary problems.

Your medical history

Your surgeon needs to know your medical history to plan the best treatment for you. Tell your surgeon about any health problems you have. Some may interfere with treatment, surgery, anaesthesia or recovery.



Treatment Options

These include “wait and see”, pain-relieving medications, foraminal block (local anaesthetic injection), epidural steroid injection, physical therapy and surgery (discectomy). Most discectomies are now performed as microdiscectomies.

A decision to have discectomy: As you make the decision whether to have surgery, make sure that you understand the risks, benefits and limitations of discectomy.

There can be risks if you do not have surgery to relieve compression of a spinal nerve because further damage may occur. In some patients, the most serious complications can include further pain, numbness, paralysis or loss of bladder or bowel control.

Only you can decide if surgery is right for you. If you have any questions, ask your surgeon.

Anaesthesia

Lumbar discectomy is usually performed under general anaesthesia.

Possible risks and complications

Modern discectomy procedures are safe but do have risks of side effects. Although uncommon, complications are possible.

These are more fully outlined in the complete NSA patient education pamphlet and should be discussed with your neurosurgeon. ©