

Lumbar Spine surgery

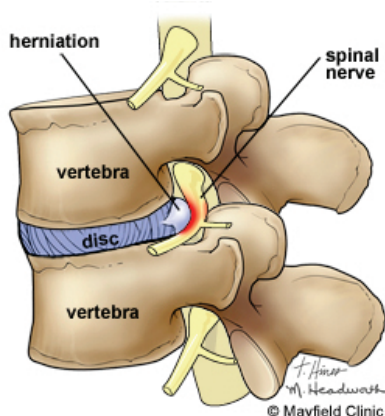
Most people will have some degree of ‘wear and tear’ in their spine (backbone), especially as they get older. A few people will develop symptoms including pain, numbness or weakness and sometimes bladder problems that may require an operation.

The spine is made up of 33 bones known as vertebrae. These bones surround and protect the spinal cord. The bones are held together by tough bands of tissue called ligaments. There are small discs of cartilage with a soft jelly-like centre that help absorb shock and minimise friction between the vertebrae. Your nerve roots pass through openings between the vertebrae known as neural foramen. The lamina is part of the vertebra that forms an arch over the spinal cord.

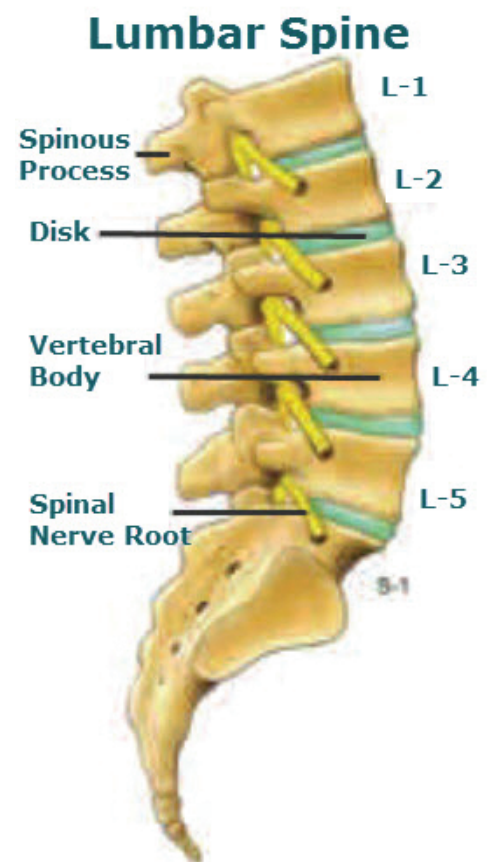
The lower part of your spine is known as the lumbar spine.

What is lumbar spine (back) surgery?
There are four different types of lumbar spine surgery:

1. A microdiscectomy

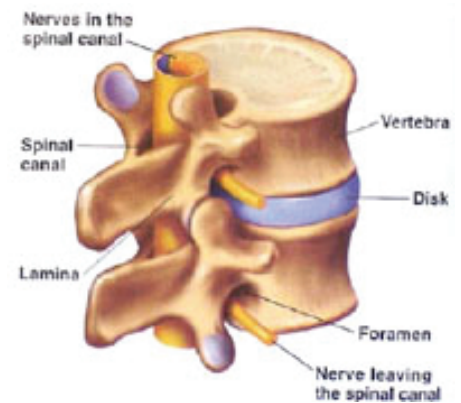


This is the removal of damaged parts of a disc that have been pressing on nerves in the back. For this operation the surgeon makes a small incision over the spine and uses a special microscope to see the part of the back being operated on. This operation is usually carried out for a disc prolapse or herniation (slipped disc).



2. A lumbar laminectomy

This is removal of the arch (lamina) of one or more vertebrae. It is done to create more space around the nerves and spinal cord. It is often done as part of a microdiscectomy. The operation is usually carried out because of a narrowing of the channels through which the nerves and spinal cord run. This narrowing of the channel is known as spinal stenosis.



3. A foraminotomy

This involves removing a piece of bone from around the nerves (the neural foramen) to allow more space for the nerves and to release trapped nerve roots.

4. An internal fixation

Special screws, plates or pins are used to hold two or more vertebrae together. This operation is usually done to make the spine more stable.

What are the common reasons for lumbar spine surgery?

1. A slipped disc or disc prolapse- sometimes discs get damaged and the tough outer ring of the disc tears. The jelly-like centre bulges through the tear (slipped disc) and presses on the spinal cord or nerve roots. This can cause pain which spreads down the leg, numbness, pins and needles and there may be some weakness.

2. Lumbar spondylosis- 'Wear and tear' and deterioration of the lumbar spine is often described as lumbar spondylosis. The discs between each vertebrae, which act as support when we move around and carry loads, tend to dry up and lose height.

What are the benefits of having surgery?

Your consultant will only offer an operation if they think that your condition will be helped by the surgery. If you have nerve or cord compression, your worsening symptoms should be halted but not always cured.

If you do not have surgery, further compression could cause more pain and may result in disability.

Are there any alternatives to surgery?

Sometimes rest, physiotherapy and pain management can help. It is best to discuss the alternatives with your consultant.

What is the pre-assessment clinic?

Before you are admitted to hospital for your operation you will be asked to attend the pre-assessment clinic. At the clinic you will be asked routine and lifestyle questions. You will have your blood pressure taken and a blood test and you may have a recording of your heart (ECG). You will have a swab taken from your nose and groin to screen for MRSA bacteria.

This clinic is to assess if you are fit for surgery and gives you an opportunity to ask any questions you may have. It is sometimes necessary to refer you onto an anaesthetist prior to your operation. The nurse will also discuss and advise you on what to expect when you go home after your surgery.

What happens if my symptoms improve before I am admitted for surgery ?

It is possible that symptoms can improve so that surgery is not necessary. If there are major changes in your symptoms then contact the patient access team on **01444 441881 Ext. 8712**

Please be aware that emergency operations need to take priority therefore your admission or your surgery may unfortunately be delayed or postponed to another day.

What should I know before I give my consent for surgery?

By law we must obtain your written consent before your surgery. Your consultant or his/her registrar will explain what your operation involves including what the benefits are and any risks involved before asking you to sign the consent form. You must make sure you understand and if you have any queries before going to theatre or you are unsure about any aspect of the treatment proposed, you must discuss these with your consultant or his registrar. The operation will be done by your consultant or his/her registrar.

What are the risks involved with lumbar spine surgery?

There are risks with any form of surgery, especially those requiring a general anaesthetic. The risks of a general anaesthetic in fit and healthy people are very low. If you have heart and or chest problems the risks may be more significant and these problems need to be discussed with the anaesthetist and the surgical team.

You may be concerned about possible damage to the spinal cord or the main nerves coming from the spine during surgery. We hope never to cause any injury to the spinal nerves, but a nerve may be accidentally damaged or there may be some bruising to the spinal cord. In most cases this will recover. Very rarely there is a risk of paralysis to varying degrees including weakness and numbness or problems with bowel and bladder control or sexual function.

There may be some bleeding from the veins around the nerves this sometimes requires a blood transfusion. There is a small risk of wound infection. If you develop an infection you will be given antibiotics.

Sometimes during the operation the waterproof membrane that surrounds the nerves is found to be stuck to nearby structures. This may result in tearing of this membrane during surgery. The tear may result in leaking of cerebrospinal fluid (CSF) from the wound. This is uncommon and usually settles down on its own. If it does occur you may need to stay in bed for a few days.

In most cases the results of surgery are favourable and beneficial. Occasionally in some people the chances of success are less certain. If this is the case with you your consultant or registrar will discuss it with you.

It can however, take several weeks and sometimes months for symptoms to improve depending on how damaged the nerve is. Sometimes surgery can make people worse and the pain may be aggravated.

It is most important to recognise that surgery cannot be guaranteed to relieve everyone's symptoms and in a few it may not help at all.

Any operation may carry a risk of serious complications, but these risks are usually low and the vast majority of patients will benefit from surgery.

The Neurosurgical ward deals with emergencies from across Sussex and often parts of South East England. Therefore, if an emergency needs to take priority your admission or your surgery may unfortunately be delayed or postponed to another day.

What happens on the day of my operation?

Depending upon the time you are expected to go to theatre you will be told when to stop eating and drinking; this includes no chewing of gum. You will be given a small sip of water to take with any medication that you may be prescribed.

Before going to theatre you will be asked to change into a hospital gown. Ladies are asked to remove makeup and asked not to apply face moisturisers or creams, also to remove nail varnish including that on false finger nails (you do not have to remove the nails). Jewellery including body piercings must be removed. You may be asked to wear some special socks which are designed to improve your circulation. It is wise not to cross your legs while you are in bed for the same reason. After putting on your gown we ask that you remain quietly in your bed. Your nurse will check your details and suggest you go to the toilet. This will help you feel more comfortable after surgery.

You will be accompanied to theatre by a member of the theatre staff.

Your operation will typically take between 2-4 hours.

What happens after the surgery?

You will wake up in the theatre recovery area where you will have a nurse with you. You will have a small clear mask over your nose to give you oxygen. We would like you to keep this on until you are fully recovered from the anaesthetic.

You will also be given fluids through a small tube in one of your veins usually in your arm. This tube will have been put in by the anaesthetist or his/her assistant before your surgery. Most people do not find this uncomfortable and it is usually removed

the next day once you are drinking well. Whilst in recovery you will be offered small sips of water.

You may also have a small drain in your wound site which is usually removed the next day.

Your nurse will regularly check your blood pressure, pulse and limb movements. When you are well enough to be moved you will be taken back to your ward. You will be given something for any pain or sickness you have.

What happens next?

When your doctors are satisfied with your recovery you will be able to start to get up and about. This will be as soon as possible in order to prevent complications from lying in bed. The physiotherapist will show you how to get up correctly so that you do not twist your back. They will also give you some exercises to do.

The nursing staff will give you painkillers if you need them. Please tell your nurse if you have any other problems (such as constipation) so these can be treated.

Please discuss any concerns you have with your nurse or doctor.

When will I be discharged home?

Once the physiotherapist and your consultant are satisfied with your recovery and your wound has healed you will be allowed home. This is usually between one and five days after your surgery. We may refer you to the occupational therapist that will assess how you will manage at home and whether you need any additional equipment to assist you.

The physiotherapist will advise you to carry on with your exercises at home. You will need someone to take you home, and if you live alone you will need to arrange to have someone at home with you for a few days.

When will my stitches be removed?

If you have stitches or clips, these will usually be removed 7-10 days after your surgery. You must make arrangements for them to be removed by the practice nurse at your doctor's surgery. If you have had a microdiscectomy most consultants use stitches under the skin that dissolves and small strips of tape (called steristrips) on top of the wound. These steristrips can be removed after 5 days by a close friend or relative at home.

You may experience some tingling, numbness, tightness or some itching around the wound. These feelings are all part of the healing process. If your wound becomes red, inflamed or is leaking then you should contact your general practitioner (GP) as soon as possible.

When can I start to exercise?

When you go home, you must take things easy for several weeks and gradually return to your usual activities as you feel able to do so. You will have been given exercises and instructions by your physiotherapist. If you have any particular concerns about exercise it is advisable to ask before you go home. You are advised not to take any form of physical exercise such as going to the gym, golf, running and so on for two to three months or until you have your outpatient appointment with your consultant.

When can I go back to work?

It is advisable not to return to work for two to three months. Discuss this with your consultant who may advise you to return to work gradually. If you feel well enough to return to work before this time then you must discuss this with your GP.

Will I see my consultant after I have been discharged?

You will be given an outpatient appointment to see your consultant or registrar about three months after your surgery. You may still be experiencing symptoms of back pain as your body is still recovering. Your consultant can discuss your progress with you and answer any questions you may have. He will advise you on whether to return to work if you have not already done so, and whether you can resume any physical activities.

Common questions often asked after surgery.

Can I sit on a chair?

You may sit down on a chair or settee as long as you are comfortable and not in any pain. It is advisable not to get stiff from sitting in one position so get up frequently to stretch your legs and back.

When can I bath or shower?

It is advisable to keep your wound covered until your stitches, clips or steristrips have been removed. A waterproof dressing can be used so that you can have a shower. Once your wound is healed you may shower, but avoid soaking or rubbing your wound for about six weeks.

When can I walk the dog?

If your dog is large and likely to pull you, it is advisable to wait at least six weeks after surgery or until you have your check up with your consultant. If your dog is small we suggest you wait at least two weeks after surgery. Gradually increase the lengths of your walks.

When can I resume driving?

To allow your back to recover we would advise you not to resume driving for at least two weeks and then only for short distances. You should not drive until you feel comfortable that you could perform an emergency stop and you can check your blind spot safely. It is advisable to inform the DVLA that you have had surgery. If you are concerned about this please discuss with your consultant or his registrar.

When can I travel or fly?

Apart from your journey home from hospital we advise you not to travel in a car as a passenger for at least two weeks due to the car movement and only short distances after this time for up to six weeks depending what surgery you have had done. If travelling by a car, make frequent stops to get out and walk about. You should not fly until you have discussed this with your consultant.

When can I lift anything heavy?

We advise you not to lift anything heavy for at least three months, or until you have seen your consultant in the outpatient clinic. You must refer to the advice the physiotherapist have given you on how to lift correctly, keeping your back straight and bending your knees.

Where do I get my sick certificates from?

You can get sickness certificates for the time you are in hospital and for two weeks post-surgery from the neurosurgical ward clerk. Once you have been discharged your GP will be sent details of your surgery and will continue your sickness certificates until you return to work.

When can I resume sexual activities?

As long as you are comfortable and not in pain, you may resume sexual activities. Most patients do not feel comfortable within the first two weeks of surgery.

When can I pick up my baby?

We advise you to refer to the advice from the physiotherapists on how to lift correctly. However for the first few weeks it is advisable to have someone hand the baby over to you once you are sitting comfortably.

What medicine will I take home?

Nursing staff will explain which medicine you need to take when you go home. A supply of these will be given to you before you go home. You will need to visit your GP for any repeat prescriptions you may need.

What should I do if I want further information?

If you have problems or any questions immediately after you go home please call the ward where you had your operation. If a problem occurs after a few days at home please contact your own family doctor or practice nurse for advice. It is important to remember that your GP will continue to provide any care you may need when you return home.

The Brain and Spine Foundation have a booklet called Back and Neck Pain. This can be ordered free of charge by calling their helpline number: **0808 808 1000** Or can be downloaded from their website: www.brainandspine.org

© Brighton and Sussex University Hospitals NHS Trust

Disclaimer

The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

Ref number: 513.1

Publication Date: November 2018

Review Date: November 2020

