

Back Surgery

- Very, very few people require back surgery. Of those who attend a hospital outpatient clinic only two in a hundred require surgery.
- Surgery has risks so it is only contemplated where there are extreme signs such as incontinence or severe weakness in a foot. Nowadays, pain alone is rarely a reason to have surgery.
- There are different types of surgery, all with particular risks and there are specific questions you may wish to ask your surgeon.

What types of surgery are there?

Wherever possible, try to ensure that you are referred to an orthopaedic surgeon or neurosurgeon who regularly performs spinal surgery. There are three basic types of back surgery:

Discectomy – this operation involves removal of part of the intervertebral disc and can be done by a variety of techniques including open incision, microdiscectomy (which may allow a smaller incision, as the surgeon uses an operating microscope) keyhole or endoscopic techniques. Each method has its pros and cons.

Decompression techniques involve removing any tissue that is compressing the nerve, e.g. disc, scar tissue, bony spurs (also known as osteophytes).

Stabilisation/Fusion – this is more extensive surgery. Two or more adjacent vertebrae are fixed together, either rigidly or flexibly, to try and give the spine more stability. The operation involves decompressing any nerves involved. For a “rigid fusion”, bone is taken from the pelvis to place between the vertebrae. “Flexible stabilisation” does not involve bone grafting. However, there are several procedures that involve using instrumentation (screws, plates, rods). Your surgeon will explain which technique is most appropriate for your situation. Generally, the operation is performed through the back or through the abdomen.

Success rates

- It is difficult to determine “success”. Is it that you wake up with no pain? Or remain pain free for one or more years after the operation? Or that you have increased mobility? Be sure you have exhausted all forms of non-surgical help before going down this road. You need to consider the risks of this problem occurring elsewhere in your back and whether surgery will help or hinder preventing *that* reoccurrence.
- It is very important to have realistic expectations of what surgery can do for you. You may not be relieved of all your pain; although a straightforward discectomy for a disc prolapse is about 80-90% successful in resolving most of your leg symptoms, but your back pain may still persist to some extent.
- If your operation is a stabilisation or fusion mainly for back pain, the outcome is usually less certain. There is a 60-80% chance of substantially relieving the pain, a 10-20% chance of staying the same and 10-20% risk of being worse or needing further surgery. You may not be completely pain-free afterwards but you may find that your pain eases down to an ache, leaving you able to do much more.

Your expectations

As with any surgical intervention there are risks. Anaesthetic drugs carry certain problems. Operator error can cause difficulties (such as a dural perforation – where the membrane covering the nerve is nicked, leading to a leak of the fluid bathing the nerve, or damage to the nerve itself).

There is also a risk of infection. The incidence of any of these is **very low** but they should all be discussed prior to signing a consent form for any surgical procedure.

Always discuss these matters in detail with your surgeon so that you know what to expect and how to give your operation the best chance of success.

A list of questions that might be useful follows. Do add your own questions and/or concerns and remember to take the list with you when you see your surgeon.

Questions to ask your Surgeon

- What kind of back operation are you proposing to do?
- Do I have signs of nerve or nerve root damage?
- If I have problems at one place in my back, what are the chances it could occur elsewhere in my back?
- Will having surgery affect my chances of having the same problem elsewhere in my back?
- Are the signs and symptoms that I have directly related to the nerve compression?
- What are my chances of good pain relief if I opt for surgery?
- What might happen if I do not have surgery?
- Are there any alternatives to conventional surgery that I could try?
- How many of these procedures have you performed?
- If you do not do these procedures would you refer me to a surgeon who does?
- What are the possible risks or complications of this type of surgery?
- How long will I be in hospital?
- What follow-up physiotherapy should I receive and how long after the operation should it start?
- When will I be able to return to work?
- Do you have written patient guidelines for me to follow after the operation?
- When will I be able to resume normal activities, e.g. driving, carrying loads, sporting activities, having sex?

BackCare helps people manage and prevent back pain by providing advice, promoting self help, encouraging debate and funding scientific research into better back care.

Relevant Information

- BackCare Fact sheets – Spinal Stenosis
- BackCare Booklets - Should I have spinal surgery?, Managing Back Pain
- Other Publications - The Back Book – from www.tso.co.uk

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