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Lumbar Discectomy Infopack

About lumbar discectomy

You have been recommended an operation to relieve the pressure on a nerve passing from your back to your leg.
This pressure on the nerve passing from your back to your leg(s) may cause you pain, numbness or weakness and sometimes a disturbance in bladder function. The diagnosis of a prolapsed disc is confirmed by magnetic resonance imaging (MRI) scan.

Not all patients who have this condition need surgery; symptoms may improve spontaneously without surgery.

Intended benefits

The aim of the surgery is to relieve the pressure on a nerve passing from your back to your leg. The success rate for this operation is very high. About 90 to 95% of patients get relief from their leg pain and are able to return to work and a full range of normal social and sporting activities.

Before your procedure

Please ask us any questions about the procedure, and feel free to discuss any concerns you might have at any time.
We will ask if you take any tablets or use any other types of medication either prescribed by a doctor or bought over the counter in a pharmacy. Please bring any packaging with you.
We need to know if you are taking any of the following tablets as they thin the blood which may cause excessive bleeding at the time of surgery:

- Aspirin
- Warfarin
- Clopidogrel
- Or any other medication that may thin your blood.

This procedure involves the use of general anaesthesia. The anaesthetist will see you before the procedure to assess your general state of health and discuss the details of the anaesthetic with you.
You will be admitted on the day of your operation this will normally be first thing in the morning. You should stop having anything to eat or drink from midnight the day before your operation.

During surgery, you may lose blood. If you lose a considerable amount of blood your doctor may want to replace the loss with a blood transfusion as significant blood loss can cause you harm. The blood transfusion can involve giving you other blood components such as plasma and platelets which are necessary for blood clotting. Your doctor will only give you a transfusion of blood or blood components during surgery, or recommend for you to have a transfusion after surgery, if you need it.

During the procedure

A small incision will be made in the skin of your back overlying the affected area. The part of the prolapsed (slipped) disc that is putting pressure on the nerve is removed, but *most of the disc material is left in place*.

After the procedure

Once your surgery is completed you will usually be transferred to the recovery ward where you will be looked after by specially trained nurses, under the direction of your anaesthetist. The nurses will monitor you closely until the effects of any general anaesthetic have adequately worn off and you are conscious. They will monitor your heart rate, blood pressure and oxygen levels too. You may be given oxygen via a facemask, fluids via your drip and appropriate pain relief until you are comfortable enough to return to the high care ward

- **Eating and drinking**. After this procedure, you should not have anything to eat or drink until your medical team considers it safe. This is usually two hours after the procedure, provided you do not feel sick. The nursing staff will advise you.
- **Getting about after the procedure**. You will be able to get out of bed the day after your operation. If it is felt necessary a member of the physiotherapy team will assess you. Outpatient physiotherapy is not usually required.
- **Leaving hospital**. Generally most people who have had this operation will be able to leave hospital within three days. However, the actual time that you stay in hospital will depend on your general health, how quickly you are recovering from the procedure and the doctor's opinion.
- **Resuming normal activities including work**. Once you are home, you should gradually increase your activity towards normal levels. After the operation any pain you were experiencing in your leg should get better quickly. Many patients who have this operation have discomfort in their back. You can resume driving when you feel comfortable.
- **Care of your wound:** Your wound will be closed with absorbable stitches. The dressing should be kept in place for 48 hours, after which it can be removed. You can shower when you get home but avoid getting water directly on the wound and do not have a bath for the first two weeks.
- **Check-ups and results**: Your condition will be reviewed six weeks following the operation to make sure that progress is satisfactory.

Significant, unavoidable or frequently occurring risks of this procedure

Operations to treat a prolapsed lumbar (back) disc has been widely performed since the 1930s. It is a very safe procedure and serious complications are extremely rare.

At the time of surgery there is a small risk of damage to the nerve root at the time of surgery. This risk is less than 1% (1 in 100). If it does occur, you might notice increased numbness in part of your leg and/or some weakness of movement at the ankle.

If weakness develops, it might result in a 'foot drop'; this is permanent in very few people.

Sometimes during the operation we find that the waterproof membrane surrounding the nerves is very adherent (sticky) to the surrounding structures. If it is torn during the operation, there is a risk of leakage of fluid from the wound. The tear is repaired during the operation. Sometimes this may require a repeat procedure to control the leak.

There is a small risk of wound infection (less than 1%) and this can sometimes need prolonged (long) treatment with antibiotics.

There is a very small risk of damage to the nerves that supply the bladder and bowel, which could result in incontinence, or loss of sexual function.

General risks associated with all major operations and from being hospitalised: eg bleeding, infection, blood clots.

Alternative procedures that are available

The alternative to this surgery is to decide not to have surgery.

It can be an option to wait and see if your symptoms improve spontaneously.

Anaesthesia

Your operation will be carried out under general anaesthetic.

Before your operation

Before your operation you will meet an anaesthetist who will discuss with you the most appropriate type of anaesthetic for your operation, and pain relief after your surgery. To inform this decision, he/she will need to know about:

- your general health, including previous and current health problems
- whether you or anyone in your family has had problems with anaesthetics
- any medicines or drugs you use
- whether you smoke
- whether you have had any abnormal reactions to any drugs or have any other allergies
- your teeth, whether you wear dentures, or have caps or crowns.

The anaesthetist may need to listen to your heart and lungs, ask you to open your mouth and move your neck and will review your test results.

Moving to the operating room or theatre

A gown will be provided and you will be wheeled to the operating suite. When you arrive in the theatre or anaesthetic room and before starting your anaesthesia, the medical team will perform a check of your name, personal details and confirm the operation you are expecting.

Once that is complete, monitoring devices may be attached to you, such as a blood pressure cuff, heart monitor (ECG) and a monitor to check your oxygen levels (a pulse oximeter). An intravenous line (drip) may be inserted.

General anaesthesia

During general anaesthesia you are put into a state of unconsciousness and you will be unaware of anything during the time of your operation. Your anaesthetist achieves this by giving you a combination of drugs.

While you are unconscious and unaware your anaesthetist remains with you at all times. The anethstist monitors your condition and administers the right amount of anaesthetic drugs to maintain you at the correct level of unconsciousness for the period of the surgery. Your anaesthetist will be monitoring such factors as heart rate, blood pressure, heart rhythm, body temperature and breathing. He or she will also constantly watch your need for fluid or blood replacement.

What will I feel like afterwards?

How you will feel will depend on the type of anaesthetic and operation you have had, how much pain relieving medicine you need and your general health.

Most people will feel fine after their operation. Some people may feel dizzy, sick or have general aches and pains. Others may experience some blurred vision, drowsiness, a sore throat, headache or breathing difficulties.

What are the risks of anaesthesia?

With modern anaesthesia, serious problems are uncommon. Risks cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. The risk to you as an individual will depend on whether you have any other illness, personal factors (such as smoking or being overweight) or surgery which is complicated, long or performed in an emergency.

Very common (1 in 10 people) and common side effects (1 in 100 people)

- Feeling sick and vomiting after surgery
- Sore throat
- Dizziness, blurred vision
- Headache
- Bladder problems
- Damage to lips or tongue (usually minor)
- Itching
- Aches, pains and backache
- Pain during injection of drugs
- Bruising and soreness
- Confusion or memory loss

Uncommon side effects and complications (1 in 1000 people)

- Chest infection
- Muscle pains
- Slow breathing (depressed respiration)
- Damage to teeth
- An existing medical condition getting worse
- Awareness (becoming conscious during your operation)

Rare (1 in 10,000 people) and very rare (1 in 100,000 people) complications

- Damage to the eyes
- Heart attack or stroke
- Serious allergy to drugs
- Nerve damage
- Death
- Equipment failure
- Deaths caused by anaesthesia are very rare.

Reference: Information from NHS – Cambridge University Hospitals, National institute for Clinical Excellence (NICE)