The Failed Surgical Spine

This is a term relating to the patient who has had an operation on their spine that has not worked or did work, but then failed.

The assessment of the failed surgical spine is one of the most challenging aspects of spinal surgery and needs a very thorough evaluation and multi-disciplinary approach.

Although complications can lead to poor outcomes the failed surgical spine does not necessarily relate exclusively to this group. When assessing patients with a failed surgical spine, one needs to go back to the very beginning and be open and honest. What were the original symptoms? Why was an operation done? Was it done correctly? Did it ever help?
Of course, no operation can be guaranteed to work, but it is not acceptable to simply say it hasn't worked without at least considering why this is the case.

Broadly, failed backs can be classified into the following groups

1. Mechanical failure
    a. Not fused when should have been
    b. Spinal deformity not addressed at all
    c. Spinal deformity addressed, but incompletely
    d. Fusion in incorrect position (e.g. flatback)
    e. Failure of fusion (pseudarthrosis)
    f. Adjacent segment problems
    g. Implant failure
2. Inadequate decompression
    a. Failure to appreciate dynamic component of stenosis
    b. Technically inadequate decompression
3. Infection – implant loosening, chronic pain
4. Chronic pain syndrome - source of pain identified and removed, but chronic 'phantom pain' persists
5. None of the above – the operation was not indicated. In some patients surgery is offered as a last resort and a failure rate despite technical perfection has to be accepted and addressed pre-operatively as part of consent.

One of the most common mistakes is to rely entirely on MRI imaging for a diagnosis, rather than a history, examination and imaging together and to obtain standing radiographs as part of the assessment. The MRI scan of a patient lying down only tells us half the story and all aspects of the assessment need to be considered and treatment only offered (ideally) if there is concordance between all of these.

Pain management has a very important role to play in all spinal conditions, but particularly in this group of patients. Before embarking on any further intervention this should certainly be considered as an important adjunct