

Revision Surgery

Revision surgery is surgery that is performed on a second (or more) occasion on a part of the spine. It may be due to a recurrence of a problem, the development of a new problem in the same area or a complication.

Revision surgery is often more technically challenging for the surgeon as the usual tissue planes have scarring and can therefore take longer and the complication rate may be higher with respect to certain problems than in primary surgery e.g. spinal fluid leak, nerve damage.

Recurrent problems include recurrent disc prolapse, recurrence of spinal stenosis or the recurrence of spinal deformity. Complications are discussed elsewhere on the site in particular relation to procedures. Earlier complications do not present the same problems of scar tissue but still the tissue planes may well not be seen which can make the surgery more difficult in some cases.

If the spinal canal needs to be entered (where one finds the nerves surrounded by their protective layer and spinal fluid) in a revision situation then there is a higher risk than in first time surgery of damaging the nerve and causing spinal fluid to leak. The risk is still very small. The most difficult scenario is when a large amount of bone has been resected previously thus removing the bony landmarks. Furthermore, bone generally forms a nice plane between itself and scar tissue enabling nerves to be found safely.

Another problem is previous infection. If infection has been a previous problem then it can be re-activated during surgery and samples need to be taken during the operation to see if any infection still exists.

Most importantly for the surgeon and the patient is to know what has happened at previous surgeries in as much detail as possible. Information regarding any previous difficulties encountered should be known, as well as any problems that occurred and in the case of instrumentation being used, knowing which type it was.

Although the complication rate is higher for revision surgery it can often be very rewarding and the decision making processes needed to proceed are the similar to those for primary surgery: balancing the risk of the procedure versus how it may be able to improve things compared to what will happen if nothing is done.