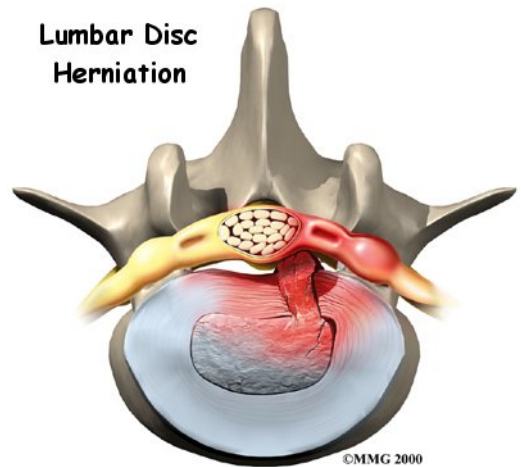


# SpineFAQs

## Lumbar Discectomy

Herniated discs in the lower back are a common cause of acute low back pain with leg pain (also known as Sciatica). Many times people will recover without surgery, but if symptoms persist, surgery can be very helpful. Fortunately, with modern minimally invasive techniques, the surgery can be done as an outpatient through a small incision. Recovery is generally fairly quick, and the success rates are near 90%.



### **Who is a candidate for surgery?**

Patients who have a ruptured disc as demonstrated by MRI or myelogram, who have failed a routine course of non-surgical treatments, and who continue to have sciatica pain are a candidate for surgery. Certainly, we would only consider surgery in those who are medically healthy enough to undergo surgery.

### **What happens in surgery?**

You will be brought to the operating room and given general anesthesia. You will be positioned lying on your stomach. A small 1-2" incision is made at the level of the disc herniation. The muscle tissue is moved off of the underlying bone, and an X-Ray is taken to confirm the correct location. A small amount of the

lamina bone is removed to allow a window into the spinal canal, where the nerves are identified, protected and carefully moved out of the way. The ruptured disc material is then removed, taking all of the pressure off of the nerve. We do not remove the entire disc, just the ruptured part. (Very much like removing a pebble out of your shoe). Once the nerve is free, the muscle tissue is replaced and the wound is closed. We inject medication into the skin and muscle which helps reduce the pain. A small

waterproof dressing is then applied, you are awakened and taken to the recovery area.

### **What are the success rates of surgery?**

In general the success rates are high. About 90% of people will have substantial or complete relief of their leg pain, numbness and tingling. Most people will also have substantial reduction in their back pain.

### **What are the risks of surgery?**

Fortunately, in the healthy patient, the risks of lumbar discectomy surgery are rare. Infection can happen in about 1 in 100 people. Damage to the nerve is VERY RARE. Since we are not in the vicinity of the spinal cord, the risk of being paralyzed is nearly zero. The nerves are contained in a tissue sack that also contains the spinal fluid. In about 5% of patients we inadvertently tear the sack which can cause the spinal fluid to leak out. You can't run dry of spinal fluid, but if the leak is not stopped, it can cause headaches, fluid collection, and wound healing problems. Fortunately, repairing the tear is usually very easy. Finally, there is a chance that you might re-rupture the same disk. This happens in about 25% of people at some point in their lifetime. In fact it can happen WHETHER OR NOT you have surgery. It is a part of

having a ruptured disc. There is little to be done to predict if it will happen or prevent it from happening.

### **What will my recovery be like?**

This is an outpatient procedure, where you will come in, have surgery, and go home the same day. You will be allowed and encouraged to walk immediately. Stairs are safe to maneuver. I generally recommend that you avoid lifting more than 10lbs. (about the weight of a gallon of milk) for the first 7-10 days. After your first visit after surgery, I will then allow you to progressively increase your activities. Most people who have a white-collar office job can return within 2-3 weeks after surgery. If you do a more labor intensive job, it is usually 6 weeks or so before you are ready to return. By about 3 months after surgery you are released to all activities. I don't like people to do a lot of heavy lifting with twisting, or play golf until about 3 months after surgery.