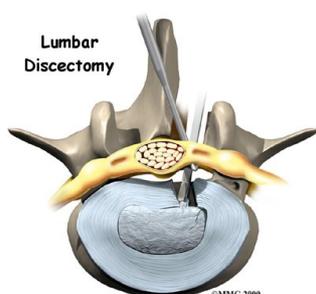


Lumbar Discectomy / Decompression

This procedure is performed for patients with sciatica or claudication – pain in the legs due to pressure on one or more nerve roots. This is caused by a disc prolapse (herniation), bony overgrowth (spinal stenosis) or a combination of the two.. The surgery is performed under general anaesthetic and takes approximately one hour. A small incision is made on the back and the spinal canal is opened. The compressed nerve or nerves are identified and then the offending disc and / or bone are removed to free the nerve.



Most patients can go home the day after surgery. Vigorous physical activity and driving should be avoided for two weeks. After this you can gradually increase activity and return to normal by six weeks. Most people need between two to four weeks off work. This is one of the most commonly performed spinal procedures and is usually very successful. As with all operations there are limitations and occasional complications.

The surgery is for leg pain and will have no affect on back pain – if back pain is your main symptom this surgery is not appropriate for you. The longer the pain has been present (more than six months) the less effective the surgery is. Twenty to thirty percent of patients who have the surgery feel that it was not helpful. A small number – up to five percent – feel the surgery makes their pain worse. The most significant risk is neurological injury. This can occur in 1 in 400 cases. This can lead to permanent pain, weakness, numbness, foot drop and rarely bowel or bladder dysfunction. There is a very rare risk of complete paralysis.

There is a small chance (1 in 100) of tearing the lining of the spinal canal (dura). This can lead to leakage of spinal fluid. This can usually be repaired but you will have to remain in bed for three days and have antibiotics to protect against meningitis.

There is a rare risk of spinal infection (abscess) or haematoma (clot) that can also lead to significant neurological problems. Rarely this can necessitate an emergency operation to remove the abscess or clot. One in twenty patients get better initially but then the pain returns months or even years later. This can be due to either further disc prolapse or scar tissue. If this happens you may need another MRI scan and occasionally a second operation. Some patients develop back pain five to ten years after the surgery and may occasionally need further surgery to fuse the spine.

Other risks that can occur include wound infection, clots in the legs and rarely clots in the lungs. These complications can occur after any operation and we will take precautions to reduce the likelihood of them occurring.

If you require any further information please contact my office by e-mail – ulsterorthospine@hotmail.com or by telephone – 02890 664082.

