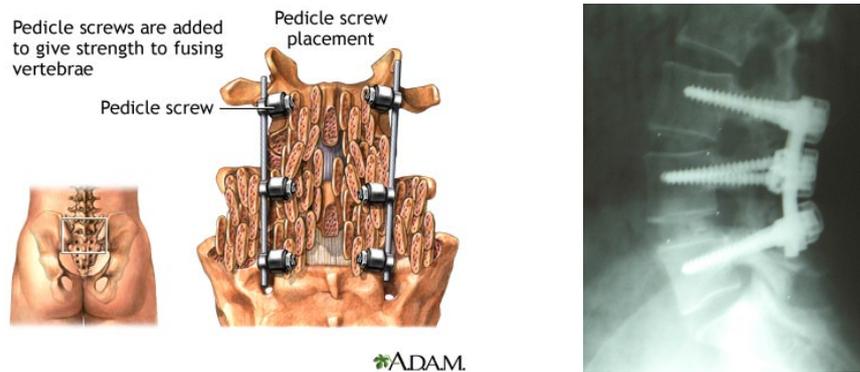


Spinal Fusion

This procedure is performed for patients with chronic back pain that has been unresponsive to all conservative treatments. The outcome of the procedure is very variable and the evidence in the medical literature regarding its' success is conflicting. It works best in patients who have had the pain for less than one year, who are still working, who have no other physical or psychological illnesses, who are non-smokers and who have one degenerate disc on MRI scan.



The surgery takes approximately two hours and is performed under general anaesthetic. An incision is made in the lumbar spine and screws and rods are inserted to stabilize the painful segment. These will be supplemented with artificial bone graft. Most patients will feel quite uncomfortable initially after the surgery. Hospital stay is between three to five days. Driving and vigorous physical activity should be avoided for four to six weeks. Full recovery and benefit can take up to twelve months to achieve.

A significant minority of patients (30-50%) does not feel the procedure was beneficial at all. Successful patients will be left with some residual back pain but this should be reduced in intensity and frequency. As well as not working the procedure has other risks and complications.

Neurological (nerve) injury leading to leg weakness, numbness, foot drop and rarely bowel and bladder dysfunction. Complete paralysis is very rare but can occur. Infection can occur in 3-5% of cases and can usually be treated by antibiotics. Rarely deep infection requires a second operation to remove the metal implants.

If a decompression (removal of bone to relieve pain and numbness in the legs) is performed as well as a fusion the complications are greater. These will include tearing of the lining of the spinal canal (dura). This can be repaired but you will have to lie flat for three days after the surgery and have antibiotics to protect against meningitis. Rarely after a decompression an epidural abscess (infection) or haematoma (clot) can lead to significant weakness and numbness and necessitate emergency surgery.

Other complications include clots in the legs and lungs which rarely can lead to serious medical problems and very rarely can be fatal.

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