MELBOURNE NEUROSURGERY

PROCEDURE INFORMATION

LUMBAR VERTEBRECTOMY

(ANTERIOR)

AND STABILISATION FOR TUMOUR

(Metastasis)

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WHAT IS A VERTEBRAL METASTASIS ?

A Vertebral Metastasis is a tumour in the bone of the spine that has come from a tumour somewhere else in the body.
It has usually spread by the blood stream. It may be the only lesion or there may be more than one. An M.R.I. is usually done to find out if there are more lesions.

WHAT IS THE STABILISATION PROCEDURE ?

This is where Titanium rods and screwa are used like scaffolding to support the damaged spine and attempt to prevent it from collapsing further. The vertebra that is damaged may be replaced with plastic, titanium mesh or bone. This maintains the shape of the spine.

WHAT ARE THE REASONS FOR REMOVING A METASTASIS ?

The commonest reasons are;
1. You may have a lot of pain from the tumour.
2. The tumour has spread back from the vertebral body to press on the lumbar nerve roots
3. The vertebra has collapsed and this is pushing on the lumbar nerve roots. When this happens your legs go weak or stop working.

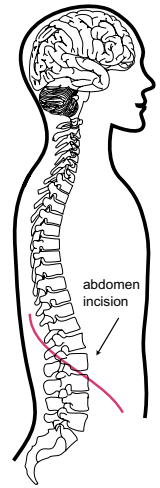
If it is not removed and you have leg weakness the legs may stop working completely.

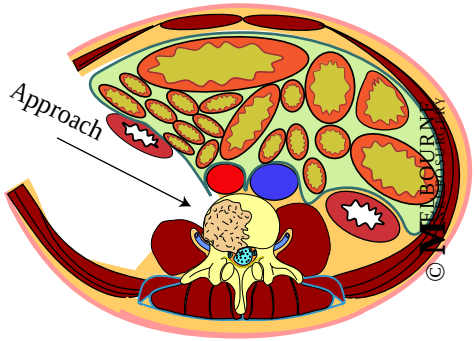
WHAT YOU NEED TO TELL THE DOCTOR BEFORE SURGERY ?

If you have clotting problems.
Any recent new Health problems.
If you are taking blood thining agents.
e.g. Warfarin/aspirin/anti- inflammatory
Drug or other allergies

HOW IS IT PERFORMED ?

In the operating theatre you are given a general anaesthetic and then positioned on your side. The incision is then marked out and prepared with anti-septic. You are covered in drapes so that only the incision can be seen. Local anaesthetic is injected and then the skin is cut. We then dissect under the muscles of the belly(but outside the bowel) to the spine. The bowel and kidney is all folded out of the way and held with a retractor. We then go around the front and side of the spine to put the screws into the vertebra above and below. The abnormal vertebra is identified and then removed.



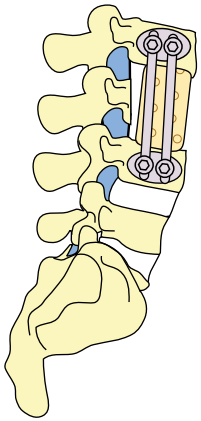


If the nerves are squashed this is the most risky part of the procedure. The space left behind is usually filled with something (bone, plastic, metal, or a bone substitute). Titanium screws are then put into the vertebrae above and below. These are connected with titanium rods and then locked into place.

When all this is finished any bleeding is stopped. All the layers are sewn back together in the reverse order that they were opened.

WHAT HAPPENS NEXT ?

You will wake up in recovery and after about 1 hour you will be transferred to the ward. The nursing staff will be continually checking your pulse/blood pressure/limb strenghts and level of alertness looking for any changes to indicate a complication. During the first night on the ward you will be woken for these observations. You will have intra venous and then oral analgesia . Operations on the back are usually sore at the cut mostly. It is usually difficult to cough. Sometimes you will have difficulty passing water and a you may require a catheter(this may have been inserted for the operation). The bowel may stop working for a few days.



In the next day or so your implants will be checked with an X-ray. The day after surgery you will be encouraged to go for a walk(with the physiotherapist), a brace will be required and this will be fitted before the operation. Gradually over the next 3-4 days you will be able to get around as normal (If the legs were strong preoperatively). When you are comfortable you will be able to go home. The sutures are usually removed about 7-10 days after the surgery, unless you have had previous radio-therapy in which case they will come out at day 14.

HOW LONG WILL YOU BE IN HOSPITAL

Unless you have been admitted as an emergency you may be admitted on the day of surgery or the day before. You will fast from midnight on the day of surgery.
You will be discharged about 5-9 days post-operatively.
On discharge you will be able to perform most tasks of daily living (e.g. showering/dressing/etc.) Depending on how quickly you recover from any preoperative disability you may require rehabilitation. Some times you will be referred to another hospital for X-ray therapy.

WHAT YOU SHOULD NOTIFY YOUR DOCTOR OF AFTER SURGERY

Shortness of breath
Increasing leg Weakness
Fever
Swelling or infection in the wound
Increasing Back Pain
Fluid leaking from the wound
Leg/calf Pain

WHAT HAPPENS WHEN YOU GO HOME ?

Most people do require rehabilitation first
You will have a Thoraco-lumbar Brace
You will be tired
It is common to require a rest in the afternoon
You will get some chest discomfort for a while
Your steroids dose should be reducing slowly
You may have an appointment for X-ray therapy.
You may have an appointment for chemotherapy.
DO NOT DRIVE UNTIL YOU ARE REVIEWED
You will be reviewed at 4 - 6 weeks post operatively.

WHAT ARE THE RISKS?

Discuss these and others with your surgeon

THE COMMON RISKS ARE

Infection (treated with antibiotics)
Post operative blood clot requiring drainage
Paraplegia/Nerve damage
Pneumonia
Damage to kidney/ureter/major vessel
Damage to bowel
Failed Fusion
Death (rare)
Blood Clot in the legs(can travel to the lungs)
Complication not related directly to the surgery
e.g. Heart attack
Urine infection

IS THERE A CHANCE OF A RECURRENCE OF THE TUMOUR ?

YES It depends on the origin of the tumour and what is found at surgery. Sometimes the tumour is so extensive that it cannot all be removed. The main aim of the surgery is to take the pressure off the lumbar nerves or prevent this happening. Radiotherapy is usually given to prevent recurrence.

WILL YOUR SYMPTOMS GET BETTER ?

The tumour usually pushes the lumbar nerves out of the way as it grows but there comes a time when it may be so compressed that it will not recover. With removal the lumbar nerves return to their normal position and we hope things will improve. It is important to remember that there is always a chance of things getting worse again if the tumour does not respond to other treatments.

YOU WILL BE ASKED TO SIGN A CONSENT FORM TO SAY THAT YOU UNDERSTAND THE RISKS .
IF YOU ARE NOT SURE ASK BEFORE YOU SIGN.

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