MELBOURNE NEUROSURGERY

PROCEDURE INFORMATION

LUMBAR INTERBODY FUSION

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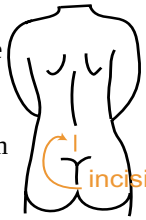
WHAT IS A INTERBODY FUSION ?



This is when we remove the lumbar disc and insert a cage (titanium or carbon fibre) filled with bone into the space left behind. To hold things while this all sets (fuses) we need some scaffolding. This is the reason for the Titanium screws and rods. In building the scaffolding is removed when everything has set. In the body it can stay in as it is not seen and another operation would be needed for removal.

WHAT ARE THE REASONS FOR HAVING A LUMBAR FUSION

The commonest reason is because you have a SPONDYLO - LISTHESIS .The reason for the surgery is because your symptoms such as leg pain (called SCIATICA) have not improved with non operative treatment. You may also have numbness or weakness in your leg/s.
Sometimes the cause of your symptoms is a degenerative process in the back where the facet joints enlarge, the disc bulges and the yellow ligament thickens. This all reduces the space around the nerves to the legs and causes your symptoms. Usually this is treated with a laminectomy but if we feel that the spine will be unstable after the surgery a fusion is recommended as well as the laminectomy.

WHAT YOU NEED TO TELL THE DOCTOR BEFORE SURGERY ?

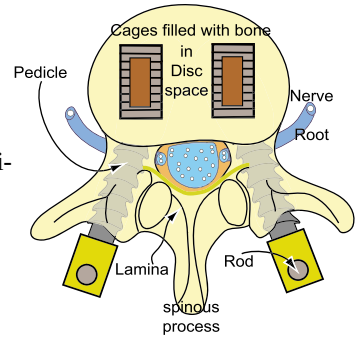
If you have clotting problems.

Any Health problems.

If you are taking blood thinning agents.
e.g. Warfarin/aspirin/anti-inflammatory

If you have improved from the time you descided to have surgery.

Drug allergy or other allergies

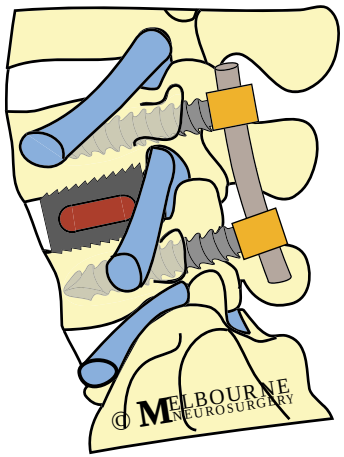


HOW IS IT PERFORMED ?

In the operating theatre you are given a general anaesthetic and then positioned face down on a special frame. An incision is marked out and the area prepared with antiseptic. You are covered in drapes so that only the incision can be seen. The level is checked with Xray.

A cut is made through the skin down to the spinous process . The muscle is dissected from the lamina and facet joints and a retractor is used to hold this out of the way.

Using a bone punch the bone of the spinous process is removed. Using a special drill the bone of the lamina and part of the facet joint may be removed. This leaves the yellow ligament which is removed to expose the dura and the compressed nerves. All the nerves are decompressed.



Identifying the insertion point for the screws, these are then inserted and X-ray is used to confirm the position. There are two screws to each vertebra.

The Disc is then removed. The nerve root is then moved out of the way to allow the cage (packed with bone) to be inserted. This is repeated on the other side. With everything aligned the rods are placed between the scews on each side to allow the construct to be locked into position.

Bone is taken from part of the hip and placed along the sides to help the spine fuse. Special attention is given to the nerves to make sure all pressure is removed. The openings under the facet joints that let the nerves out of the spine are checked and opened up if necessary.

Once this has been done and all bleeding is stopped the layers are then all sewn back to their normal positions. The skin may be closed with a nylon removable suture or with a dissolvable suture.

WHAT HAPPENS NEXT ?

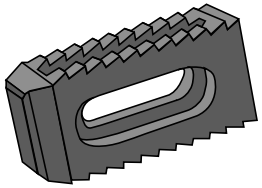
You will wake up in recovery and after about 1 hour you will be transferred to the ward. The nursing staff will be continually checking your pulse/blood pressure/and leg strengths looking for any changes to indicate a complication. During the first night on the ward you will be woken for these observations. You will have intravenous analgesia that you will control by pushing a button (this will be explained pre-op).
Sometimes you will have difficulty passing water and you may require a catheter.

The next day the drip in your arm will be removed after your first walk and then you will be given regular Oral analgesia. Gradually over the next 2-3 days you will be able to get around as normal. When you are comfortable you will be able to go home.

It is important after the operation to walk as much as possible. Prolonged rest in bed can produce hip pain and clots in the legs.

Sometimes a couple of days after the operation the discomfort in your legs may return, this is due to swelling and usually settles with anti-inflammatory tablets.

If you have removable sutures then they are removed between 5 and 10 days.



HOW LONG WILL YOU BE IN HOSPITAL

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.)

WHAT YOU SHOULD NOTIFY YOUR DOCTOR OF AFTER SURGERY

Weakness in the legs
Difficulty passing your urine
Abdominal pain
Increasing leg pain or numbness
Fever
Increasing back pain
Swelling or infection in the wound

WHAT HAPPENS WHEN YOU GO HOME ?

You will need to wear a lumbar brace for 3 months
You should avoid Heavy lifting
Twisting
Prolonged sitting
You will not be able to drive for at least 6 weeks
You should be able to return to some sort of work at about 2 months.
It is important to walk as much as is comfortable.
You will be reviewed at 6 weeks and will have follow up X-rays regularly.

WHAT ARE THE RISKS?

Discuss these and others with your surgeon

THE COMMON RISKS ARE :

Infection (treated with antibiotics)
Damaging the nerves that are compressed.
Damage to the dural sac containing the nerves and producing a fluid leak.(Stops with bed rest)
Post operative blood clot requiring drainage
Paraplegia / damage to bowel and bladder function
Damage to sexual function
Failed fusion
Clot in the legs(can travel to the lungs[uncommon])
Complication not related directly to the surgery
e.g. Pneumonia
Heart attack
Urine infection

WILL YOU GET BACK TO NORMAL ?

It depends on the reason for the surgery. But in general if you had weakness or pain this should improve. Your numbness may not. You have a bad back and it is unlikely that you will be perfect. Most people do have ongoing back discomfort and this will vary from person to person. This may improve with anti-inflammatories. The aim of the surgery is to get you as close to normal as possible. Extreme manual labour is usully recommended against.

BLOOD TRANSFUSION
This is common and you will be asked to give some of your own blood prior to the procedure. Usually you can give four units. During the operation the cell saver may be used and this allows you to be given back some of the blood that is lost during the procedure.

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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