



A guide to...

Spinal Decompressions

Patient information

How to contact us

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A spinal decompression is an operation for patients with spinal stenosis. Spinal stenosis is a narrowing of the space available for the nerves in the spinal canal and it is caused by age related wear and tear in your lower back. The spinal canal can become so tight that the nerves become compressed. This nerve compression can cause pain in your legs, particularly when walking. The aim of a spinal decompression is to make more space for the nerves in your lower back to prevent your symptoms from getting any worse. Following surgery, most patients get complete relief of their leg pain. A spinal decompression is not an operation for back pain.

How do we do it?

The operation is carried out under a general anaesthetic. The operation takes about 75 minutes. Once asleep the patient is placed on their front on the operating table. X-ray is used to identify the correct area of the lower back. A longitudinal incision is made, and the muscle is separated off the spine. The decompression itself involves removing the tissues that are compressing the nerves. This requires the removal of a small amount of bone, thickened ligament, and sometimes a disc prolapse. At the end of the operation the wound is closed with dissolvable stitches and covered with a dressing.

What are the risks?

Infection

The risk of infection is less than 1%. If you develop an infection it is likely to be a superficial wound infection that will resolve with a short course of oral antibiotics.

Bleeding

You will lose some blood during the operation. We would normally expect that your body will deal with this blood loss without needing a blood transfusion.

Deep Vein Thrombosis (DVT)

Developing blood clots in the legs (DVT) is a risk of any surgery. The risk is minimised by using thrombo-embolic deterrent stockings and mechanical pumps. These pumps squeeze your lower legs, helping the blood to circulate. They are put on when you go to sleep and stay on until you start to mobilise.

Nerve injury

To expose your disc prolapse the nerve root needs to be retracted. In doing this there is a very small risk of physical damage to the nerve. This can lead to loss of nerve function, with persisting leg pain, weakness, and numbness. It is possible that a nerve injury could affect your bladder and bowel, as well as erectile function in men. Nerve injuries are usually temporary, but may be permanent.

Dural tear

Sometimes the lining to the nerve (the dura) can be damaged causing leakage of the fluid that surrounds the nerves. Some tears are managed easily, whilst others require surgical repair. Patients who have had a tear may be asked to stay in bed for a short period of time following their operation. Occasionally a persistent leakage of spinal fluid occurs which may require further surgery.

Recurrent stenosis/ symptoms

Spinal stenosis is a condition that deteriorates over time causing your symptoms to return. This may require further surgery.

Back pain

A spinal decompression is an operation to address your leg pain. In most cases it is unlikely to help your back pain, and your back pain may be worse following surgery.

What can I expect following my surgery?

Following surgery most patients notice an immediate improvement in their symptoms. Unfortunately, this is not always the case. When the nerves have been very badly damaged by the compression recovery can be much slower, and occasionally they do not recover at all.

Many patients are left with residual, patchy numbness. This should not interfere with your function. If this numbness does recover it may take up to 18 months to do so. When you wake up following your surgery you will feel bruised in your lower back. Your wound will require minimal attention after discharge. You will be in hospital for 2-4 nights. Before you go home the nurses will explain how you need to look after your wound. A physiotherapist will see you before you are discharged.

Following your operation there are no formal restrictions. For the first couple of weeks your back will feel quite sore, and this will limit your activity level. This will gradually settle down. To begin with you should limit your activity level to gentle walking and stretches you can increase your activity as comfort allows. You should be back to your normal level of activity by 6 weeks.

Returning to work

People with non-manual jobs will normally be able to return to work after 2-4 weeks although often with some restriction of activity. It will be 3 months before you can return to manual work.

Driving

There is no restriction with the DVLA, though there will be with your insurance company. You will need to be able to undertake an emergency stop, and be in complete control of your car at all times without being distracted by pain. If this is not the case then your insurance will not be valid.

Flying

You should not fly for 2 weeks following your surgery. You should not undertake any long haul flights for 6 weeks. If travelling on a long haul flight within 6 months then you should wear your hospital stockings when flying.

Exercise

Undertaking an exercise programme that aims to improve and maintain aerobic fitness is important.

This may include regular brisk walking, swimming or cycling. Specific exercise to maintain flexibility and strengthen the abdominal and spinal muscles is important.

Follow up

You will be seen in the clinic a few weeks after your surgery to see how you are getting on, and to answer any further questions. An appointment will be made for you before you go home.