A guide to...

Discectomy

Patient information

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What is a discectomy?
A discectomy is a surgical treatment of pain caused by a prolapsed disc. It is the surgical removal of the disc material that is irritating the nerve root. It is performed in patients who have on-going pain that has not been eased by rest or injections, or who develop progressive neurological signs and symptoms such as weakness and numbness.

How do we do it?
The surgery is done under a general anaesthetic and takes about 60 minutes. An x-ray is used to identify the correct area of the lower back, and a small opening is made. The muscle is separated off the spine, and a small amount of bone and the ligament covering the nerves is removed. The nerves are inspected and gently moved to the side to allow access to the disc prolapse. A small cut is then made in the back of the disc and the disc prolapsed is removed. The rest of the disc is left behind. At the end of the operation the wound will be closed with dissolvable stitches and covered with a dressing.

If you take anti-inflammatory tablets then you must stop taking them 7 days before your surgery.

What are the risks?

Infection
The risk of infection is less than 1%. All patients receive a dose of antibiotics. If you develop an infection it is most likely to be a superficial wound infection that will resolve with a short course of oral antibiotics. Occasionally an infection can spread into the disc space. This is much more serious and may result in further damage to the disc. If this occurs you may require a prolonged course of antibiotics or additional surgery.

Bleeding
Blood loss is usually minimal with a discectomy.

Deep Vein Thrombosis (DVT)
Developing blood clots in the legs (DVT) is a risk of any surgery. We minimise this risk 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 moved. 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 leakage of spinal fluid occurs which may require further surgery.

Recurrent disc prolapse
A further piece of disc material may prolapse through the same area of the disc as previously. This can occur at any time, but is most common in the first few weeks following surgery. A recurrent disc prolapse is treated in the same way, and may require a repeat (revision) discectomy. The risk of this happening is 5%.

Scar tissue
Scar tissue can form around the nerve and can mimic the symptoms of a disc prolapse. This is not
common. We will usually try and treat this with injections rather than further surgery.

**Back pain**
A discectomy is performed primarily for leg pain. As a result there may be some on going back pain after a microdiscectomy. Less than 10% of patients who have a discectomy require treatment for back pain in the future.

**What can I expect following my discectomy?**
When you wake up following your discectomy your leg pain should feel better. You will feel bruised in your lower back but we try and minimise this by injecting local anaesthetic around the wound. The back pain will take a couple of weeks to settle down. The wound will be closed with dissolvable stitches, so there will be no stitches that need to be taken out. You will be in hospital for 1-2 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. For the first 6 weeks you will need to take things easy and avoid heavy lifting, as well as any prolonged sitting and standing and you should limit activity to gentle walking and stretches. After 6 weeks you can increase your activity as comfort allows. You should be back to your normal level of activity by 12 weeks.

Following surgery the leg pain is often immediately better. However, many patients have lasting, patchy numbness. This should not interfere with your function. If this does recover it may take up to 18 months to do so.

**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.

**What next?**
Once your pain has resolved you must continue to look after your back. The fact that you have had a disc prolapse does not prevent a normal lifestyle. However, we would recommend that you:

- **Exercise** - Do exercise that aims to improve and maintain aerobic fitness.
- **Avoid smoking** - Smoking is associated with increased back pain and poorer results from spinal surgery.
- **Avoid obesity** - Being overweight forces the spine to carry unnecessary loads, and is associated with back pain.
- **Avoid heavy lifting** - Patients who have had major spinal problems should be cautious with heavy lifting and prolonged manual work, as this may cause a repeat disc prolapse or further back injury. When you have to lift you should do so by bending your knees and keeping your back straight, rather than bending at the waist.

**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.