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Lumbar Microdiscectomy

Royal Devon and Exeter **NHS**  
NHS Foundation Trust

# Patient Information

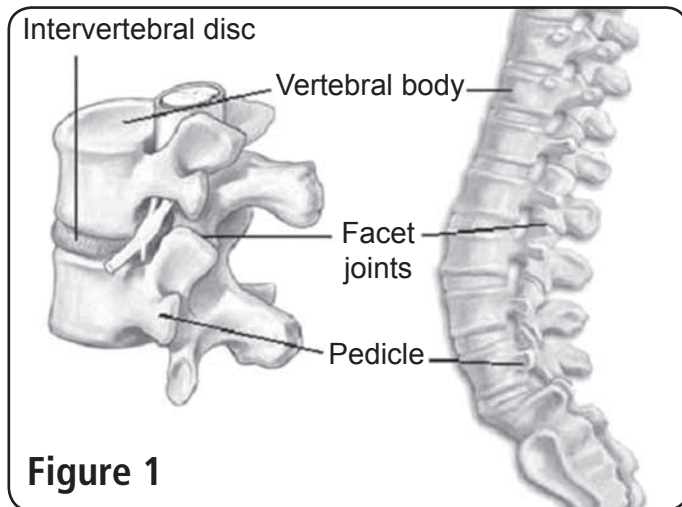
## Lumbar Microdiscectomy

**Respond Deliver & Enable**

## Introduction

You have been scheduled for a procedure called a lumbar microdiscectomy. This is one of the commonest operations performed on the low back. The lumbar discs are the joints at the front of the spine that give the spine

its flexibility (see figure 1). Microdiscectomy is a very successful operation aimed at relieving leg pain associated with nerve compression problems. It is not an operation to cure low back pain.



You will have had an MRI scan which confirms that there is a degree of compression upon one of the nerves in your lower back caused by a herniation (disc material extending outside its normal confines) in one of the discs. Usually, you will be suffering with pain down one of your legs (see figure 2).

**Figure 2**  
*Arrow points to a disc prolapse*

## Return to normal function

Patients are walking the day after their surgery. The time taken to return to work varies between patients. If you work from home doing office type work, you will probably be working within a few days. Light manual workers will usually return to work at four weeks. Patients who do heavy physical manual work may not return to work for some 6-12 weeks after the surgery and in particular this group of patients will often need a course of physiotherapy to help strengthen the muscles around the spine.

Provided that the wound has healed satisfactorily, we are happy for patients to return to activities such as swimming at about four weeks after surgery and also cycling. We do not usually recommend a return to contact sports such as football for at least 12 weeks after the operation. If you are planning to return to this level of sport, you may need a course of physiotherapy to help strengthen the spine before returning to such activity. You can resume normal sexual activity 4 weeks after surgery.

## Return to driving

You can usually return to driving 2-4 weeks after your operation but return to driving depends upon different factors including comfort, that you have come off painkillers that have a sedative effect, and that you have good control of the muscles in your legs.

## Summary

Microdiscectomy is a successful operation for relieving leg pain. The results of surgery cannot be guaranteed. A decision to proceed with surgery is one taken jointly by yourself and by your Surgeon. The vast majority of operations are highly successful. There are some small risks associated with the surgery and if these occur, they can be significant.

## Recurrence

The worldwide literature reports a 5% recurrence rate of disc prolapse at the same place at some time in the future despite a technically successful operation. You could suffer a disc prolapse at a different disc in the spine in the future – in the same way that anybody can be prone to this problem.

## Back Pain

It is reported that up to 15% of patients feel that their back pain is more troublesome after surgery by comparison to how it was before their microdiscectomy procedure. This often takes the form of grumbling, nuisance level backache and is not disabling. In some patient's however, when there is worsening of back pain, and if it is very severe, they may require a second procedure on the spine known as a spinal fusion.

## Nerve coating

There is a small risk of injury to the protective coating around the nerves, which may require repairing at the time of injury, and does not usually result in any long-term problems although it may delay your initial recovery. Persistent leakage of the fluid (CSF) around the nerves can occur. If this happens, it may require further surgery.

## Time scales

You will usually be in Hospital for 24 hours after a microdiscectomy. You will be able to go home walking independently. You will return to the Hospital at approximately 6-8 weeks after the operation for a quick check up and provided everything has gone satisfactorily, you may well be discharged at this time.

Microdiscectomy is a very successful operation aimed at relieving leg pain associated with nerve compression problems. It is not an operation to cure low back pain. The operation is performed through a small incision at the base of the spine. During the surgery, the disc material pressing on the nerve is removed. Any potentially loose disc material still within the disc may also be excised.

## Indications for surgery

Usually patients for microdiscectomy have severe leg pain often extending the full length of the leg in the territory supplied by the nerve root. An MRI scan will have confirmed nerve compression in the low back. The vast majority of patients with disc prolapse do not need an operation and many will get better with either conservative treatment such as physiotherapy, with medication, or with the passage of time. The reason you are undergoing an operation is because your symptoms are still significantly troubling you and have failed to respond to non-surgical treatment. It is a joint decision taken between the Surgeon and the patient when it is decided that the potential rewards of an operation exceed the possible small risks of complications.

## Rewards of surgery

The main anticipated outcome after microdiscectomy surgery is relief of your leg pain. The success rate varies. We believe that it is reasonable to say that 80-90% of patients who have a microdiscectomy are satisfied with the relief of leg pain that they achieve. Patients who have tingling in the leg associated with nerve compression, find in many cases that this tingling settles down. Most patients are relieved of pain and tingling although some minor residual symptoms are not uncommon. It is difficult to predict if symptoms of numbness or weakness will improve. Improvements in nerve function may take up to two years to occur from the time

of surgery, and recovery is not guaranteed. If two years after the operation your foot remains numb and weak, it is likely to remain numb and weak forever. Please remember that discectomy is not an operation for the relief of back pain.

## Risks of surgery

The vast majority of micro-discectomy operations pass off with no problems. There are however, some small risks associated with any operation. Whilst the chances of these happening are quite small, it is important that you understand that potential problems can occur.

Potential risks include:

### The risks of a general anaesthetic

General anaesthetics have some risks, which may be increased if you have chronic medical conditions, but in general they are as follows:

- **Common temporary side-effects** (risk of 1 in 10 to 1 in 100) include bruising or pain in the area of injections, blurred vision and sickness, these can usually be treated and pass off quickly.
- **Infrequent complications** (risk of 1 in 100 to 1 in 10,000) include temporary breathing difficulties, muscle pains, headaches, damage to teeth, lip or tongue, sore throat and temporary problems speaking.
- **Extremely rare and serious complications** (risk of less than 1 in 10,000). These include severe allergic reactions and death, brain damage, kidney and liver failure, lung damage, permanent nerve or blood vessel damage, eye injury, and damage to the voice-box. These are very rare and may depend on whether you have other serious medical conditions.

## Blood clot

Deep vein thrombosis is a possible problem, but is uncommon. If you are at particular risk then special precautions will be taken to reduce the risk. Moving your legs and feet as soon as you can after the operation and walking about early, all help to stop thrombosis occurring. In rare cases, a blood clot can pass to the chest and is life threatening.

## Wound infection

Superficial wound infection is usually of no significance and settles readily with antibiotics. A deep infection involving the disc (discitis) is potentially more difficult to treat and may require prolonged antibiotics and even further surgery. This risk is of the order of 1-2%.

## Nerve injury

During surgery, the nerve has to be moved to one side and this sometimes can result in the patients reporting more tingling in the leg, more numbness in the leg or in rare circumstances, weakness in the leg. These are usually temporary problems that should resolve. Patients are often extremely concerned that they could end up paralysed after surgery on the spine. This is an extremely rare event. This includes the potential to permanently and irreversibly damage the nerves that control the strength and sensation in the legs and also that control your bladder and bowel function.

## Continued pain

Approximately 10-20% of patients continue with significant symptoms after what is technically a successful operation. It is not always known why this happens. It may be as a result of long standing nerve compression and nerve irritation despite surgical decompression of the nerve. It is rare for patients to say that they are worse after surgery but this has been reported.