

Lumbar Discectomy

What is a Discectomy ?

This is when some or all of the lumbar disc is removed.

Why is this usually done ?

Because you have a prolapse causing sciatica / leg weakness / cauda equina compression.

How is this usually done ?

There are two ways

1. By a microdiscectomy approach.
2. By having a laminectomy then removal of the disc. SEE LAMINECTOMY

How much of the disc is removed ?

This depends, ask your surgeon. In most cases only part of the disc is removed. Your surgeon may only remove the fragment that has been prolapsed. The more disc removed the less the chance of a recurrent prolapse. With more disc removed there can be a greater degree of back pain postoperatively.

What is the chance of a recurrent prolapse ?

Usually about 5-8% but this can be up to 19% in certain circumstances .It is most common in the first year after a discectomy.

If I have a recurrent disc prolapse will I need further surgery and what might that be ?

There is a chance you symptoms will settle spontaneously. You may need another discectomy or even a lumbar fusion.

Are the risks of redo (revision) microdiscectomy higher than the original surgery ?

Yes! The commonest complication is a tear of the sac around the nerves causing a leak of the fluid called a CSF leak. This will usually settle down over a few days. Because of the scar around the nerve there is a greater risk of nerve injury.

Will the result of a revision microdiscectomy be as good as the first surgery ?

It can be but some people get left with residual numbness and discomfort.

Will removing the disc make me shorter ?

No more than a couple of millimetres.

Will removing the disc make my back unstable ?

Not unless the disc is totally removed and this would be the exception in a discectomy via a Microdiscectomy approach. If you have a laminectomy as well this may increase the chances of instability depending on how much of the facet joints are removed.

How much better will I be ?

This will depend on a number of things.

If the nerve is very badly compressed prior to the surgery you may see no improvement. Most are 85% better. The general rule for improvement is that the pain gets better first. The weakness will improve next. How long this will take depends on how damaged the nerve is and how much thinning has occurred in your muscles. The last thing to get better is the numbness. Typically the numbness will take a long time (up to 12 months) and may never completely recover.

Will all the leg pain go away ?

It may not typically about 75% will get complete relief

Will the back pain get better ?

About half will get some relief of there back pain.

What is the chance of a disc prolapse at another level ?

This will usually depend on the current state of your discs.

Can I go back to playing active sport ?

In time yes. Most surgeons would suggest avoiding contact sport in the recovery period.

What will increase my risk of a recurrent prolapse ?

The things that increase the risk are heavy lifting and twisting.