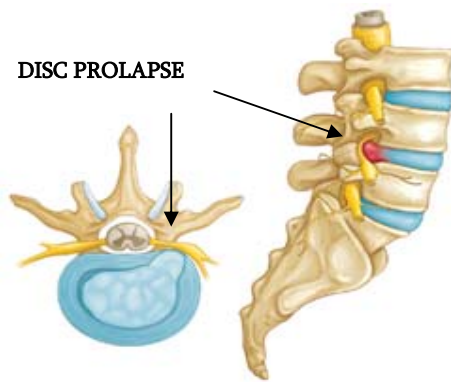


LUMBAR MICRODISCECTOMY

This surgery is indicated in those patients who have symptoms related to nerve root compression by a herniated lumbar disc. The surgery aims to remove the portion of the herniated disc causing compression on the nerve root. The most common symptoms are

- ◇ leg pain
- ◇ pins and needles/numbness
- ◇ weakness
- ◇ bowel or bladder disturbance



REASONS FOR SURGERY

Surgery is indicated in patients whose symptoms are not settling or becoming intolerable. Generally surgery is offered after most conservative options have failed e.g. medication, physiotherapy, spinal injections. Early surgery may be performed in patients who have worsening symptoms e.g. weakness. The benefits of the surgery should always outweigh the risks.

Surgery aims to reduce pressure on the nerve and therefore relieve symptoms.

RISKS OF SURGERY

All surgery has some risks and these vary between procedures. The risks involved with lumbar microdiscectomy, include

- ◇ bleeding
- ◇ infection
- ◇ nerve root injury – weakness, numbness, altered bowel/bladder/sexual function
- ◇ spinal fluid leak
- ◇ persistent or recurrent symptoms
- ◇ general surgical problems – anaesthetic complications, chest infection, heart problems, clots in the legs/lungs
- ◇ scar formation
- ◇ death

PROCEDURE

You will be given a general anaesthetic so you are asleep throughout the procedure. The surgery is performed with microscopic magnification. A small midline cut is made over the level of the disc herniation. The muscle is stripped away from the bone on one side. An X-ray is performed to ensure the correct level. A small amount of bone and ligament is removed to allow access to the nerve. The fragment of disc compressing the nerve is removed as well as any other free fragments of disc material. At the end of the procedure, the anaesthetic is reversed and you are woken up and taken to the recovery room.

DISCHARGE

Most patients go home 2-3 days after surgery. You will be reviewed by the physiotherapist to determine suitability for discharge. You must also be able to eat, drink and go to the bathroom prior to discharge. The pain should be easily controlled with tablet pain killers. You should discuss with Dr McMaster when to resume any blood thinning medications which have been stopped for the surgery.

You should continue with regular gentle exercise on discharge as well as any exercises given to you by the physiotherapist. You should avoid activities such as heavy lifting, moving objects, bending or twisting, prolonged sitting or standing

WOUND CARE

The wound will be closed with dissolving stitches and reinforced with sticky paper strips. The wound must stay covered for 1 week and the dressing changed each day after showering. After one week, the dressing may be removed and left off. The paper strips will fall off over 1-2 weeks.

If there is any redness, tenderness, swelling or discharge of the wound, you should see your family doctor immediately.

FOLLOW-UP

You will need to be seen again by Dr McMaster 6 weeks after surgery.