NHS
The Royal Wolverhampton
NHS Trust

Lumbar Discectomy Surgery

Orthopaedics

The purpose of this leaflet

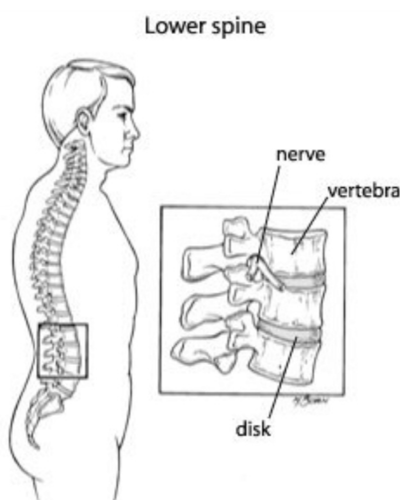
Before you agree to any treatment it is advisable to obtain information about your condition. This means knowing what the problem is, the treatments that are available, the risks and any alternatives. This leaflet should help you to make a decision alongside discussion with your doctor. Do mention any particular worries that you have and ask for more information at any time.

What is the problem?

You have pressure on the nerves in your spine caused by an intervertebral disc which has moved slightly [bulged] out of position. This condition is also known as prolapsed, herniated or slipped disc. Pressure on the nerves can cause leg pain, numbness & tingling and occasionally leg weakness.

What is an Intervertebral Disc?

This is a flat, circular disc that is found between the bones that make up the spine. These bones are called vertebrae. The discs in between the vertebrae act as a shock absorber to let the spine bend and twist easily.



The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- **Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available**
- **If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111**
- **Keep the environment clean and tidy**
- **Let’s work together to keep infections out of our hospitals and care homes.**

Review Date 12/2024 Date Produced 2008 WCA_1700_29.11.21_V_6

What is a Lumbar Discectomy?

This operation is performed on the lower [lumbar] part of the spine. Part of the disc that has bulged out of place is removed. The pressure on the nerve is then released which should stop or reduce the pain in your leg.

Do I need to have a Lumbar Discectomy?

For many people, especially if the disc bulge is not large, symptoms settle on their own over time. However, if you have experienced symptoms for a number of months it is reasonable to consider surgery.

What are the benefits of having this surgery?

About 90% of patients get relief from their leg pain1. However, please be aware that this operation is done to treat leg pain not back pain.

What are the alternatives to surgery?

- You can wait and see if your pain settles with time
- You could be referred to a Physiotherapist who can teach you exercises to help manage your pain
- Your Doctor may offer you an injection into your back. This injection is usually a mixture of local anaesthetic and steroids and can help to reduce pain.

How do I decide which treatment is best for me?

The choice about which treatment is best for you will be made together with your Doctor. This will be based on the risks and benefits of the treatment and your individual circumstances.

What are the risks of surgery?

Leg Pain
The leg pain can continue after surgery but this usually gets better slowly over time. In some patients [around 1 in 10[2]] despite surgery, the leg pain continues.

Nerve Damage
The nerve that the disc is pressing on may be bruised during the operation. This may make your leg numb and slightly weak[3] or cause pain, numbness and tingling. It is very rare for the nerve to be permanently damaged. The risk of permanent weakness such as a foot drop is less than 1 in 200[3].

Infection
There is a small risk of wound infection (less than 1%) which can sometimes need treatment with antibiotics[1]. Sometimes infection can lead to an abscess in the area that has been operated on.

Infection prevention is taken very seriously in hospital. All staff, patients and visitors are encouraged to wash their hands frequently. Please encourage anyone visiting you or staff making direct contact with you to wash their hands.

Dural leak
There is a remote chance of injury to the covering of the nerves during surgery. This is called Dural Leak. If this occurs you will need to lie flat in bed for the first 3 days or so. You will therefore be in hospital longer than expected. The risk of leakage of fluid leading to a prolonged hospital stay is less than 1 in 100[3].

Recurrent disc bulge
Sometimes recurrence of symptoms can occur due to scars forming during healing. Bulging of the disc can occur again in the same or any part of the spine. The risk of this happening is around 5 to 10%[2].

Damage to the nerves supplying the bladder and bowel or lower limb paralysis
There is a very small risk of damage to the nerves that supply the bladder and bowel[2]. Very rarely paralysis of the lower limbs can also occur. The chance of this happening is around 3 per 1000.[1]

Heart attack, stroke or chest infection

Any major operation puts a strain on your heart, brain, lungs and immune system. A small number of patients can have a serious problem such as a heart attack, stroke or chest infection soon afterwards. This is more likely to happen if you already have heart or lung problems. Less than 1 in 200 patients will have such life threatening events[4].

A blood clot or thrombosis

Blood clots can form in the veins in the calf muscles. This is called a Deep Vein Thrombosis (or DVT). Occasionally the clot can then pass into the lungs and block the blood vessels there. This is called a Pulmonary Embolism or PE[3] which can be fatal. The chance of a fatal PE is around 1 in 1000[4].

In order to reduce the likelihood of these clots developing you may be given injections to help keep your blood thin and also be supplied with foot pumps to improve circulation.

Complications due to positioning during the operation

These might include pressure problems, skin and nerve injuries. Eye complications including blindness is a very rare complication from being positioned prone (face down) during surgery. Special gel mattresses and operating tables are used to minimise these risks. [(5)]

Vascular injury

Extremely rarely, death; as a result of damage to major blood vessels at the front of the spine can occur, which is reported as happening in 1 out of 10,000 cases. [(5)]

What would happen if I decided not to have any treatment?

Your pain may settle if you wait long enough. Any lower limb weakness may also improve with time. Sometimes however a degree of residual pain, tingling or leg weakness can persist.

What happens if I decide to have the surgery?

You will be asked to attend the pre-assessment clinic to check your general health prior to your operation. You will be given information about coming into hospital.

What happens during the operation?

This operation is done under general anaesthetic. This means that you will be given drugs to keep you asleep during the surgery.

A small cut about 2.5cm is made in your lower back. Through this small hole the nerve is gently moved out of the way and the disc bulge removed. The wound is usually closed with dissolvable stitches. A dressing is applied to cover the wound. The operation takes about 1 hour.

What happens after the operation?

When you leave the operating theatre you will go to the recovery area until you are fully awake. You will then be transferred to a ward. If you have been admitted to the Appleby Suite you will be transferred to a different ward.

You will have a tube called a drip in your hand or arm. This helps to replace fluids and prevent dehydration. The drip is usually needed for the first few hours and then it is removed.

You will have an oxygen mask over your nose and mouth. This helps your recovery from the anaesthetic.

Will it be painful?

You will be given regular medication to keep you comfortable. If you are still uncomfortable a different pain medication will be offered to you. Alternatively, you may want to control your pain using a machine that gives a dose of painkillers through the drip in your arm when you press a button. This machine is called PCA – Patient Controlled Analgesia. By the next day you should be able to control your pain by taking tablets.

When can I start walking and sitting in a chair?

You will start walking the day after your surgery. A member of the physiotherapy team will give you advice about the exercises that you need to do and how to walk safely.

You can sit in a chair for short periods as soon as you feel comfortable to do so. Initially however, you may find lying or standing much more comfortable than sitting. Over time you will find that you are able to sit comfortably for longer periods of time.

How long will I be in hospital for?

Most patients will be in hospital for 1-2 nights. By the time you are ready to go home you must be able to walk safely including walking up and down the stairs.

How should I care for the wound and dressing?

It is important that the dressing is kept clean and dry. After 2 weeks the dressing can be removed. This can be done by a member of your family. The stitches will not need to be removed as they will dissolve over time.

When can I use the bath or shower?

Since the dressing must be kept dry for the first 2 weeks we advise the following;

- For the first 2 weeks you should have a ‘strip wash’ at the wash basin
- Depending on how you feel, a cubicle shower or bath can be used after 2 weeks. However, it is advisable to make sure that initially you are not alone in your home just in case you need assistance.

When do I return to the hospital?

You will be given an appointment to return to the hospital at around 6 weeks after your operation.

When can I return to work?

Most patients can return to work after around 6 weeks. However, it does depend on the type of work that you do. Your Doctor can offer advice about when to return to work.

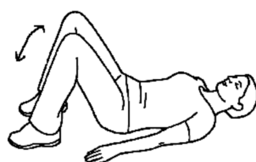
What exercises should I do?

The following exercises are suggested by the orthopaedic physiotherapy staff. You should aim to repeat them 3-5 times a day. If you are unsure about any of these exercises please speak to your Physiotherapist.

Lying on your back with your knees bent.

Tighten your internal deep stomach muscles a small amount. You should feel this deep in your pelvis (i.e. you should not be able to see your muscles move). Aim to hold the small contraction for 5 seconds and build up to 20 seconds. Continue to breathe normally in a relaxed way throughout.

Repeat 5 -10 times.



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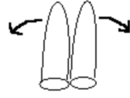
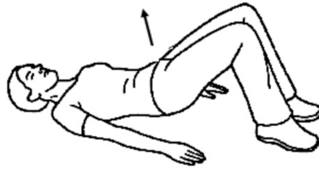


Keeping your knees together, roll knees gently from side to side.

Repeat 5 -10 times.



Lying on your back with knees bent.

Squeeze your buttocks together, curl your tailbone up and lift your bottom off the floor.

Only lift your bottom up as far as you are able to control the movement. Slowly return to the starting position.

Repeat 5 – 10 times.

Lying on your back with one leg bent and one leg straight (or both legs bent if this is more comfortable).

Try to flatten your lower back against the bed. You will feel a stretch in your lower back. Reverse the movement and to bring the pelvis forward to allow a small curve. At no point should your bottom lift off the floor.

Repeat 5 – 10 times.

Advice

- Do your exercises gently. Do not push yourself too hard, you should gradually increase the number of repetitions. Remember, you may not have exercised for a while due to your back pain
- Gradually build up the amount of time you spend walking and sitting. Keeping mobile will speed up your recovery
- In sitting try to ensure that you don’t sit with your legs curled under the chair as this can increase the tension on the nerves in your back, and may contribute to leg symptoms
- During the day try not to maintain one posture (i.e. sitting or standing) for more than 30 minutes. Ensure that you change position or walk around to prevent your back from becoming stiff.

Do’s and Don’ts

Make sure that you do:

- Continue with your exercises
- Take regular short walks and keep active
- Remember that your symptoms may not settle immediately especially if your disc prolapse was large. Over time, leg pain usually settles first followed by leg weakness. You may also experience symptoms such as tingling and pins and needles for some months. Sometimes these symptoms can be permanent.

Don’t

Make sure that you don’t:

- Attempt lifting and twisting movements of the spine and excessive bending particularly for the first 6 weeks
- Drive until you have checked at your hospital follow up appointment
- Go on long journeys for more than 30 minutes without stopping to take a short walk - particularly in the first 6 weeks.

When should I contact the hospital?

You should contact the hospital for advice if you experience any of the following:

- Bleeding or oozing which soaks through the dressing
- Severe pain that is not relieved by painkillers
- Pain, tenderness and swelling in the calf of either leg – this could be a Deep Vein Thrombosis
- If you have any other problems that you feel may be related to your operation.

Please contact the ward that you have been discharged from.

Contact Numbers

New Cross Hospital
Main Hospital Switchboard – 01902 307999

Waiting List Co-ordinator – 01902 694092
Mon – Fri, 9:00am – 4:30pm

Orthopaedic / Fracture Clinic – 01902 695380
Mon – Fri, 8:30am – 4:30pm

Pre-Admission Clinic – 01902 695587
Mon – Fri, 8:30am – 4:00pm

Ward A5 – 01902 695005

Ward A6 – 01902 695006

Beynon Short Stay Unit – 01902 694049

Appleby Suite – 01902 695588

Glossary of terms

Anti-inflammatories and steroids
Drugs that are used to treat swelling and pain.

Foot drop
A condition in which the foot cannot be raised properly and hangs limp from the ankle.

Paralysis
Complete or partial loss of controlled movement.

References

1. Addenbrooke's Hospital. Patient information. Patient agreement to investigation or treatment. Lumbar discectomy [online]. Cambridge University Hospitals NHS Foundation Trust. Available from http://www.addenbrookes.org.uk/resources/pdf/patient_visitors/patient_information_leaflets/consent_forms/neuro/neurosurgery/CF081_neuro_lumbar_discect.pdf. Accessed April 2008.
2. Local agreement by Orthopaedic Surgeons, 2008. Directorate of Trauma, Orthopaedics & Rheumatology. The Royal Wolverhampton Hospitals NHS Trust.
3. Dumas, 2002. Discectomy. Your operation for your slipped disc. Dumas Ltd 2003.
4. Varley, 2008. Patient Information Sheet: Lumbar disc excision [discectomy]. Varley Orthopaedics. Available from http://www.varley-orthopaedics.co.uk/disc.htm.
5. British Association of Spine Surgeons Website : HYPERLINK "http://www.spinesurgeons.ac.uk" www.spinesurgeons.ac.uk

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。

Designed & Produced by the Department of Clinical Illustration,
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Review Date 12/2024 Date Produced 2008 WCA_1700_29.11.21_V_6