

Cardiff Spinal Clinic

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Minimally invasive spinal surgery

Several procedures that are performed can be classified as minimally invasive spinal surgery. The reason for minimally invasive spinal surgery is to try to decrease the tissue trauma to the spine but trying to achieve the same effect as normal, traditional open surgery.

Minimally invasive techniques cannot be applied to all patients but can be applied to insertion of screws and rods and can be used in combination with other spinal procedures to treat conditions such as degenerate disc disease, following anterior or lateral procedures including anterior lumbar interbody fusion or extreme lateral interbody fusion.

Before minimally invasive spinal surgery: you will be seen at the pre-assessment clinic where you will be further assessed, and the operation discussed. You will sign a consent form for the surgery and the risks and benefits discussed. You will be given information to take home to further address the consent and risks.

If you are taking any anti-inflammatories or blood thinning medication, then this needs to be voiced in order for those to be stopped appropriately before surgery.

What to expect during minimally invasive spinal surgery: usually a small/stab incisions are used in the lumbar spine. The procedure is reliant on live x-rays (fluoroscopy) to confirm appropriate level and placement of screws. The screws are placed and then a rod needs to join the screws up. This is confirmed using fluoroscopy.

The surgery can take between one to two hours.

After minimally invasive spinal surgery: you will be transferred from theatre to the recovery room before being transferred back to your bed on the ward. You may require a PCA which allows you to take analgesia into your drip, otherwise you will have oral medication.

You will be mobilised with the physiotherapist the following the day and your hospital stay would be between one to two days.

You will be discharged with medication to take and you will require physiotherapy as an out-patient. You will be seen at varying times in the out-patient clinic for assessment where x-rays will be performed. This will probably occur over the first twelve months. Return to work would depend on the occupation and patients take differing times to recover depending on their pre-operative functioning