

# Cardiff Spinal Clinic

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## **Posterior lumbar interbody fusion (PLIF)**

Posterior lumbar interbody fusion involves placing two cages in between the vertebrae through a posterior approach. It is very similar to a TLIF procedure but is different in the fact that in a TLIF one cage is placed whereas in a PLIF two cages are placed. Conditions that would require this procedure include painful disc degeneration, spondylolisthesis, post discectomy discogenic pain as well as recurrent disc prolapse.

**Before posterior lumbar interbody fusion:** 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 with you in respect of the consent with regards to risks and benefits and British Spine Registry information.

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.

**During posterior lumbar interbody fusion:** a posterior incision will be made in the back overlying the appropriate discs. X-rays will be performed to confirm the appropriate levels. Muscles will be retracted to gain access to the back of the spine. Pedicle screws will be inserted and then a decompression performed to allow access to the back of the disc on both sides. The disc will be cleared from both sides and after this, bone graft and two cages will be inserted to support the vertebrae. Rods will then be inserted to join up the pedicle screws from both sides. The wound will be closed over a drain.

**After posterior lumbar interbody fusion:** you will be transferred from theatre to the recovery room and then back to your bed on the ward. You will most likely have a PCA to give you pain relief via your drip.

You will be mobilised the following day with the physiotherapist. You will require physiotherapy as an out-patient.

Hospital stay is roughly two days.

You will be given appropriate medication to take home.

You will be asked to avoid twisting, bending or extending too much.

You will be seen back in the clinic at varying times over the first twelve months for assessment and x-rays to be performed. Patients vary with regards to their

recuperation but normally return to work will be within ten to twelve weeks. Driving can be started when you are comfortable and are able to do an emergency stop.