

Cardiff Spinal Clinic

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Discectomy:

Discectomy surgery involves removal of a disc herniation from the neck or lower back. It relieves pressure on the spinal cord or nerve roots. The part of the disc that is herniated is removed. In the lower back the majority of the host disc is left behind. In the neck then it is common to perform an additional fusion or disc replacement.

Discectomy procedure is reserved for patients who have failed conservative treatment with regards to medications, injections and who have not improved with time. If there has been a progressive weakness in the area of the nerve then surgery may be considered earlier and especially if there have been alterations in the bladder/bowel function, ie cauda equina syndrome.

Discectomy is a minimally invasive procedure which is performed under surgical magnification to allow the surgeon to see the tissues in a magnified state. The scar related to the size of the retractor blade which is used for the procedure.

Discectomy is an elective procedure which is scheduled in advance unless the patient presents with cauda equina syndrome who will need an emergency procedure.

The patient would be seen in the clinic and an appropriate consent process undertaken and risks and benefits discussed. Information on this procedure can be found in the patient information section of this website and these will be discussed at the consent process.

In the work up towards this operation an MRI scan would have been performed to confirm the disc prolapse and the patient may well have undergone injections also to try and assist in pain management.

Discectomy is a generally safe surgical procedure but there are risks. These risks would be discussed at the consent clinic. These include the following, but this is not an exhaustive list, infection, bleeding, nerve injury, dural tear (leakage of spinal fluid), deep vein thrombosis/pulmonary embolism, a recurrent disc herniation, scarring around the nerve and ongoing back pain. Normally between 70-85% of patients undergoing discectomy have improvement in their pain.

Before the procedure: once the decision has been made to proceed with decompressive surgery then you will be seen for appropriate consent and discussion about the procedure in more detail. Information on the procedure can be found in the patient information section of this website. You will be given information to take home with you in respect of consent and British Spine Registry information.

You will be seen by a pre-assessment nurse and they will perform tests to confirm your fitness for surgery. They will need to know about blood thinning medication and/or any anti-inflammatory medication that you are taking in order for it to be stopped appropriately before the surgery.

You should not eat anything within six hours before the surgery time, but you can drink clear fluids, ie water, up to two hours before surgery.

Once you arrive in the hospital on the date of the procedure, you will be taken to your room and seen by the surgeon again and any concerns with the consent information can be discussed and the anaesthetist will review you.

The consent form is usually signed in advance of the day of surgery but in emergency scenarios occasionally this may not be possible.

During decompressive surgery: an incision will be made in the back of the neck or lower back and using x-ray the appropriate level will be identified. Bone, ligament and/or disc will be removed to decompress the nerve and give it more space. The procedure usually takes between one to two hours.

After the procedure: you will be transferred from the theatre to the recovery room until you have recovered, before being transferred back to the ward. Local anaesthetic will be injected around the wound to assist with pain management post operatively. Occasionally a PCA pump will be given for pain relief. Otherwise, appropriate pain-relieving medications will be given by the anaesthetist. There will be drain coming out of the skin the surgical area which normally is removed the next day.

It is unusual to need a brace.

The physiotherapist will see you and give you some gentle exercises to do and you will be seen then by the physiotherapist in the clinic following discharge.

An out-patient appointment will be made for you for approximately four weeks following the procedure.

If there are any concerns during the first four weeks, then you will be given the ward number and you should have the secretary's number.

Return to work varies among patients and is related to their overall health and type of work they do.