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Transforaminal lumbar interbody fusion (TLIF):

Transforaminal lumbar interbody fusion is similar to posterior lumbar fusion but during the procedure a cage and bone graft is placed in between the vertebrae which gives more structural support and can increase the gap between the vertebrae as necessary to increase area for nerves to pass through.

The procedure is more complex than posterior lumbar fusion and tends to be used for a collapsed disc with foraminal narrowing as well as treating a painful disc prolapse or recurrent disc herniation.

Before transforaminal lumbar interbody fusion: you will be seen at the preassessment 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. Y

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. 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.

During transforaminal lumbar interbody fusion: an incision is made in the lower back overlying the degenerate disc. X-rays are used to confirm the correct level. Pedicle screws are inserted and then bone and ligament, ie a decompression is made to approach the disc. The disc material is then removed. An appropriate sized cage is then trialled and inserted with bone being placed into the disc space. Rods are then applied to the screws before the wound is closed over a drain.

The surgery takes between two to three hours.

After a transforaminal lumbar interbody fusion: you will be transferred to the recovery room before being transferred back to your room on the ward. It is common to have a PCA pump to administer pain relief. The drain which has been placed will be removed after one to two days and normal hospital stay is approximately two-three days. You will be mobilised with the physiotherapists and taught exercises to do and you will be discharged once your pain relief and mobility is satisfactory. You will be sent home on medication for the pain. It is important to avoid twisting, lifting and bending in the initial period.

Physiotherapy will occur as an out-patient and follow up in the clinic occurs over the first twelve months normally for assessment and x-rays.

Fusion takes between six to twelve months and we would generally suggest not taking anti inflammatories for the first six weeks.

With regards to return to work, then this would normally occur between eight to twelve weeks depending on the occupation.

It is important to remember that transforaminal lumbar interbody fusion is a complex procedure and sometimes a level of back pain can remain, and the aim of surgery is to reduce the pre-operative pain.