OS15 Lumbar Discectomy

What is sciatica?
Sciatica is pain down your leg caused by pressure on a nerve where it leaves your spine.

Your surgeon has recommended a lumbar discectomy operation. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you make an informed decision. If you have any questions that this document does not answer, you should ask your surgeon or any member of the healthcare team.

How does sciatica happen?
Your spine is made up of a column of bones called vertebrae. The vertebrae are arched at the back and are joined together by intervertebral discs. The arches form a protective tunnel called the spinal canal. The spinal cord passes down the spinal canal from the brain. Nerves from your spinal cord leave the spine between the vertebrae. The nerves carry messages from your brain so you can move your muscles. They also carry messages from your skin so you can have the sense of touch and feel pain.

Each intervertebral disc is made up of a tough outer layer with jelly-like material inside. If a disc becomes worn, it can develop a bulge (a ‘slipped disc’). This may cause backache. The bulge may press on one of your nerves where it leaves your spine (see figure 1). This causes leg pain and sometimes muscle weakness or numbness.

What are the benefits of surgery?
If you have a lumbar discectomy, you should recover more quickly from your sciatica. You may also be less likely to get sciatica again. If you also have back pain, this is less likely to get better after surgery because of wear and tear in your spine.

Are there any alternatives to surgery?
Many people get better in time without any surgery. In 9 out of 10 people this takes twelve weeks or less. Treatment involves painkillers and rest, followed by an exercise programme. If you have a lot of pain, you can also have a steroid injection in your spine. This involves injecting drugs into an area called the epidural space near the affected nerve. If your sciatica pain does not improve with time, your surgeon may recommend a discectomy operation.
What will happen if I decide not to have the operation?
You should take painkillers if you need them and rest for a few days. Once the pain starts to improve, you should begin to do more exercise. Your surgeon may refer you to a physiotherapist for an exercise programme. If your pain is slow to improve, you may need to have a steroid epidural injection. If your sciatica does not get better within a reasonable time, you may decide to have a discectomy operation.

What does the operation involve?
You will usually have a special scan, called an MRI scan, to confirm the diagnosis and help your surgeon to plan the operation. A variety of anaesthetic techniques are possible. Your anaesthetist will discuss the options with you and will recommend the best form of anaesthesia for you. The operation usually takes between three-quarters of an hour and an hour. Your surgeon will make a cut in the centre of your lower back. They will part the muscles and remove a small amount of ligament and sometimes bone to get to the disc. Your surgeon will remove the piece of disc that is pressing on the nerve (see figure 2). Some surgeons perform the operation using a microscope so that the cut they need to make is smaller. At the end of the operation, your surgeon will close the skin with stitches or clips.

What should I do about my medication?
You should continue your normal medication unless you are told otherwise. Let your surgeon know if you are on warfarin or clopidogrel. Follow your surgeon’s advice about stopping this medication before the operation.

What can I do to help make the operation a success?
• Lifestyle changes
If you smoke, try to stop smoking now. Stopping smoking several weeks or more before an operation may reduce your chances of getting complications and will improve your long-term health. For help and advice on stopping smoking, go to www.gosmokefree.co.uk. You have a higher chance of developing complications if you are overweight. For advice on maintaining a healthy weight, go to www.eatwell.gov.uk.
• **Exercise**

Regular exercise can reduce the risk of heart disease and other medical conditions, improve how your lungs work, boost your immune system, help you to control your weight and improve your mood. Exercise should help to prepare you for the operation, help with your recovery and improve your long-term health. For information on how exercise can help you, go to www.eidoactive.co.uk. Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

**What complications can happen?**

The healthcare team will try to make your operation as safe as possible. However, complications can happen. Some of these can be serious and can even cause death. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

The complications fall into three categories.

1. **Complications of anaesthesia**
2. **General complications of any operation**
3. **Specific complications of this operation**

1. **Complications of anaesthesia**

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

2. **General complications of any operation**

- **Pain**, which happens with every operation. The healthcare team will try to reduce your pain. They will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.
- **Bleeding** during or after surgery.
- **Infection in the surgical wound** (risk: 1 in 50). If this happens, you will need antibiotics and sometimes further surgery to clean out the wound.

3. **Specific complications of this operation**

- **Unsightly scarring** of the skin, although the scar is normally quite small.
- **Blood clots** in the legs (deep-vein thrombosis) (risk: 1 in 100), which can occasionally move through the bloodstream to the lungs (pulmonary embolus), making it difficult for you to breathe (risk: 1 in 225). You may be given treatment to reduce the risk of blood clots.
- **Difficulty passing urine**. You may need a catheter (tube) in your bladder for a day or two.

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How soon will I recover?

• In hospital
After the operation you will be transferred to the recovery area and then to the ward. The nurses and your physiotherapist will help you to start walking as soon as possible. You should be able to go home the following day. However, your doctor may recommend that you stay a little longer.
If you are worried about anything, in hospital or at home, ask a member of the healthcare team. They should be able to reassure you or identify and treat any complications.

• Returning to normal activities
Your physiotherapist may give you an exercise programme to help you to strengthen your back. It is important to do your exercises as instructed to reduce the risk of having back problems again.
Your surgeon, physiotherapist and occupational therapist will tell you when you can return to normal activities.
It is best not to do any heavy lifting after you have had back surgery, even if that is what your job involves.
Regular exercise should help you to return to normal activities as soon as possible.
Before you start exercising, you should ask a member of the healthcare team or your GP for advice.
Do not drive until you are confident about controlling your vehicle and always check with your doctor and insurance company first.

• The future
4 out of 5 people make a good recovery from surgery and are able to return to normal activities.
1 out of 5 people get more back pain or continued sciatica because of wear of the disc that was operated on or wear of other discs. Sciatica can be caused by another disc bulge or scar tissue around the nerves.
1 out of 10 people will decide to have another operation.

Summary
The common cause of sciatica is a bulge on one of the discs in your spine that presses on a nerve in your lower back. If the pain does not settle on its own, your surgeon can perform a lumbar discectomy to remove the bulge.
Surgery is usually safe and effective. However, complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Further information
• NHS smoking helpline on 0800 169 0 169 and at www.gosmokefree.co.uk
• www.eatwell.gov.uk – for advice on maintaining a healthy weight
• www.eidoactive.co.uk – for information on how exercise can help you
• www.aboutmyhealth.org - for support and information you can trust
• American Academy of Orthopaedic Surgeons at www.aaos.org
• North American Spine Society at www.spine.org
• NHS Direct on 0845 46 47 (0845 606 46 47 - textphone)
• www.eidohealthcare.com

Acknowledgements
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Local information

You can get information locally from the Patient Advice and Liaison Service (PALS) on 02380 798 498 or email PALS@suht.swest.nhs.uk.
You can also contact:

You can also contact:

Tell us how useful you found this document at www.patientfeedback.org

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you.

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