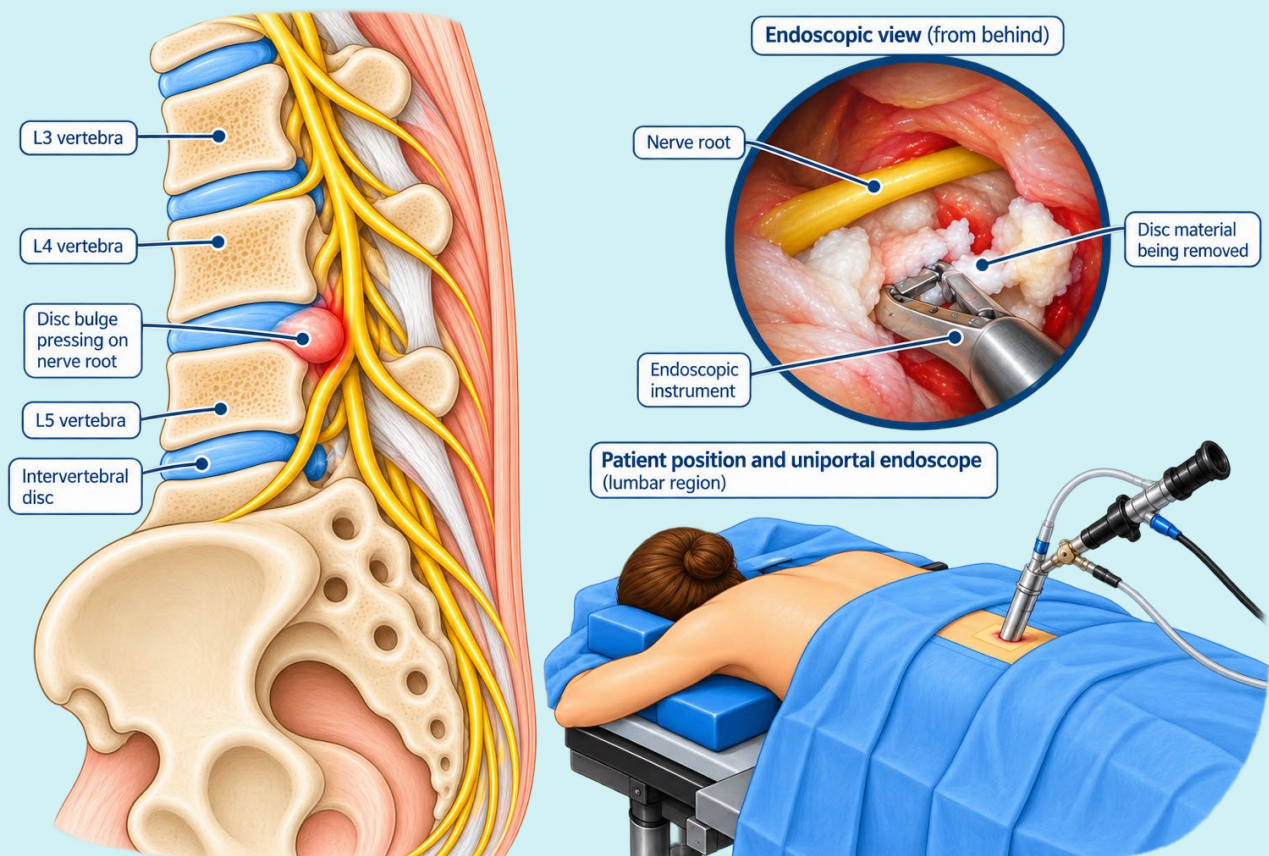


Information leaflet

Endoscopic lumbar microdiscectomy and decompression (V2510)

This is an operation on your lower back. The lumbar discs at the front of the spine act as flexible shock absorbers. Sometimes they can fail and bulge backwards to press on the spinal nerves in your back.

Endoscopic discectomy and decompression surgery is used to remove the part of the disc or ligament that is pressing on nerves. It aims to relieve the leg pain caused by pressure on the spinal nerves. It is not an operation to cure low back pain.



Endoscopic spinal surgery is a relatively new procedure. There is good evidence that it is safe and able to treat pain. It results in a smaller scar and may allow a quicker recovery than traditional surgery. There is always a risk that if the surgery proves difficult the surgeon may have to convert back to previous techniques and this may result in a slightly larger scar.

Medicines

If you take any anticoagulant medications that 'thin the blood' you will be asked to stop these prior to your procedure. The length of time is different for different medications so please discuss this with Mr Bateman in advance. You can restart your usual medication the day after the procedure.

What happens during the procedure?

On the day of your procedure you will see Mr Bateman to confirm you still wish to proceed. He may ask you to confirm your symptoms again. Your anaesthetist will also see you and give you further details about your anaesthetic.

You will be asked to change into a gown and wait on the ward prior to your operation. When it is your turn you will walk to the operating theatre with a nurse to guide you. You will lie on a bed, on your back and be given a general anaesthetic.

Once asleep, you will be rolled onto your front on a special operating table. Your skin is cleaned with antiseptic solution and sterile covers applied. An x-ray image is taken to confirm the level of your operation. A small cut is made in the skin and a narrow tube is passed towards the spine. Down this tube a camera and instruments can be passed to

perform the procedure. A small area of muscle is cleared to allow access to the spine. A window is made in the bone and ligaments of your back.

The spine is viewed through a special camera passed down the tube. The spinal nerves are moved aside and any loose or bulging parts of the disc are removed. The nerves are checked to make sure the pressure has been removed. The wound is then closed with dissolving stitches and tissue glue. A waterproof dressing is applied.

After the procedure you will be gently rolled onto your back and moved to a bed in the recovery area. Later on you will be taken back to the ward. The procedure usually takes around 1-2 hours but the whole process can take longer. The operation will be longer if more than one section of the spine is being treated.

What are the risks?

Endoscopic discectomy and decompression are generally considered a safe procedures. As with any operation there is a small risk of complications. These may only be rare but you need to be aware before you agree to the procedure.

- You will have a scar on your back.
- Approximately 10 – 20% of patients have on going leg symptoms after what is technically a successful operation. It is not always known why this happens.
- The risk of infection is around 1 – 2%. A superficial wound infection usually settles readily with antibiotics. A deep infection is potentially more difficult to treat and may require prolonged antibiotics and even further surgery.

- There is usually only a small amount of blood loss with this procedure but heavy bleeding can occur. Very rarely patients may require a blood transfusion. Major vessel injury is a rare but potentially life-threatening complication.
- Deep vein thrombosis is another possible problem. It is very uncommon but can go to the lungs and cause serious or life threatening problems. To reduce your risk you will be given special stockings to wear. You should move your legs and feet as soon as you can after the procedure. Walking around as soon as you are able will also help.
- During the procedure the spinal nerves can be injured. This is very rare and can be temporary or permanent. It can cause numbness or weakness in the legs. Even rarer is a loss of bladder or bowel control. These symptoms do not always improve with time.
- There is a 5 - 10% risk of a further disc bulge at some point in the future. This may be a different level to the operation or the same level.
- It is reported that up to 15% of patients feel their back pain is more troublesome after a microdiscectomy procedure. This often takes the form of grumbling, nuisance backache and is not usually disabling.
- There is a small risk of injury to the protective coating (dura) around the nerves. This may need repair during the procedure. It can cause a headache for a few days. It should not cause any long-term problems but may slow down your initial recovery. Very rarely ongoing leakage of the fluid around the nerves can occur. If this happens, it may require further surgery.

- There is a small risk that the procedure may not be possible to complete using the spinal endoscope. If this occurs then Mr Bateman may have to make a slightly larger cut and approach the spine in the traditional way. This may lead to a slightly larger scar.

The risks of a general anaesthetic include:

- Common temporary side effects including bruising or pain in the area of injections, blurred vision and sickness, these can often be treated and pass off quickly.
- Infrequent (less than 1%) complications including temporary breathing difficulties, muscle pains, headaches, damage to teeth, lip or tongue, sore throat and temporary problems with speaking.
- Extremely rare and serious complications (less than 1 in 10,000) including severe allergic reactions and death, brain damage, kidney and liver failure, lung damage, permanent nerve or blood vessel damage, eye injury, and damage to the voice box. If you are concerned about any of these risks, or have any further questions, please speak to Mr Bateman or your anaesthetic consultant.

Alternatives

Mr Bateman has recommended this procedure as being the best option for you. However, the alternatives to this procedure include continuing with pain-relieving medication, physiotherapy, spinal injections or standard microdiscectomy or decompression surgery. There is also the option of not receiving any treatment at all. If you would like more information please speak to Mr Bateman.

What happens after the procedure?

You will be encouraged to walk as soon as possible after surgery – usually on the day of your surgery unless your operation is done late in the day.

Your back may be painful for the first few days, but you will be given pain relievers to control this. You should aim to move around frequently as this will minimise painful back spasm.

You will normally be allowed to go home from hospital on the day of your procedure or the day after if it was done late in the day.

You will be offered a nurse led review 10 days after your procedure and will see Mr Bateman in the clinic around 6 weeks after the procedure to discuss your progress.

The time taken to return to work varies. If you work from a home office, you will probably be able to start working within a few days. Light manual workers usually return to work at around 2-4 weeks. Patients who do heavy physical work might not be able to return to work for around 4-6 weeks following surgery.

Once the wound has fully healed, you can return to gentle activities such as swimming and cycling (usually around 2 – 6 weeks after surgery).

We recommend avoiding heavy lifting for at least 6 weeks after the procedure.

If you are planning to return to sport, you may benefit from a course of physiotherapy to help strengthen the spine before returning to such activity.

You can resume normal sexual activity after surgery as soon as your symptoms allow (usually around 2 – 6 weeks after surgery).

You can return to driving as soon as you are able to control your vehicle and perform an emergency stop, if necessary. This is usually around 2 – 6 weeks after your procedure. Please be aware that long periods sitting in a car can cause back muscle spasm and pain.

These are estimates and given the minimally invasive nature of the procedure you may find you improve and return to your usual activities sooner than this.

Will it work?

The main aim of endoscopic spine surgery is relief of your leg pain. Around 80–90% of patients who have a this procedure are satisfied with the amount of pain relief they achieve. Please remember that it is not an operation for the relief of back pain although back symptoms do sometimes improve.