



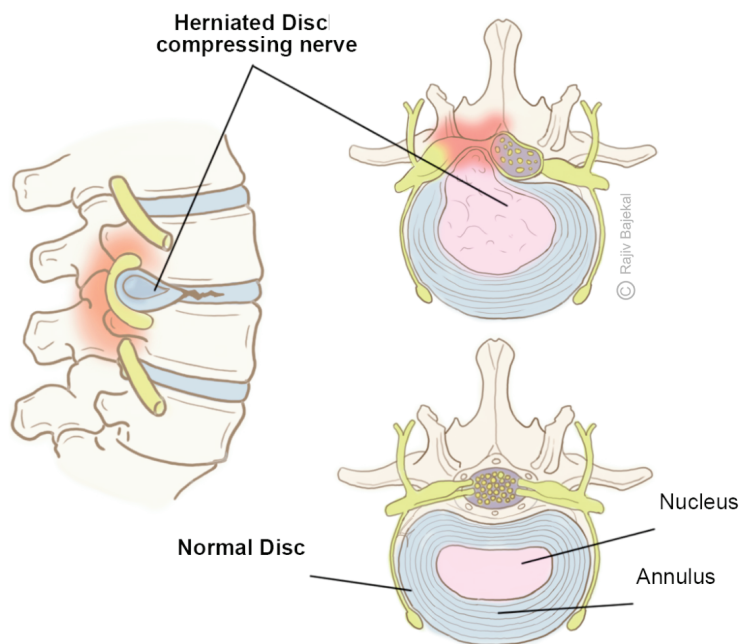
DISCECTOMY

A discectomy is a surgical procedure to remove the protruding or damaged portion of a herniated disk in the spine. Discectomies are very effective in treating sciatica, which occurs when the protruding disc exerts additional pressure on the spinal nerves.

What is a Discectomy?

A discectomy is a surgical procedure to remove the protruding or damaged portion of a herniated disc in the spine. Discectomies are highly effective in treating sciatica, which when the protruding disc exerts additional pressure on the spinal nerves. I am very experienced in this operation. I will discuss all benefits and risks of the procedure with you at your consultation. If you have any concerns about the procedure please ask me during your consultation.

I work with a team of three consultant surgeons, consultant radiologist and a very experienced physiotherapy team and discuss all complex cases in our fortnightly multidisciplinary team meeting to be able to provide a first class service.



What is a Slipped Disc or Disc Prolapse?

When the intervertebral disc is compressed, it initially causes annular tears and ultimately cause the nucleus rupture, as the disc starts slipping due to the pressure exerted on the disc. This condition is known as a Slipped Disc or Disc Prolapse.

What is a slipped disc or disc prolapse?

Sometimes the nucleus pulposus protrudes through tears in the annulus, causing a slipped or herniated disc. This condition usually occurs due to an injury or weakness. It is an uncomfortable and painful condition. Sometimes a slipped disc may compress the spinal nerve root, causing numbness and pain along the affected nerve. In severe instances, surgery may be the best option to treat the slipped disc.

A sedentary lifestyle and weak core muscles also contribute to slipped discs. People carrying excess weight are at increased risk for a slipped disc as their spinal discs must support their

higher weight. Herniated discs occur more commonly in men than women and with increasing age.

A diet that damages the blood supply of the endplate can cause degeneration of the disc. Typically a diet of ultraprocessed and fatty foods and smoking is implicated in this mechanism.

What do you recommend once I am diagnosed with a Disc Prolapse?

It is tempting to rest and stop all physical activity due to severe pain from a disc herniation because of fear that the pain causes. However, this can lead to joint stiffness and weakness of the muscles. Remaining active by walking and stretching would provide much more relief. Initially, you may benefit from physiotherapy and adopting an exercise program to strengthen the core muscles while reducing pain. Pain killers and taking a break from heavy lifting and painful positions are also beneficial. I would usually recommend surgery if your symptoms last longer than six weeks and the pain is uncontrolled or if the condition is affecting muscle function.

When may I need a Discectomy?

The pressure created by your disc prolapse can cause excruciating pain along the affected nerve, radiating down into the related leg. When a herniated disc causing your sciatica does not respond to conservative methods ([hyperlink](#)) including steroid injections and other non-surgical procedures, you could benefit from a discectomy. This surgery involves removing the herniated disc to alleviate pressure exerted by the disc on the nerve root. The procedure is usually successful in relieving sciatic pain in around 90% of patients. Most surgeons today prefer minimally invasive discectomies and in most situations, this is my preference too.

When might I require emergency surgery?

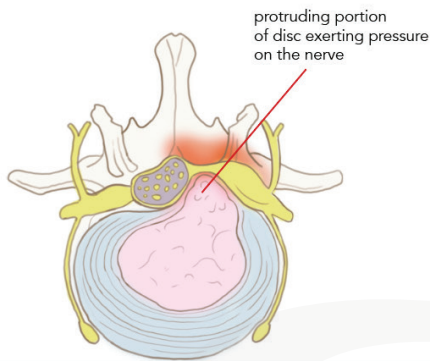
The only absolute indication for surgery is for the cauda equina syndrome. This syndrome is a surgical emergency that often presents dramatically. The disc will press on the cauda equina, which consist of the nerve roots to the lower limbs, the bladder, and the rectum, causing the following motor and sensory problems:

- **Loss of perianal sensation** (around your anal opening) "saddle anaesthesia."
- **Bilateral weakness in the legs** with often pain on both sides
- **Sphincteric disturbance resulting in incontinence**
- **Inability to sense bladder filling, painless retention, and overflow: urinary incontinence Loss of anal tone: faecal incontinence**
- **Cauda equina syndrome is a surgical emergency requiring an emergency MRI scan and subsequent surgery and decompression.** If the bladder and bowel is affected for more than 24 hours, surgery may be too late in reversing the symptoms; this is an emergency, and you should seek urgent medical advice or attend the emergency department without delay.

Other urgent indications for surgery are:

- Unrelenting leg pain despite adequate conservative measures
- Progressive neurological deficit

How is a Discectomy Performed?

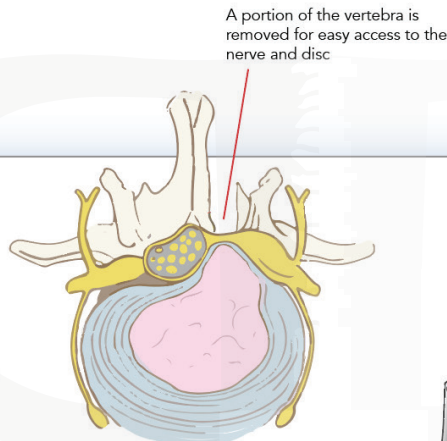


1. Herniated Disc

Surgery is recommended if the pressure of the disc on the nerve root results in severe sciatica which is not relieved by other modalities of treatment or is causing nerve damage

2. Partial Removal of a Vertebra

Surgeon will need to create safe and easy access to the nerve, and thus remove a portion of the vertebra of the affected region, where the nerve is being compressed.

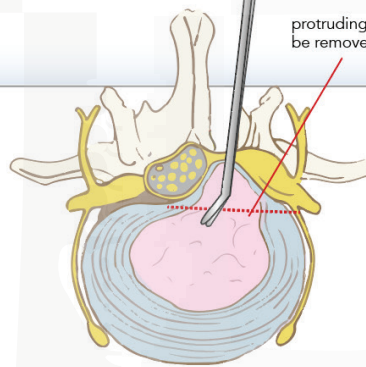


Pituitary Rongeur
-Instrument used for discectomy

protruding portion of disc to be removed via discectomy

3. The Discectomy is performed

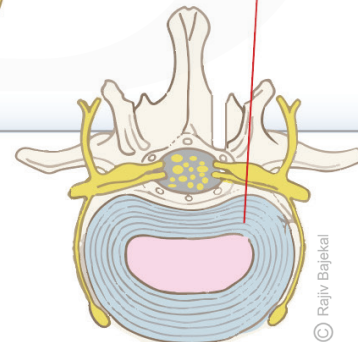
Surgeon will perform a Discectomy to remove the protruding portion of the disc via minimally invasive surgical techniques, and ensure that the nerve is not injured during the procedure



Healthy Disc

4. The Disc is healed

Ideally a Discectomy will result in alleviation of sciatica and a normal disc which will not exert pressure on the nerve. However, it is important to adapt your lifestyle to prevent disc herniation to recur.



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Getting Ready for Surgery

- There are risks of an anaesthetic and surgery, such as developing pneumonia etc. Elderly people have higher rates of complications from surgery. So do people with excess weight or medical illnesses such as Type 2 diabetes, heart disease, if you smoke or if you have multiple medical problems.
- You must inform my anaesthetist, the nurse looking after you, preassessment team and me of all the medications you are taking, any allergies that you may have including drug reactions as these can seriously impact your surgery and recovery. Drugs such as aspirin, clopidogrel, and other blood thinners may need to be reviewed or stopped under guidance before surgery. If you are diabetic, especially on insulin, this needs to be highlighted early.
- Do try and try if time permits to stop smoking, lose weight and make some lifestyle changes as these will make your recovery smoother.

What is involved in a Discectomy?

Using high magnification with the help of a microscope or a loop, I perform the surgery under general anaesthesia. The procedure involves removing a part of the herniated disc to stop it from pressing on the nerve.

A 3-7 cm incision over the affected portion of the lower back is made to gain access to the involved nerve root and disc by removing a small part of the lamina and the surrounding soft tissue or ligamentum flavum. Then the protruding part of the disc compressing the nerve root is taken out, along with other loose fragments. Ideally, just the portion of the disc that is pinching the nerve is removed, relieving the pressure on the nerve but leaving most of the disc intact. The wound is then closed with dissolving sutures that do not need removal.

What are the risks of having a Discectomy?

Though the complication rate for a discectomy is uncommon at less than 1% (1 in a 100), here are some of the risks associated with the procedure which I will be discussing with you along with my own success rates:

- **Infection:** The risk of infection is less than 1%. All my patients receive a dose of intravenous antibiotics when they are going off to sleep. If you develop an infection, it is most likely to be a superficial wound infection that will resolve with a short course of oral antibiotics and not usually a cause for serious concern.
- **Bleeding:** Blood loss is usually minimal.
- **DVT:** Developing blood clots in the legs (deep vein thrombosis – DVT) is a risk of any surgery. The risk is minimised by using thrombo-embolic deterrent stockings (TEDS) and mechanical pumps. These pumps squeeze your lower legs, helping the blood to circulate. They are put on when you go to sleep and stay on until you start to mobilise. I encourage early mobilisation as this also helps to prevent DVT.
- **Nerve Injury:** This is an exceedingly rare but serious risk of a discectomy as the nerve is often already stretched and under tension due to the slipped disc and the nerve has to be taken to a side to remove the slipped disc. Nerves do not take handling and retraction very well and may be damaged to some extent and rarely a complete damage may result in weakness and numbness in the area supplied by the nerve permanently.
- **Dural Tear:** Rarely there can be an injury to the thin membrane that surrounds the nerves (Dural tear) which can result in a CSF leak. This can usually be repaired at the time but sometimes needs another operation to address it.
- **Long term risks:** There is a high likelihood that you will resume your normal lifestyle after your surgery and keep your pain under control. However, it is always possible for the disc to rupture again, which happens in 5-10 % (5-10 in 100) of patients up to 7 years after surgery.

How long should I expect to stay in hospital?

The procedure involves an overnight stay in the hospital, usually for a day.

What should I expect after a discectomy?

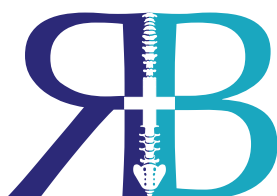
Local anaesthetics used around the wound at the time of surgery are usually adequate for managing pain. Occasionally intravenous pain killers are used together with tablets to keep you comfortable. A physiotherapist will visit you to teach some basic exercises. You will be asked to walk up and down stairs to ensure normal mobility before you are discharged from the hospital.

I recommend that you avoid driving, excessive sitting, lifting, or bending down for about a month after surgery. Be guided regarding how much you move or bend in the first few weeks after surgery based on your pain. If it is painful, be careful of overdoing it. Your physiotherapist and I often demonstrate exercises to strengthen the back and to prevent scar formation around the nerve (nerve flossing).

Following a hospital stay, you are given a physiotherapy program before discharge to help recover.

What should I expect at home?

- The treating physiotherapist usually provides exercises that you can follow easily at home. The ward team will prescribe pain-relief medicines. Non-steroidal anti-inflammatory drugs (NSAIDs) are not always prescribed as they can cause oozing from the wound.
- Stool-softeners. These are sometimes required initially to in to avoid constipation which would prevent excessive straining during bowel movement.
- Look after your wound by avoiding activities like bathing, swimming, and hot-tubs until the incision has completely healed to prevent rupturing of sutures and infection from setting in. The absorbable sutures used for surgery usually dissolve in a few days after surgery. A water proof dressing is used to cover the wound to allow showering. Do ring the ward if you have any concerns.
- You should continue with the physiotherapy program and follow the prescribed exercises. You should avoid activities like running or lifting heavy weights (typically over 5 pounds).
- You are advised to use compression stockings to prevent blood clot formation, until you are completely mobile.
- I would like you to download and use the link to the app for MyRecovery to collect information which helps me improve my service (hyperlink)



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