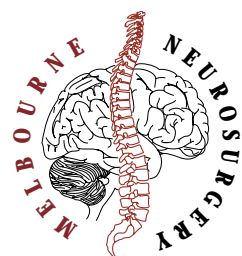


PROCEDURE INFORMATION

LUMBAR MICRODISCECTOMY



WHAT IS A MICRODISCECTOMY ?

A Microdiscectomy is where a prolapsed disc fragment is removed through a small incision in your back. It is called "Micro" as it is done under magnification. Usually not only is the prolapsed fragment removed but the rest of the damaged disc is also removed to prevent a further prolapse occurring.

WHAT ARE THE REASONS FOR HAVING A MICRODISCECTOMY ?

The commonest reason is because you are suffering from leg pain (called SCIATICA) you may also have numbness or weakness in your leg/s. If you are having surgery it usually means that the symptoms have not gone away with other therapies such as physiotherapy, rest, and anti-inflammatories.

A Microdiscectomy is not normally performed for back pain alone as this generally does not improve with this type of surgery.

WHAT YOU NEED TO TELL THE DOCTOR BEFORE SURGERY ?

- If you have clotting problems.
- Any recent new Health problems.
- If you are taking blood thinning agents.
e.g. Warfarin/aspirin/anti-inflammatory
- If you have improved from the time you decided to have surgery.
- Drug allergy

HOW LONG WILL YOU BE IN HOSPITAL

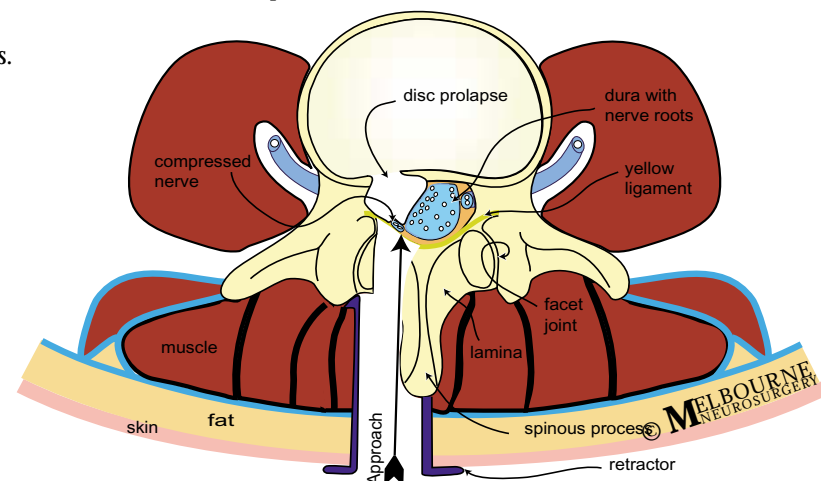
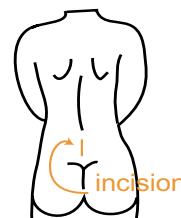
You may be admitted on the day of surgery or the day before. You will fast from midnight on the day of surgery. You will be discharged about 3 days post-operatively. On discharge you will be able to perform most tasks of daily living (e.g. showering/dressing/etc.)

HOW IS IT PERFORMED ?

In the operating theatre you are given a general anaesthetic and then positioned face down on a special frame. A small incision is marked out and the area prepared with antiseptic. You are covered in drapes so that only the incision can be seen.

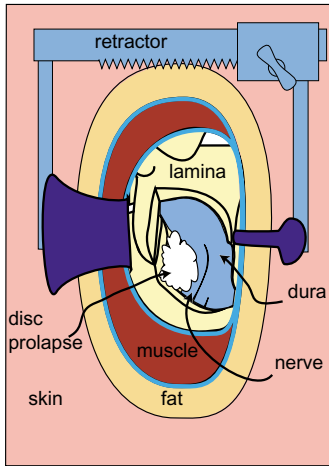
A cut is made through the skin down to the spinous process. The muscle is dissected from the lamina and facet joint and the retractor is used to hold this out of the way. The level is checked with X ray.

Using a special bone drill the bone of the lamina and part of the facet joint may be removed. This leaves the yellow ligament which is removed to expose the dura and the compressed nerve.



The nerve is gently moved out of the way and the prolapse is removed. This gives more space to allow the removal as much as possible of the remaining disc. You can see from the above diagram that it is difficult to completely remove the disc by this approach.

Once this has been done all bleeding is stopped and a small piece of fat is placed behind the nerve to act as a cushion. The layers are then all sewn back to their normal positions. The skin may be closed with a nylon removable suture or with a disolvable suture.



Operative drawing looking into the wound and showing the white disc prolapse just before removal. The bone removed is part of the lamina and facet joint. The nerve is pushed over to the right.

WHAT HAPPENS NEXT ?

You will wake up in recovery and after about 1 hour you will be transferred to the ward. The nursing staff will be continually checking your pulse/blood pressure/ and leg strengths looking for any changes to indicate a complication. During the first night on the ward you will be woken for these observations. You will have intravenous analgesia that you will control by pushing a button (this will be explained pre-op). Sometimes you will have difficulty passing water and you may require a catheter.

The next day the drip in your arm will be removed after your first walk and then you will be given regular Oral analgesia. Gradually over the next two days you will be able to get around as normal. When you are comfortable you will be able to go home.

It is important after the operation to walk as much as possible. Prolonged rest in bed can produce hip pain and clots in the legs.

Sometimes a couple of days after the operation the discomfort in your leg may return, this is due to swelling and usually settles with anti-inflammatory tablets.

If you have removable sutures then they are removed between 5 and 10 days.

WHAT YOU SHOULD NOTIFY YOUR DOCTOR OF AFTER SURGERY

- Weakness in the legs
- Difficulty passing your urine
- Abdominal pain
- Increasing leg pain or numbness
- Fever
- Increasing back pain
- Swelling or infection in the wound.

WHAT HAPPENS WHEN YOU GO HOME ?

- You will be able to do most things.
- You should avoid
 - Heavy lifting
 - Twisting
 - Prolonged sitting
- You will not be able to drive for 3 to 6 weeks
- You should be able to return to some sort of work between 4 to 6 weeks.
- It is important to walk as much as is comfortable.

WHAT ARE THE RISKS? Discuss these and others with your surgeon

THE COMMON RISKS ARE :

- Infection (treated with antibiotics)
- Damaging the nerve that is compressed by the disc.
- Damage to the dural sac containing the nerves and producing a fluid leak. (Stops with bed rest)
- Post operative blood clot requiring drainage
- Paraplegia +/- loss of bowel and bladder function(very rare)
- Clot in the legs (can travel to the lungs [uncommon])
- Complication not related directly to the surgery
 - e.g. Pneumonia
 - Heart attack
 - Urine infection

IS THERE A CHANCE OF A RECURRENT DISC PROLAPSE ?

YES Because the approach is small it is difficult to completely clear the disc. The younger you are the greater the chance because the disc shrinks with age.

WILL YOU GET BACK TO NORMAL ?

Eventually you should be able to do just about all the things that you did in the past. It is important to remember that the disk has been damaged and that some things should be avoided such as heavy lifting. If you had pain, weakness and numbness pre-op. The pain should go away. The weakness should improve (not always completely). The numbness does not always improve and usually takes the longest . You should discuss this with your doctor.

YOU WILL BE ASKED TO SIGN A CONSENT FORM TO SAY THAT YOU UNDERSTAND THE RISKS .
IF YOU ARE NOT SURE ASK BEFORE YOU SIGN.

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