National Hospital for Neurology and Neurosurgery

Lumbar microdiscectomy
Department of Neurosurgery
If you would like this document in another language or format, or require the services of an interpreter please contact the Pre-operative Assessment Centre. We will do our best to meet your needs.

Contents
What does lumbar microdiscectomy mean? 3
How can lumbar microdiscectomy help? 4
What are the risks of lumbar microdiscectomy? 4
What will happen if I choose not to have lumbar microdiscectomy? 6
What alternatives are available? 6
Asking for your consent 7
How should I prepare for lumbar microdiscectomy? 8
What happens during lumbar microdiscectomy? 9
What should I expect after lumbar microdiscectomy? 10
Where can I get more information? 12
How to contact us 13
Where to find us 14
This booklet has been written by the Department of Neurosurgery at The National Hospital for Neurology and Neurosurgery. The aim of the booklet is to provide general information about a procedure called lumbar microdiscectomy. It is intended for patients (or their families or carers) referred to our service and who may be offered this procedure. It is not intended to replace discussion with your surgeon. Your neurosurgeon will talk to you in detail about your procedure.

If you have any questions, please do not hesitate to contact a member of the team caring for you.

What does lumbar microdiscectomy mean?

A lumbar microdiscectomy is a spinal surgical procedure to remove part of a ‘slipped’ (prolapsed) disc which is compressing a nerve root (the point at which the nerve leaves the spine). The disc is soft and spongy and separates the bones of the spine (vertebrae). The disc makes the spine more flexible and acts as a ‘shock-absorber’. Sometimes, part of this disc slips out and presses on a nerve root. This may be the result of several years of ‘wear and tear’ or an injury. The lower back (or lumbar area) is a common site for this to occur.
How can a lumbar microdiscectomy help?

The aim of surgery is to free up (decompress) the nerve root. There is a very high chance (over 90 percent) that leg pain or sciatica caused by nerve root compression (radiculopathy) will improve after surgery. If you have back pain it may improve, but this is less likely.

If you have symptoms of power or sensory (feeling) loss due to disc herniation there is a chance that this operation may help. This will depend on how long the nerve root has been affected.

What are the risks of a lumbar microdiscectomy?

All treatments and procedures carry risks and we will talk to you about all the risks and benefits of a lumbar microdiscectomy. Your consultant will explain the risks to you in detail. The procedure is performed under a general anaesthetic and your anaesthetist will talk to you about the risks of general anaesthesia.

Female patients must tell their anaesthetist and surgeon if they are or could be pregnant. Anaesthetic drugs and x-rays used during the procedure can be harmful to unborn babies.
Problems that may happen straight away

- There is a small risk (one percent) of nerve root injury resulting in loss of leg power and sensation, loss of bladder, bowel or sexual function or pain.
- Leakage of cerebrospinal fluid (two to five percent) which surrounds the brain and spinal cord can also occur.
- There is a small risk of a blood clot developing around the nerve roots resulting in a serious neurological problem. If this happens you would need an urgent operation to remove the blood clot.

Problems that may happen later

- The surgeon will only remove those parts of the prolapsed disc which are pressing on the nerve root, not the whole disc. Some of the remaining disc tissue may become displaced in the future causing a recurrence of your symptoms.
- Infection can develop in the skin wound or deeper in the disc space, this is called discitis. We minimise this risk by giving a dose of an antibiotic at the start of the anaesthetic. We will ask you to keep the wound clean and dry.
- Scar tissue may develop around the decompressed nerve root resulting in pain or changes in the feeling in your leg.
Very rare problems that can be serious

- Very rarely, injury to a major blood vessel may occur when the prolapsed disc is being removed.
- Instability of the spine can occasionally occur caused by the removal of bone. If this happens you will require further treatment or surgery.

What will happen if I choose not to have a lumbar microdiscectomy?

Sometimes the ‘slipped’ part of the disc shrinks back, so there is a chance that your leg pain may get better by itself. This becomes less likely after a longer period of symptoms. Problems with power or sensory loss, passing urine or controlling your bowels are unlikely to improve without surgical intervention.

What alternatives are available?

Your surgeon will discuss all alternative treatments and their risks and benefits with you. Alternative treatments include:

- Physiotherapy. Physiotherapists can give advice about exercises to strengthen the muscles of the spine and improve posture.
Nerve root injection for radiculopathy (leg pain) can be done as a day-case procedure. This may, however, only offer temporary relief of symptoms.

Pain relieving medicines. Consult your pharmacist or GP about the safety and suitability of these medicines. Your GP may prescribe stronger pain relieving medicines but these may have other side-effects such as constipation.

**Asking for your consent**

We want to involve you in all the decisions about your care and treatment. If you decide to go ahead with treatment, by law we must ask for your consent and will ask you to sign a consent form. This confirms that you agree to have the procedure and understand what it involves. Staff will explain all the benefits, risks and alternatives before they ask you to sign a consent form. If you are unsure about any aspect of your proposed treatment, please don’t hesitate to speak with a senior member of staff again.
How should I prepare for lumbar microdiscectomy?

You will be seen in the Pre-operative Assessment Centre up to six weeks before surgery. A doctor and nurse will see you, and can answer any questions you may have. They will ask you about all the medicines you are currently taking and it is advisable to bring a list of your medicines to clinic with you as well as any letters about your medical conditions. Some medicines may need to be stopped before surgery. Do not stop any medicines you are currently taking unless you are advised to do so by the clinic doctor or nurse.

You will be asked to fast for at least six hours before surgery. Your anaesthetist will tell you what times you should not eat and drink after; they will also talk to you about the anaesthetic and appropriate pain control.

Usually patients are admitted on the morning of their operation. Your admission letter will tell you what time you should arrive at the hospital and where you should go.
What happens during a lumbar microdiscectomy?

Before going to the operating theatre the nurse will complete a pre-operative checklist and give you a gown and elastic stockings to wear. A surgeon will place a mark on your skin to indicate the site of your operation. A member of the operating team will confirm your details. This is a safety check to confirm your identity and what operation you are having.

Once the anaesthetic is started and you are ‘asleep’ you will be moved to the operating theatre. The surgeon will make a small incision (cut) about two inches (five centimetres) on your lower back.

The muscles are pulled away from the bone on the side of the herniated disc. A small part of the bone is removed (lumbar fenestration) to allow the surgeon to reach the disc space. If necessary another X-ray will be taken at this stage. The nerve root is identified and carefully moved to one side to reveal the herniated disc. The surgeon will then carefully cut away fragments of disc until the nerve root is no longer being compressed.

The muscles are sewn up with dissolvable stitches and the skin wound is closed using metal clips or dissolvable stitches.
What should I expect after a lumbar microdiscectomy?

The operation takes approximately two hours. After surgery you will go to the recovery ward for a short period of observation before going back to the ward.

You do not need to rest in bed. You can mobilise out of bed later that day. A nurse or nursing assistant will help you until you feel steady on your own.

You will be given regular pain relieving medicine. Please tell your nurse if this is not effective so we can give more or have you reviewed by the doctor. Good pain relief is important to your recovery. We expect that you will be well enough to go home the following day.

Most people feel the improvement in their leg pain immediately after the operation. Others feel the benefits after a few weeks. In a minority of patients, the pain does not go away despite adequate decompression.

You will experience some mild wound soreness for the first week. Taking simple painkillers such as paracetamol regularly at the recommended dose can help.

Before going home from hospital, you will be given advice from your surgical team about how to care for your wound. If clips are used they will need to be removed seven to ten days after the operation. This can be done at your GP surgery. It
is important to know how to care for your wound so please do
not hesitate to ask any questions if you are unsure. Before
leaving the ward the nurse will give you a card with contact
details if you have any questions or concerns.
You will need to take care of your back and this includes
knowing how to lift correctly. We may ask a physiotherapist
to see you to give advice.
You may find that sitting down is the least comfortable
position. If you start to feel uncomfortable walk around, lie or
stand for a few minutes.
It is normal to feel tired for a couple of weeks after an
operation. Try to do a little activity often instead of trying to
do too much at once.
Depending on the type of work you do, you may need to take
four to six weeks off work. You should discuss when you can
go back to work with your surgeon, CNS or physiotherapist
before you leave hospital.
You may drive when you feel comfortable and can operate
the controls safely.
We will check your progress in the outpatient clinic one to
three months after your surgery. You will be given your
appointment date before you go home or we will send a letter
with your appointment details.
If your wound becomes red, very painful or throbbing, swollen or leaks blood or fluid seek medical advice straight away. Please contact the ward during working hours, your GP or go to your local Accident and Emergency Department. You may also contact your consultant or clinical nurse specialist via the team secretary.

**Where can I get more information?**

You may find the following websites helpful:

- www.brainandspine.org.uk
- www.uclh.nhs.uk/nhnn
- www.patient.co.uk

UCL Hospitals cannot accept responsibility for information provided by other organisations.
How to contact us

Pre-operative Assessment Centre

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Where to find us
Space for notes and questions