



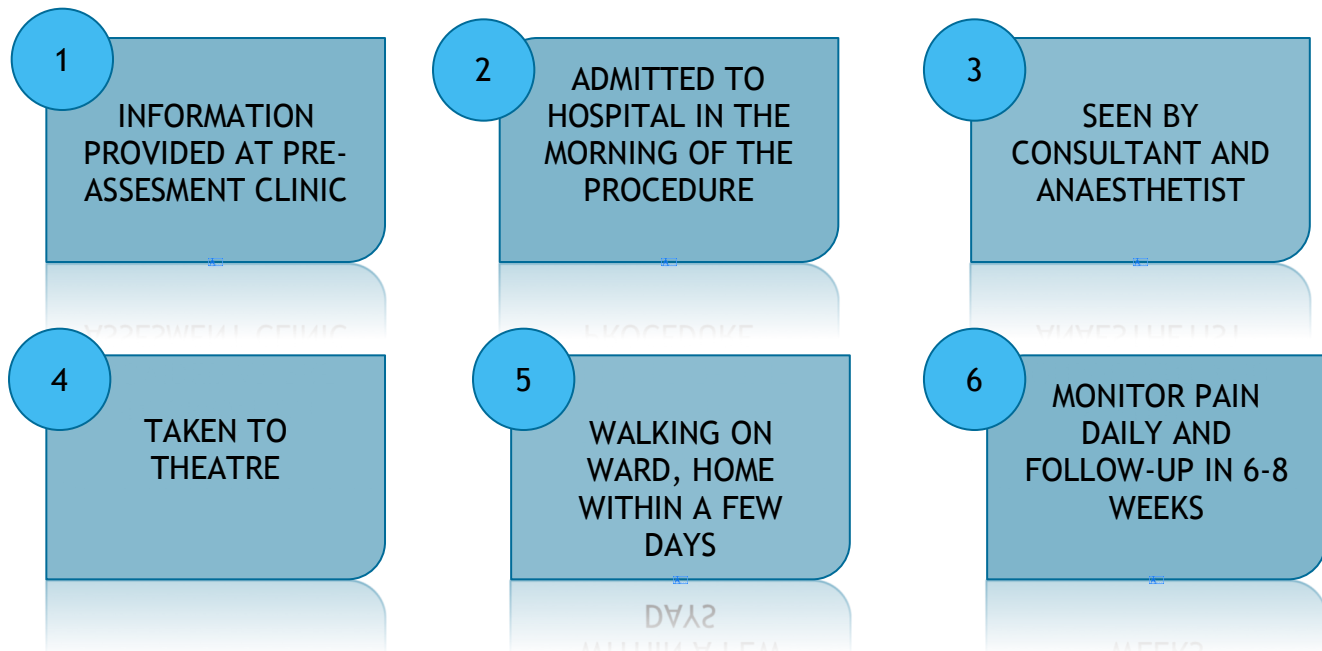
# Surgery for herniated discs

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Information booklet about lumbar discectomy surgery  
used to treat leg pain.

## YOUR JOURNEY PLAN:

We explain what happens when you are listed for a discectomy



In this booklet we cover all of these steps in detail so that you know the most important facts about having surgery for a herniated disc.

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### INFORMATION ABOUT THE SPINE

#### WHAT IS A HERNIATED DISC?

The spine is composed of 24 block-shaped bones called vertebrae, which are connected together with rigid discs. These discs are made of a tough outer layer (annulus fibrosus) and a more gel-like center (nucleus pulposus). A disc herniation occurs when the center of the disc is displaced through a crack in the outside layer. This occurs naturally in 20% of the population as a result of ageing, mechanical factors and overloading the spine. However, only about 5% of people with a disc

herniation will have symptoms in the legs. As the disc herniates, it can cause pressure on the nerves leading to the leg, which may result in leg pain and other symptoms ("sciatica"). The operation described in this leaflet aims to remove the disc fragment and to relieve pressure on the nerves. The main aim is to treat the pain but the relief of other symptoms such as tingling or numbness is not guaranteed. Disc herniation is also called protrusion or bulging.



## ABOUT THE SURGERY

This procedure removes the part of the disc that has herniated and is pressing on the nerves. During the operation, a small incision in the skin will be made and the surgeon will use tools to get through the muscles and the small bones towards the spinal cord. Once the herniated disc is located, small fragments of the disc will be safely removed and any bony spurs if they are obstructing the nerve. This procedure ends once all the pressure from the nerves is relieved. Usually there is very little bleeding. X-rays will be used to guide the surgeon and ensure correct location. The whole procedure takes around 1 hour.

**Are there any risks?** There are very small and very infrequent risks. These may include temporary discomfort, dural tear, injury to the nerves, infection and bleeding.

The success rate of lumbar discectomy is 80-90% in reducing leg pain. This depends on the size of the disc herniation. The bigger it is, the easier it is cut out and it heals quicker.

Surgery may not get rid of all your symptoms but it can stop your leg from getting weaker

The majority of disc herniations occur in the bottom two levels



## ADMISSION TO HOSPITAL

On the day of the procedure you will be asked to arrive to the hospital in the morning. You will be taken to your room and showed around the ward by the nurses. Make sure you:

- Don't eat or drink anything from midnight the day before surgery
- Take your medication as usual the day before but not on the day
- If you have a cold or flu, inform your doctor
- If you need to cancel the appointment, do it as soon as possible
- If you have any questions, write them down in this booklet and ask your consultant
- Arrange for someone to drive you home

Make sure you ask any questions or address any worries you may have. This is the smallest and safest type of spinal surgery.

## VISIT BY CONSULTANT AND ANESTHETIST

Before the procedure your consultant and the anaesthetist on the ward will come and see you. They will explain all you need to know, agree on the details of the procedure, discuss sedation and fill out a consent form with you. If you have any questions, now is the time to ask. A friend or family member can accompany you in case you forget to ask something.

Your anaesthetist will discuss your sedation with you and a small cannula will be placed into your hand through which the sedation liquid is injected as well as fluid or other medication.

## WHAT HAPPENS IN THE THEATRE

### WHAT WILL HAPPEN DURING THE PROCEDURE?

The procedure will be performed at the operating theatre and you will be taken there from your room. In the theatre, you will be asked to lie on your front. You will be given an oxygen mask and the anaesthetist will be talking to you. After that he will give you anaesthesia and you will fall asleep.

After the procedure you will be taken to the recovery room where you will wake up and the nurses will monitor you until you are ready to go back up to the ward.

## GOING HOME

You will be able to get up on the same day after the procedure and walk around the ward. You will be monitored and required to stay in the hospital for a few days before going home. You will be able to eat after the procedure.

Once you go home, make sure someone drives you. Within the next weeks, you will be asked to relatively rest but it is recommended you do some gentle exercise and stretches. You can walk but avoid any strenuous activities, lifting and exercise. Avoid prolonged driving, sitting for too long and bending too much.

You will be able to resume normal activities within a few weeks. A follow-up appointment will be arranged at 6 to 8 weeks after the procedure. It is advised that you keep a record of your pain on a daily basis including what activities or exercise you were able to do.

## MONITOR YOUR PAIN FOR 2 WEEKS

It is important to monitor your pain levels daily for 2 weeks so that you and the consultant can see how effective the surgery was. Use this table and fill it in daily. Bring it to your follow-up appointment, which will be arranged at 6 to 8 weeks after the procedure.



Every day tick which of the following applies to you in comparison to the leg pain you had before the injection.

	SAME	BETTER	WORSE	ACTIVITY I WAS ABLE TO DO
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				
Day 6				
Day 7				
Day 8				
Day 9				
Day 10				
Day 11				
Day 12				
Day 13				
Day 14				

WRITE INSIDE

## QUESTIONS

### **What should I expect from the surgery?**

This operation is very good at relieving leg pain so if this is your main symptom you can expect excellent results. However this procedure is not as effective in relieving other symptoms in the legs such as pins and needles and numbness.



### **How big will the scar be?**

The scar will be quite small, about 3-5 centimeters long, which is about the size of a 50 pence coin.

### **How long will I need to be off work?**

You will need to stay out of work for 4-12 weeks depending on your recovery.

### **Are there any complications of the surgery?**

Most patients won't have any complication however there is a small chance of having some bleeding, infection, tears of the dura sheath or injury to the nerve.

### **Can the disc herniate again?**

Yes there is always a possibility that the disc can herniate again after the operation but this only occurs in 3-5% of cases. This occurs whether or not you've had an operation.

## LAST FEW TIPS:

- This is the smallest type of spinal surgery
- Ongoing pain does not always mean that there is damage
- Pain is a subjective feeling influenced by many other factors (your mentality, the environment, genetics, relationships, family dynamics, stress, work satisfaction etc)
- The best effects will be achieved through a healthy lifestyle including enough exercise, relaxation, healthy diet and staying positive

LIST YOUR QUESTIONS HERE:

- 1.
- 2.
- 3.

## EMERGENCY INFORMATION:

**IF YOU DEVELOP ANY OF THE FOLLOWING SYMPTOMS, CONTACT YOUR GP IMMEDIATELY.**

- SEVERE HEADACHES
- FEVER OR CHILLS
- REDNESS AND SWELLING AROUND THE INJECTION AREA
- LOSS OF BLADDER OR BOWEL CONTROL
- NUMBNESS IN SADDLE AREA
- NUMBNESS IN LEGS OR ARMS
- WEAKNESS IN LEGS OR ARMS
- PINS AND NEEDLES IN LEGS OR RMS



**THANK YOU FOR TAKING THE TIME TO READ THIS INFORMATION!**

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