



Microdiscectomy

Who is a candidate?

Most patients with disc herniations (about 70%) will get better without surgery with in six to twelve weeks. Patients with a disc herniation causing persistent leg pain after a trial of conservative treatment that can include steroids, physical therapy and anti-inflammatories, are considered excellent candidates for this procedure.

How is this procedure done?

This procedure is performed through a small, one- to two-inch incision in the lower back. Once the back muscles are lifted, a small hole is made in the bone covering the spinal nerves. A microscope is then used to carefully retract the nerve that is irritated and remove the underlying disc that is bulging against it.

How can this help me?

This procedure is intended to relieve the pressure from a nerve, which is typically the source of the pain, numbness, or weakness you may feel in your buttock and leg. A microdiscectomy should not be expected to significantly help your back pain.

What are the success rates?

This procedure is typically very effective (90-95%) in alleviating your leg and buttock symptoms. Often, patients awake from surgery with an immediate relief of their leg pain. However, some symptoms such as weakness and numbness, may take longer to resolve after the operation.

In rare circumstances, patients with severe weakness and numbness that existed for long periods of time before the operation may not have much improvement of their symptoms. In these cases, the surgery is done to prevent further deterioration and weakness.

How long will I be in the hospital?

Depending on your pain level and how quickly you recover from anesthesia, you may be able to go home on the same day of the procedure. Otherwise, you will probably only need an overnight stay in the hospital

What are the risks?

The most common risk is a herniation of more disc material (5-15%). During the procedure only the disc material that has already been ruptured is removed. The remainder of the disc is left alone. Recurrent herniations usually occur within the first three months after surgery, but may occur years later and are usually treated with a repeat microdiscectomy.

The next most common complication is leak of spinal fluid (1-3%). This complication does not typically change the overall outcome of the surgery, but you may be asked to remain on bed rest for 1-2 days after the operation to allow the leak to seal over. Other less common risks include infection (<1%), nerve injury (0.1%), reaction to anesthesia, failure of the surgery to relieve symptoms, and very rarely, bowel or bladder incontinence.

What do I expect after the operation?

Most patients will have nearly immediate relief of pain in the leg, and will be able to return to normal activities very quickly. You should expect to have some discomfort in the back and over the incision for a couple of weeks.



What restrictions will I have?

For the first three weeks you should:

- Avoid heavy lifting
- Avoid excessive bending or twisting at the waist
- Avoid prolonged periods of sitting

Will I need therapy?

Following a microdiscectomy patients are encouraged to engage in a program of stretching, strengthening and aerobic conditioning. You should walk as much as you can for exercise. Most patients do not require a formal physical therapy or rehabilitation program.

How do I care for my wound?

After the operation you will have a small dressing over your low back. Two days after the operation you may remove the outer bandages. Underneath, there will be small strips of tape directly on the skin over your incision that should not be removed. They will either fall off in the shower or may be removed after two weeks. Showering is allowed two days after the operation. **Call our office** with any signs of infection, including redness and/or swelling at the incision site, or excessive drainage.