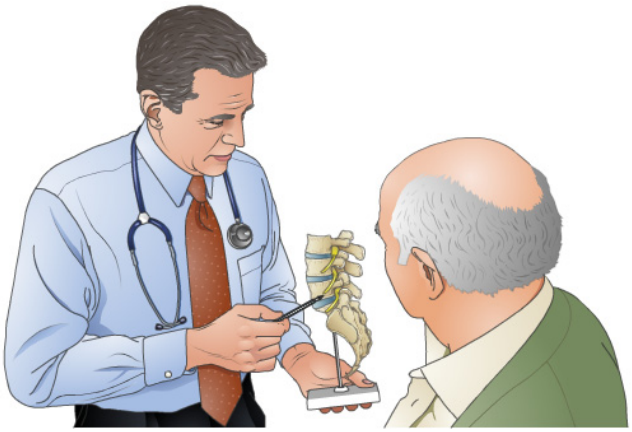
Lumbar Decompression

Introduction

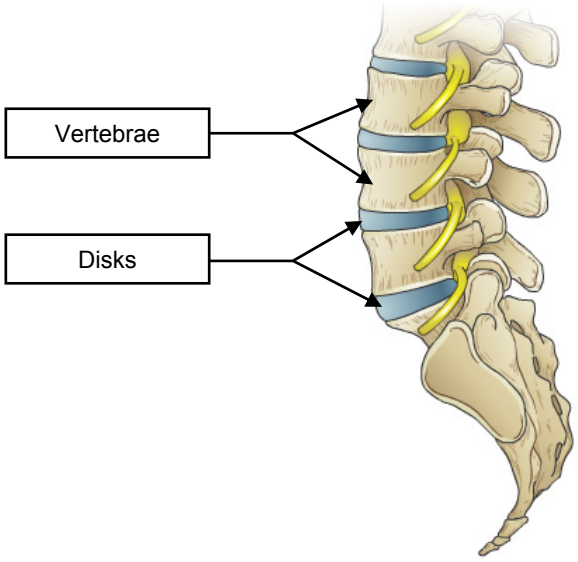
Low back and leg pain that is caused by pinched nerves in the back is a common condition that can limit your ability to move and walk normally. This condition is known as spinal stenosis. It could be caused by arthritis, disk herniations or slippage of the vertebrae. Along with spinal stenosis, there may be some degeneration, or worsening, of the disks between the vertebrae. The degeneration can also affect joints between the vertebrae called the facet joints. This can cause severe back pain and abnormal movement between the vertebrae.



If your health care provider recommends surgical treatment for your condition, the decision whether or not to have surgery is yours. This reference summary will help you understand better the benefits and risks of this surgery, which is called lumbar decompression.

The Spine

The spine protects the spinal cord and nerves that go to different parts of the body. The spine is formed of solid vertebrae. The vertebrae are bones in the spine. The vertebrae are separated by softer disks. They allow the spine to bend and flex. They also act as cushions between the vertebrae and absorb shock and vibration caused by walking and running. Two joints link each two vertebrae. These are the facet joints. They are located toward the back and on both sides of the vertebrae. These joints allow the vertebrae to move smoothly.



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Nerves connecting the brain to the body make up the spinal cord. The vertebrae protect the spinal cord. Nerves branch off from the spinal cord to various organs and muscles, including those in the arms and legs. The nerves carry instructions from the brain to the muscles, organs and limbs. They also carry sensations such as pain from different parts of the body to the brain.

The spine is joined to the pelvis by the sacroiliac joints.

Symptoms and Their Causes

Thickened ligaments, spurs and disks sometimes push on the nerves or spinal cord. This can cause pain, weakness and numbness in the back and legs. Thickened ligaments and herniated disks may compress the nerves. This can cause pain and weakness. If the spinal cord or the nerves are compressed, the weakness and numbness could affect both legs. The control of the bladder and bowels could also be affected.

The compression may be caused by:

- The roof of the canal, or laminae.
- A thickened ligament.
- Overgrowth of the facets.
- Disk herniations.

The cause is often a combination of these factors.

Arthritis, including thickened ligaments, can cause the disks or vertebrae to press on the nerves. Sometimes the back pain is caused by the decay of a disk in the back. This decay of the disk can also cause some abnormal movement between the vertebrae.

Alternative Treatments

Using a lumbar corset may help treat back pain and weakness. Physical therapy may also treat the symptoms. Traction could also be used. Medications can help decrease swelling and inflammation. Some of this medication may be injected directly around the nerve in the spine. It can also be placed inside the facet joints.

Your health care provider may recommend a surgery called lumbar decompression if other treatment options do not relieve symptoms.

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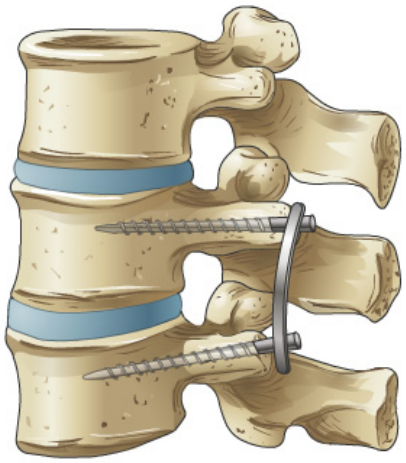
Before the Surgery

Before having lumbar decompression, talk to your health care provider. Ask about what you can expect before, during and after surgery. As with most surgeries, you will likely need to avoid eating and drinking for a certain amount of time before the surgery.

Tell your health care provider about all of the medicines that you are taking. Your health care provider may tell you to stop taking certain medicines before surgery.

Lumbar Decompression

Lumbar decompression is usually done under general anesthesia. This means that you will be asleep and you will not remember the procedure. The procedure may last from one hour to a few hours. Talk to your surgeon to learn about how long your operation will last. The surgeon will make an incision in your back. The spinal canal is viewed and the cause of the nerve compression is taken out.



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Bone spurs are pieces of bone that stick out abnormally. These may also be removed. If the spine is unstable, then a spinal fusion operation may also be done. Spinal fusion is the joining together of 2 or more vertebrae. The incision is then closed and you will wake up. Your surgeon will tell you how long you are likely to stay in the health care facility.

Risks and Complications

This operation is safe. But there are several possible risks and complications. You need to know about them just in case they happen. You may be able to help your health care provider detect complications early if they happen.

The risks and complications include those related to anesthesia and those related to any type of surgery.

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Risks of general anesthesia include:

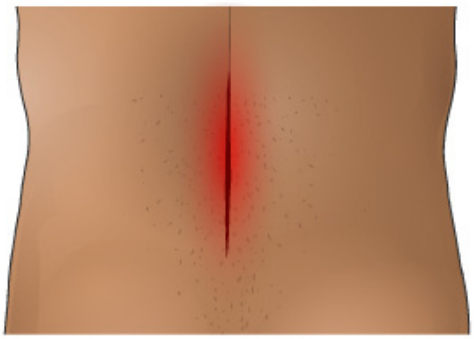
- Cut lips and chipped teeth.
- Headache.
- Nausea or vomiting.
- Problem urinating.
- Sore throat.

More serious risks of general anesthesia include:

- Heart attacks.
- Lung infections.
- Strokes.

Your anesthesiologist will discuss these risks with you and ask if you are allergic to certain medications. Blood clots in the legs can happen because of inactivity during and after the surgery. These usually show up a few days after surgery. They cause the leg to swell and hurt.

Blood clots can become dislodged from the leg and go to the lungs, where they will cause shortness of breath, chest pain and possibly death. Sometimes the shortness of breath can happen without warning. It is important to let your health care provider know if you have symptoms of a blood clot. Getting out of bed shortly after surgery may help decrease the risk of blood clots in the legs.



Some of the risks are seen in any type of surgery. These include:

- Infection, deep in the disk space or at the skin level.
- Bleeding.
- Skin scars that may be painful.

Other risks and complications are related specifically to this surgery. These are rare. But it is important to know about them.

Fluid may leak from around the nerves. If a disk is found to be herniated and is taken out, then there is a small chance that the blood vessels may be injured in front of the spine. This could cause bleeding that could be life threatening.

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The bowels could also be injured during the procedure.

The nerves themselves could be injured during the surgery. This can cause weakness, paralysis, bowel or bladder dysfunction and decreased sensation. Sexual dysfunction may happen in rare cases. This can be temporary or permanent.

A disk could re-herniate, and scar tissue could form. There is also the possibility that the operation may not help the symptoms or may make them worse.

After the Surgery

You may go home on the same day or within 2 to 3 days after your surgery. No repetitive bending, twisting or heavy lifting is allowed in the first few weeks after the operation. You may be asked to use a brace for a period of weeks or months.

After this period of rest, physical therapy may be needed to allow you to resume your normal activities. Whether or not you will be able to resume all of your activities depends on how well you are doing at the time of your follow-up. Your health care provider will tell you how long it will take before your back is healed and when you can go back to work. This depends on many factors, such as your type of work and medical conditions.

Summary

Low back and leg pain that is caused by pinched nerves in the back is a common condition that can limit your ability to move and walk normally. This condition is known as spinal stenosis. This could be the result of arthritis, disk herniations or slippage of the vertebrae. Along with spinal stenosis, there may be some degeneration of the disks between the vertebrae. The degeneration can also affect joints between the vertebrae called the facet joints. This can cause severe back pain and abnormal movement between the vertebrae. This motion between vertebrae is known as instability.

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Your health care provider may recommend a surgery called lumbar decompression if other treatment options do not relieve symptoms.

During lumbar decompression, the disks are inspected through an incision in the back. If a part is found to be pushing on the nerve, that part is removed. Any loose pieces of disks inside the disk space and bone spurs are also removed.

This operation is safe. But there are several possible risks and complications. You need to know about them just in case they happen. If your health care provider recommends surgical treatment for your condition, the decision whether or not to have surgery is yours.

No repetitive bending, twisting or heavy lifting is allowed in the first few weeks after the operation. You may be asked to use a brace for a period of weeks or months. After this period of rest, physical therapy may be needed to allow you to resume your normal activities. Whether or not you will be able to resume all of your activities depends on how well you are doing at the time of your follow-up.

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