Lumbar microdiscectomy is an operation to remove a part of an intervertebral disc that is causing pain or other symptoms. The intervertebral discs are the structures that lie between the bones of the spine (vertebrae) acting like shock absorbers. Discs are soft in the middle and have a harder outer coating. Sometimes due to wear and tear the outer coating of the disc becomes weak and the disc protrudes and presses on a nerve root causing pain in the leg. This pain can sometimes be alleviated with physiotherapy or medications. But sometimes if these treatments are not successful and you are experiencing significant pain in your leg, surgery is necessary to remove the part of the disc that is causing the problem.

This operation is carried out under a general anaesthetic. A small incision is made at the base of the spine and the part of the disc that is pressing on the nerve is removed.

**Risks of the surgery**

**Risks of general anaesthetic**
The risks may be increased if you have an existing medical condition. Blurred vision, nausea and vomiting, dizziness, headache, sore throat, itching. Rarely - Severe allergic reaction, vision loss, and death.

For more detailed information please refer to the leaflet ‘You and your anaesthetic’ given to you at pre-operative clinic

**Blood clot (VTE)** – gently moving your legs and feet, and wearing the stockings provided for you after your operation help to reduce this risk.

**Infection** - Either of the wound, or of the disc, requiring antibiotic treatment.

**Nerve injury** - During the operation the nerve is moved to one side to access the disc, this can lead to tingling and numbness in the leg which is usually temporary. Rarely (in less than 1% of patients) injury to the nerve root can result in paralysis, loss of feeling, or loss of bowel and bladder control, and sexual dysfunction.

**Pain** – Some patients continue to experience pain even when the operation is successful. It is thought that continued pressure on the nerve causes long lasting irritation. Symptoms of tingling and numbness can last up to two years. Some patients experience mild back pain after surgery that may be manageable with pain killers. However, some patients may have spinal instability and require a further operation known as a spinal fusion. This is where bones are fixed together to prevent movement, when movement is the source of the pain.

**Recurrence of symptoms** – this can be due to a further disc prolapse at the same disc space, or due to scar tissue forming around the nerve. Problems can occur at other disc levels.
Spinal fluid leakage – the protective coating around the nerve may be damaged during the procedure causing a leakage of spinal fluid giving rise to a headache. This is usually a short term problem but may require a longer period of bed rest.

Injury to blood vessels or the bowel - due to their close proximity to the operation site.

Benefits of surgery

Relief of pain in the leg and improvement of weakness and numbness.

What happens in hospital?

You will be admitted to the ward on the day of your operation.
You may not have anything to eat or drink for up to 6 hours prior to your operation. The nurses will assist you to prepare for your operation and escort you to the operating department where your anaesthetist will administer your general anaesthetic.
On returning to the ward after your operation we will encourage you to mobilise and eat and drink as soon as you are able. You will be given regular pain relief by the nurses.
Some patients may require an intravenous drip for a short period, and also an infusion of pain relief that you will be able to control yourself.
You will be shown how to use this. When you are eating and drinking normally these will be removed and you will be able to take your pain killers by mouth.

Sources of further information:

www.lancsteachinghospitals.nhs.uk
www.nhsdirect.nhs.uk
www.patient.co.uk

Ward 2b 01772522713

Lancashire Teaching Hospitals NHS Foundation Trust is not responsible for the content of external internet sites.

Please inform us when you have passed urine after your operation.

Going home

You will be discharged home the day after your operation.
You will gradually, over about four weeks, be able to resume your normal activities. It is recommended that you avoid contact sports such as football for about 12 weeks.

Driving
You will be able to drive when your leg muscles feel strong enough and you are no longer taking any pain killers that make you feel drowsy.

Follow up
If you need a follow up appointment this will be arranged for you, or you may receive a telephone call at home to review your progress.

References
British association of Spine Surgeons
www.spinesurgeons@ac.uk accessed May 2012


The Royal College of anaesthetists 2008 You and your anaesthetic. Information leaflet for patients.


Please ask if you would like help in understanding this information or need it in a different format.

Скажите нам, если Вам необходимо объяснение этой информации или она нужна Вам в другом формате.

Por favor diganos si necesita ayuda para entender esta información o la necesita en un formato diferente.