



Information for patients  
and carers

# Anterior Lumbar Inter-body Fusion (ALIF)

## What is anterior lumbar inter-body fusion?

You have been assessed in the spinal clinic and advised to have a procedure called Anterior Lumbar Inter-body Fusion (ALIF). The Surgeon, Doctor, Specialist Nurse, or Specialist Physiotherapist who you saw in clinic will have discussed this operation with you and the risks and benefits of this procedure explained. The aim of this leaflet is to explain the procedure, risks and benefits again. This is so you can make an informed consent to the proposed surgery. If you have not been informed of the risks and benefits of surgery or are unsure whether to continue with surgery please contact the Spinal Clinic Patient Experience Co-ordinator on 01772 522310 and ask for an appointment to discuss the surgery further. You should also have been informed of alternative methods of treatment.

ALIF is performed on carefully selected patients who have on-going low back pain as a result of degenerative disc disease or previous spinal surgery. The operation is performed from the front through your abdomen.

The list of treatments for back pain is endless and there is no single treatment, including surgery that is an ideal solution for back pain. Usually patients who are undergoing ALIF surgery have had extensive physiotherapy, including a rehabilitation course, tried various painkillers and may have had injections into the joints of the back. Even after spinal surgery people will continue to have some pain or discomfort in the back.

This operation is most commonly performed on the lower disc in your spine.

## What will happen to me?

Admission to hospital may be the day before or the day of surgery.

You will be asked to sign a consent form agreeing to the surgery, and will be asked if you understand the risks and benefits that have been explained to you. If you do not understand please ask the Doctor to explain them to you again. It is important that you are fully aware of the risks and benefits before you sign the consent form.

Prior to your operation you will be required to stop any anti-inflammatory medication, such as Ibuprofen, Diclofenac, Clopidogrel or Aspirin, 7 days before the operation. If you take Warfarin you will be advised when to stop this. This will be discussed at your pre-operative assessment.

It is important that you stop smoking at least 48 hours before your operation. Smoking increases your risk of complications such as problems with the anaesthetic and developing blood clots. It also reduces the amount of oxygen available to the muscles and skin. There is help available for everyone who wants to give up smoking. You can access this through your GP or the Preston Smoking Cessation Service on 0845 601 2186

You will be taken to the operating theatre and once you have been anaesthetised (sent to sleep) the surgeon will make a cut on your abdomen (stomach) just below your umbilicus (tummy button). Your abdominal organs will be moved out of the way so your spine can be clearly seen.

Once the spinal surgeon can see the disc, it is removed using a microscope and a plastic and metal spacer (cage) is inserted. X-rays are taken to ensure that the spacer is in the correct place and screws are put into the bone above and below the disc. Once the spinal fusion is complete your abdominal organs are returned to their original positions and your wound is stitched or stapled (depending on the surgeon this may be a dissolving stitch under the skin, clips or stitches).

After your operation, once you are fully awake you will be returned to the ward. Drinks will be gradually introduced and then you can start to eat and drink normally. Some people may have problems with the bowel stopping working (paralytic ileus). If this happens you may not be able to eat or drink for a few days until the bowel starts to work again. The doctors on the ward will explain the treatment plan if this happens.

You will need a temporary catheter (tube into the bladder) inserting and this will be done during the operation.

Depending on the surgeon's instructions you may be able to sit up and walk as soon as you are comfortable. Most people find it uncomfortable to sit up in bed for a short time after surgery and prefer to sit in a chair. It is normal to have stomach pain around the operation site for some time after the operation (usually 1-2 weeks but sometimes longer).

Most people are discharged from hospital within 2-5 days. As everyone is different some people may be fit to go home sooner and others may stay longer. Most people are able to travel home as a passenger in a car. If you think that you are unable to do this please speak to the nurses on the ward who will try to make alternative arrangements.

If you have stitches that don't dissolve the ward staff will arrange for the sutures or clips to be removed by the practice or district nurse at 10 to 14 days after your operation.

You will be seen in the out patients department approximately 6 weeks after your operation and an x-ray taken.

## **What are the benefits of ALIF surgery?**

Anterior Fusion for back pain has a 60- 70 % chance of significantly improving the back pain.

However, there is always a chance that you will have back pain after the operation.

This type of surgery is not guaranteed to "cure" the problem and you may always have some pain in the back, but we would normally expect your symptoms to have improved significantly after the operation.

You will not get instant results following surgery and recovery may take at least 6-12 months and occasionally even longer.

## What are the risks of surgery?

### General risks associated with any surgery include:

- Anaesthetic problems including death, breathing difficulties, allergies to the drugs used, heart attack, and stroke are dealt with in more detail in the leaflet; “**You and Your Anaesthetic**”, which was given to you at your pre-operative assessment.
- Blood loss requiring transfusion. If bleeding does occur then you may be treated with fluids through a drip, a blood transfusion or in rare cases further surgery may be needed.
- Deep Vein Thrombosis (DVT) a blood clot in the leg veins
- Pulmonary Embolism (PE) a blood clot in the lungs
- Wound infection

### Specific risks to Fusion surgery include

- No improvement or worsening in the amount of back pain
- Nerve damage-you may have pain, muscle weakness and sensation changes in the leg
- Some patients may experience numbness or loss of sensation to the buttocks or genitalia.
- Rarely the layers around the spinal cord (dura) can be damaged (dural tear) resulting in a leak of fluid (cerebrospinal fluid). This can cause severe headaches and will require bed rest for 2 – 5 days.
- Bladder problems including incontinence or retention (not being able to pass water), which are usually temporary, but can rarely be permanent, requiring catheterisation.
- Very rarely impotence or retrograde ejaculation for men. Women may experience a reduction in sexual feeling/enjoyment.
- Bowel problems including constipation or incontinence
- Damage to the bowel, bladder, ureter (tube that connects the kidney and bladder), peritoneum (protective coating around the contents of the stomach)
- Damage to the Aorta (major blood vessel of the body) causing massive bleeding leading to death
- Damage to the Femoral arteries (large blood vessels which supply the legs) that can cause large amounts of blood to be lost and may lead to loss of your leg.
- Scar tissue formation in the abdomen (adhesions)
- Need for further surgery in the future as you may have further problems with the same level of the spine, develop arthritis in the joints, or have problems with other levels of the spine.

## What Happens After Discharge?

- It is important that you continue with the exercises shown to you by the physiotherapist.
- Gradually increase your activity by walking each day. Try to do a little exercise every day.
- You may start to do light housework such as dusting, washing up etc. but avoid anything which involves excessive bending or heavy lifting such as vacuuming, bed making etc. for the first 6 - 8 weeks.
- Be aware of maintaining a good posture and avoid sitting for prolonged periods.
- Do not drive for the first 6 weeks. You can travel as a passenger in a car but avoid long journeys. You may resume driving when you feel you can safely do an emergency stop. You need to inform your insurance company of the fact that you have had spinal surgery.
- Avoid having a bath for the first 2 weeks. You may have a shower providing your wound is covered with a waterproof dressing.

- You can start to exercise again when you feel able, gradually increasing your activities. If needed you will be referred for physiotherapy rehabilitation after your 6-week appointment. Avoid contact sports such as golf, rugby, judo, karate etc. for the first 6 months following surgery.
- Return to work will depend on the type of job you have. Generally most people return to clerical work at 2-4 weeks, light manual work at 4-6 weeks and heavy manual work after 10-12 weeks. It is advisable to discuss return to work with your employer and consider a 'phased' return to work where you may work shorter days or return on reduced duties.
- Do take regular pain relief initially to allow you to be as active as possible. Reduce these as your pain levels begin to improve.
- Stay active, rest does not improve recovery but will slow your recovery as doing less leads to stiffness and weakness.
- Don't be frightened of the pain. It is common to have some pain after surgery. Simple painkillers will not mask pain and by keeping active you will not hurt or harm yourself.
- Don't panic if pain increases. It is common to have some setbacks during recovery.

**Remember** you have had a major operation and recovery will take some time. You may find that you easily become tired. This is quite normal and it is advisable to take things easy when you first get home from hospital. Build up slowly and if you are having a good day try not to do too much as this may lead to you feeling more tired the day afterwards.

## Contact details

Orthopaedic Spinal Team 01772 522613 (please leave a message).

Royal Preston Hospital  
Ward 14 01772 522474  
Ward 16 01772 522990

Chorley Hospital  
Leyland Ward 01257 245742  
Sellars Ward 01257 245747

## Sources of further information

[www.lancsteachinghospitals.nhs.uk](http://www.lancsteachinghospitals.nhs.uk)

[www.patient.co.uk](http://www.patient.co.uk)

European Spinal Surgeons website, information on spinal conditions and surgery -  
[www.eurospine.org](http://www.eurospine.org)

British Association of Spinal Surgeons; Advice and information on spinal conditions and surgery.  
[www.spinesurgeons.ac.uk](http://www.spinesurgeons.ac.uk)

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

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

### **Lancashire Teaching Hospitals is a smoke-free site**

On 31 May 2017 Lancashire Teaching Hospitals became a smoke-free organisation. From that date smoking is not permitted anywhere on any of our premises, either inside or outside the buildings. Our staff will ask you about your smoking status when you come to hospital and will offer you support and advice about stopping smoking including Nicotine Replacement Therapy to help manage your symptoms of withdrawal.

If you want to stop smoking you can also contact the Quit Squad Freephone 0800 328 6297.

#### **Cantonese:**

如果你希望以另外一種格式接收該資訊，請和我們聯絡，不必猶豫。

#### **Gujarati:**

જો તમને આ માહિતી બીજી રચના કે ફોર્મેટમાં મેળવવાની ઈચ્છા હોય, તો કૃપા કરી અમારો સંપર્ક કરતા અચકાશો નહિ.

#### **Hungarian:**

Kérjük, vegye fel velünk a kapcsolatot, ha más formában kéri ezt az információt.

#### **Polish:**

Jeżeli chciał(a)by Pan/Pani otrzymać niniejsze informacje w innym formacie, prosimy o kontakt.

#### **Punjabi:**

ਜੇ ਤੁਸੀਂ ਕਿਸੇ ਹੋਰ ਫਾਰਮੈਟ ਵਿਚ ਇਹ ਜਾਣਕਾਰੀ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰਨ ਤੋਂ ਨਾ ਝਿਜਕੋ।

#### **Urdu:**

اگر آپ اس معلومات کو کسی اور صورت میں حاصل کرنا چاہتے ہیں تو برائے مہربانی ہم سے رابطہ کرنے میں ہچکچاہٹ محسوس نہ کریں۔

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