

ANTERIOR LUMBAR INTERBODY FUSION (ALIF)

This surgical technique is offered to patients who have a degenerate lumbo-sacral disc that has usually collapsed and has become dehydrated. In some cases, the disc has previously ruptured and the patient has had a key-hole discectomy, but now has further collapse of the disc with associated low back pain.

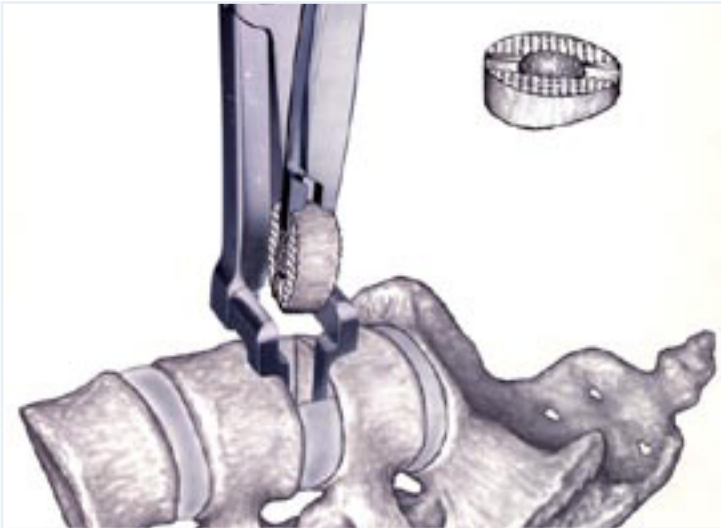
The surgery is performed under a general anaesthetic. The front of the spine is approached through a lateral, or side-on, approach. The offending disc is removed and a cage spacer and graft is added. In some cases an anterior plate and screws can be attached to hold the disc space still while it is healing.

In some cases a separate incision is made in the small of the back for the placement of two screws, or a similar device, to achieve additional fusion of the pair of facet joints at that level. This then achieves a "front and back" spinal fusion for that level. This usually leads to excellent relief of the person's low back pain.

With the new "cell saver" service, any blood lost during the operation can be recycled and allows for an auto-transfusion. Very few patients require a banked blood donation.

Often the surgery is "bloodless", though the potential for massive blood loss is always present because of the large vessels (aorta and vena cava) that are adjacent to the front of the spine.

This surgery has most patients in hospital for around 4-7 days.



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