

LUMBAR DISCECTOMY KEY-HOLE METHOD

The rupture of a lumbar disc is very common and results in the clinical picture of "sciatica". This is where there is a significant degree of pain and sensory change that radiates down the buttock and leg of the patient. Often, there can be little or no back ache. The condition is common in younger patients in their 20's - 40's.

After a period of around 6 weeks, if the pain has not resolved sufficiently, our doctors are able to perform a key-hole discectomy. This removes only the part of the disc that is squashing the exiting nerve root which carries the pain messages. The relief in the leg pain is usually immediate.

This surgery is performed under general anaesthetic and has the patient face down in a cushioned and safe position. The skin incision is as small as 3cm. A surgical microscope with illumination is required for this procedure.

The surgery is often "bloodless" and the patient is able to stand and walk immediately following the surgery. Some patients may choose to go home on the same day of the surgery, though for comfort and convenience, a 1-2 night hospital stay is often required.

Quite often some of the "tingles" or sensory changes that existed before the surgery remain for some time after the surgery, though the severe pain experienced before the surgery resolves quickly. Any weakness experienced before the surgery usually resolves slowly over time.

The patient will require physiotherapy after the surgery and a life long program of back care will follow to avoid/minimize the need for a spinal fusion for ongoing disc degeneration. Fortunately, most people who have this key-hole surgery do not require a spinal fusion procedure as well.



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