

**An operation to relieve nerve compression by removing a disc protrusion is called a microdiscectomy.**

Dr Ball performs microdiscectomy using a specialised, minimally invasive technique in most cases. Where this technique is not suitable, a standard microdiscectomy operation is performed through a small incision. Both operations relieve a compressed nerve successfully. The difference between the two techniques is the access technique used.

### Do you need an operation ?

Compression of a nerve in the spine interferes with its function and may cause:

- pain
- numbness, or
- weakness.

Compression may be due to :

- disc protrusion or herniation
- ligament bulging
- bony spurs (osteophytes)



Disc Herniation on MRI

Surgery aims to remove the pressure and tension on the nerve in order to relieve symptoms.

Patients who have surgery reach full recovery sooner and report better long term outcomes. On average, patients who do not have surgery will also recover but it may take longer.

In most cases, surgery should not be performed until an appropriate amount of time (usually six weeks) has been allowed for spontaneous improvement. When symptoms are especially severe, earlier surgery may be performed. If there is progressive weakness, surgery should be performed emergently.

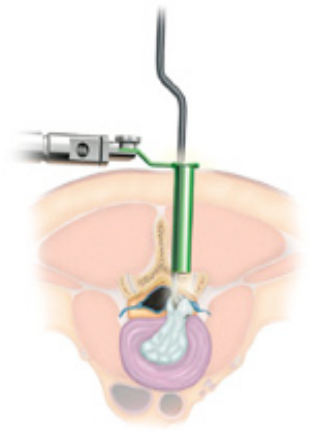
***The decision to have surgery should depend on the severity of your symptoms and your ability to tolerate them. The impact of these symptoms should outweigh the potential impact and risks of surgery.***

### Minimally Invasive Microdiscectomy

You will be given a general anaesthetic so that you are unconscious throughout the procedure.

Using X-ray guidance, a guide probe is directed towards the area where the nerve is compressed. The tissues in this area are gradually spread (rather than cut) to provide access to the spine.

A small amount of bone and ligament is removed to get access to the nerves of the spine. The disc material causing nerve compression is removed. Any other loose fragments are also removed. This is done under the operating microscope.



Minimally invasive discectomy performed using a tubular retractor (METRx System – Medtronic).

### Standard Microdiscectomy

You will be given a general anaesthetic so that you are unconscious throughout the procedure. An incision is made in the midline of the back at the affected level. The muscle is cut from its attachment to the spine and dissected off to one side.

A small amount of bone and ligament is removed to get access to the nerves of the spine. The disc material causing nerve compression is removed. Any other loose fragments are also removed. This is done under the operating microscope.

At the end of the operation, local anaesthetic is injected to provide additional pain relief. The wound is closed with a dissolving suture under the skin. The general anaesthetic is stopped and you will be taken to the recovery room.

### Going Home

With the use of modern techniques, many patients are able to go home the **same day**. Some patients may need to stay between **1 to 2 days** depending on the nature of the surgery and personal circumstances. Before discharge, you will need to be able to walk short distances, perform basic self-care and pass urine.

***Early mobilisation and discharge is associated with quicker recovery and less complications.***

### Risks of Surgery

All surgery carries risks. These may require prolonged hospitalisation, further surgery or delay recovery.

Surgery is undertaken when the potential benefit to the patient outweighs the possible risks. The risks associated with microdiscectomy include :

- **general risks** : allergic reactions, heart and lung problems, clots in the legs or lungs
- **bleeding problems** : may require a blood transfusion
- **wound problems** : infection, scar formation or spinal fluid leakage
- **incomplete response to surgery** : persistent symptoms
- **nerve injury** : weakness, sensory change, chronic pain, altered bowel, bladder and sexual function
- **recurrence** : further spine problems in the future. There is a 10% chance of an early disc protrusion recurrence.

## **After Your Surgery**

### Wound Care

Wounds are usually closed with dissolving sutures under the skin.

Wounds are covered with tissue glue following the surgery. This is waterproof and will flake off about a week after surgery.

The wound can be wet in the shower.

If staples or outside stitches are used, these can be removed 7 days following surgery by your local doctor.

Do not soak the wound (in a bath or pool) until you see Dr Ball after the surgery.

***Please contact Dr Ball or your local doctor if the wound develops increasing redness or discharge, as this could suggest infection.***

### Activity Restrictions

For the first few weeks after surgery, the following activities must be avoided

- bending and twisting motions
- heavy lifting
- prolonged sitting

Gentle walking is the best activity to maintain fitness and health following lumbar disc surgery. Activity should be gradually increased to a daily 30-minute walk.

You can drive a motor vehicle from 2 weeks after the surgery (avoid long drives).

### Medications

Your pain should be controlled with oral medication alone. Constipation can be a side effect of some pain killers, so drink lots of water, eat a healthy, balanced diet and consider the use of stool softeners.

***You should continue to take your normal medications as usual. Please discuss restarting 'blood-thinners' such as warfarin, clopidogrel (Plavix) or aspirin with Dr Ball.***

### Follow-up

Dr Ball will see you 6 weeks after the surgery.

## **Contact Us**

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## **Sydney Neurospine®**

Sydney Neurospine® is the practice of Dr Jonathon Ball, an Australian neurosurgeon specializing in surgery of the spine.

Dr Ball is a fellow of the Royal Australasian College of Surgeons and a member of the Neurosurgical Society of Australasia, Australian Medical Association and AO Spine. He has completed studies at the University of Newcastle and the University of NSW, Australia.

As well as training in neurosurgery, he has completed further specialised training in spine surgery with a surgical fellowship at the University of Calgary in Canada.