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Lifespan Physician Group, Inc.  
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## Lumbar Decompression and Fusion

### Why is a Lumbar Fusion Performed?

Surgery for back and/or pinched nerve pain often involves the removal of pieces of disk and bone from the back to relieve pressure on the nerves. If removing the bone might lead to weakening of the spine in the future, a fusion is often performed at the same time to decrease the chance of that happening. The goal is to eliminate movement at the level or levels of the fusion.

### What Happens During the Surgery?

Surgery to relieve pressure on the nerves in the back is performed through an incision, or cut, in the back. Bone is removed to take pressure off the nerves and then the removed bone, along with artificial bone, is placed on either side of the spine so that it will eventually heal into a solid mass. This is called a posterolateral fusion. Often screws and rods (pedicle screw fixation) are placed into the bone on one or both sides to act as an internal brace while the bone slowly fuses (this process takes months). Those screws remain in the spine.

### What is Put Into the Spine?

Bone removed while taking pressure off the nerves is usually used, along with artificial bone that may contain donor (cadaver) bone. The bone has no living cells in it, so it will not be rejected. The bone is monitored and tested for infection. The screws and rods used are made out of

titanium. There isn't a problem having an MRI with the screws and rods. We have not had any patients tell us that they have set off metal detectors in airports.

### What Symptoms Can the Surgery Help?

Back surgery is done for pinched nerve pain down the leg, sometimes called sciatica, or pain in the center of the back (axial back pain). With any spine surgery there is a chance that the operation will not produce relief of pain even if everything heals well.

### What Are the Risks of the Surgery?

The risks of the procedure include anesthetic complications, such as lung or heart problems, bleeding, the need for blood transfusions, and infection. Neurologic complications include nerve injury or spinal fluid leak. Rarely, injury to structures in the abdomen can occur when the disk is removed. There can be problems with the placement of the screws, rods or cages leading to a need for another surgery to repair them and failure of the bone to heal. The risk of nonunion, or failure of the bone to heal, is much higher in smokers than non-smokers. Problems after the surgery can include constipation or difficulty urinating, blood clots or pneumonia. These are more common in patients who don't get up and walk soon after surgery, so gentle activity is encouraged.

### What is Recovery Like?

Most patients stay in the hospital for one or two nights, and should try to be up and walking the day of the surgery. For the first two weeks, light exercise such as walking, including going up stairs, is recommended. Heavy lifting should be avoided, and driving is not permitted while patients are on narcotic pain medication. After two weeks, the patient is

seen for a post-operative appointment to check the incision and remove staples or stitches. Most people will be given a physical therapy prescription at the time. Most people return to full-time work or vigorous exercise 2-3 months after the surgery. Patients will be seen in routine appointments every few months with x-rays for at least a year after the surgery to monitor bone healing.

## Pain Management

At the pre-operative visit, a detailed plan for post-operative pain medication management will be discussed with you. Please review the pain medication hand-out and office opioid policy for more information. Most patients after lumbar fusion surgery complain of pain at the incision site in the back, and have some muscle spasm. Medication will not take all the discomfort away, and using ice packs on the site and focusing on gentle walking will also help. You will be given a prescription for pain medication after the surgery and then reassessed at your post-operative appointments for your pain medication needs. As your pain improves, you should gradually decrease your narcotic medication. Our office will not prescribe narcotic medication after the normal healing period after the surgery.

You must bring your pill bottle with you to your post-operative appointment. Refills are only given during office appointments.

## What Can I Do to Improve My Outcome After the Surgery?

Follow all pre-operative instructions, especially in avoiding any blood thinners before surgery. After surgery, focus on gentle exercise and understand that there will be both good and bad days as part of your recovery. Most patients can eventually return to all normal activities such as work and recreational activities, and have few limitations from the surgery itself.



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