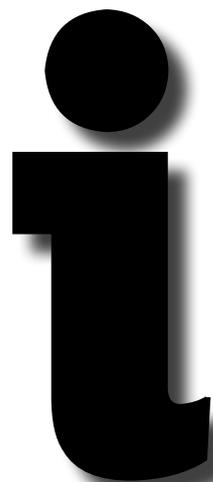


Lumbar Spine – Fusion (page 1 of 5)



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The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

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The spine

Your spine is one of the strongest parts of your body. It is made up of solid bony blocks (vertebrae) joined by discs to give it strength and flexibility. It is reinforced by strong ligaments and surrounded by large and powerful muscles that protect it.

The spinal cord is part of the nervous system and lies within the spinal column and is protected by it. Nerves branch out from the cord and carry messages to and from the brain. They allow us to feel temperature, pressure and pain.

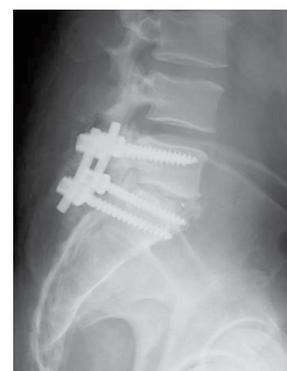
If a nerve is pressed on by a disc or bony changes this can cause pain, which may be felt in the back or in the legs, or both.

Fusions

A fusion stops movement at a painful joint in your spine, and in turn reduces your pain. It is often recommended to reduce abnormal movements in the spine (instability), to restore alignment and to take pressure off the nerves.

PLIF – Posterior Lumbar Interbody Fusion

This involves removal of the disc from the right and left sides followed by the insertion of bone graft contained in cages between two vertebral bodies. The graft is either a synthetic substitute or it can be taken from the patient's pelvis. The graft encourages the bone to grow between the two vertebra and stops motion at that segment. Screws and rods are often used to provide a "scaffold" till new bone forms.



TLIF – Transforaminal Lumbar Interbody Fusion

After removal of the disc, bone graft (with a cage) is inserted from one side only (right or left). As the bone graft heals it fuses the vertebrae above and below and forms one long bone. Screws and rods are attached to the back of the vertebra and bone graft is put between the two vertebra.



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Benefits of having surgery

The main aim of surgery is to eliminate movement between the bones. This will mean there is a good chance that the pain in your back will be reduced.

Complications of surgery

Venous Thromboembolism (VTE)

Any operation which leads to a reduction in normal mobility poses a risk of blood clots developing in the legs (Deep Vein Thrombosis) or lungs (Pulmonary Embolism). These two conditions are known as VTE, although the risk of this is extremely small. You will be given another information sheet with more details about this. Very rarely a pulmonary embolism can be fatal.

Getting up out of bed as soon as possible after the operation and drinking plenty of water are important things that you can do to reduce your risk.

Infection

Around two to three people in 100 will get a wound infection after surgery. If this happens you will need antibiotics and, rarely, may need a further operation.

Dural tear / Cerebrospinal Fluid (CSF) leak

A tear in the protective membrane around the nerves and spinal cord can occur during surgery. This is repaired at the time and usually heals without problems. Tears occur in around two to three in 100 patients having this operation for the first time and five to ten in 100 patients having revision surgery.

If any CSF fluid has been leaked during surgery it may cause a headache afterwards. Treatment will be bed rest for 48 hours before getting up and about as normal.

Nerve injury

The risk of nerve damage is less than one in 100 operations. If it occurs you may notice increased numbness in part of your leg and/or some weakness of movement.

Bladder and bowel disturbance

There is a very small risk of damage to the nerves that control the bladder and bowel. This could cause problems with passing water or opening your bowels. This occurs in only one in 500.

Implant failure

Despite precautions 1-2% of screws may catch a nerve and cause problems. These could be remedied by removal of the screw and insertion in a different place. Also, the metalwork can fail in the future and require further procedures to correct it.

Failure of bony fusion

Failure to fuse can occur in 10-20% patients although the risk is reduced by the use of

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metalwork (rods and screws). If symptoms are bad, it may require repeat surgery.

Recurrence of symptoms

10 - 20% - due to continued wear and tear at same or other levels.

After your operation

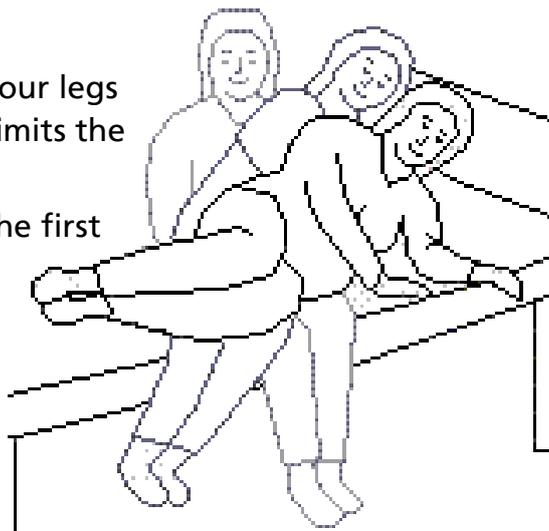
You are usually able to get up and about the day after the operation or even on the day of surgery if you are able to do so. It is the best way to get your muscles moving and prevent post-operative complications.

Getting out of bed

Bend your hips and knees, roll onto your side, swing your legs over the side and push up with your hands. This way limits the twisting and bending in your lower back.

It is not unusual to feel dizzy/light headed/nauseous the first time you get out of bed and, depending on how you are feeling, you can take a walk and sit out in a chair for a short period.

Sit in an upright chair with arms. Only sit for short periods initially – no more than 30 minutes.



Walking

Whilst walking you should maintain a good posture at all times. You should not need any walking aid.

Regularly change from resting on the bed, sitting in a chair and walking around so that you do not stay in one position for too long.

Avoid sitting for long periods.

Exercises

Transverse Abdominus

This muscle is a deep support muscle for your spine. Whenever you move it contracts and stabilizes the lower spine.

1. Lie on your back with your knees bent and your feet in line with your hips.

Pull your tummy button down towards your spine. You should feel a gentle tightening in your lower stomach.

Do not allow your pelvis to move. Hold and sustain the contraction for ten seconds if you can. You can monitor movement by placing your hands over the front of your pelvis.

Repeat five times.

Some simple tips you can use to get going

- use a shower rather than a bath
- use slip-on shoes or use a shoe horn. When you need to tie laces/fasten straps put your foot on a chair
- sit down to put on trousers and socks
- try sitting at the washbasin rather than bending over it
- stand and walk about as much as you can.

How long will I have to stay in hospital?

This will depend on the type of surgery you have; some people are able to go home the day after the operation. You should expect to be discharged from hospital between one and five days.

Strike a balance

Within a few weeks you should be doing most things fairly normally. However, some physical activities are likely to take more time.

Try to strike a balance between being as active as you can and not putting too much strain on your back. The basic rules are simple:

- keep moving – pace your activity
- don't stay in one position too long
- move about before you stiffen up
- move a little further and faster each day
- don't stop doing things – just find an easier way to do them.

Ordinary daily activities – some practical tips

Sitting – Choose a chair and position that is comfortable for you. You may want to use a lumbar roll behind your back. Get up frequently and move about. Take advantage of TV adverts.

Driving – Ask your consultant when it is safe for you to begin driving. When you do start adjust your seat from time to time. Stop every half hour for a few minutes break. Get out of the car, walk about and stretch.

Daily activities/hobbies – Don't do any one thing for too long. Keep changing activities.

Sleeping – If your bed is comfortable that's fine. Avoid a sagging mattress.

Lifting – Think before you lift. Don't lift more than you need to. Keep the load close to your body. Don't twist while you are lifting- turn your feet.

Sex – Allow 4 - 6 weeks post surgery before resuming sexual intercourse - if in doubt, consult your surgeon. After this you can resume sexual activity as soon as you feel comfortable; however, we advise you to take a more passive role in the early stages. Try alternative positions use pillows to support your back.

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Heavy work (including gardening) – Ask your consultant or GP when it is safe for you to begin these tasks. Ask for help from a friend or relative if possible. Use long handled equipment to avoid bending.

Relaxation – You should incorporate rest and relaxation into your daily routine.

Going back to work

You will need to take time off work after your surgery. This will be between four weeks and three months depending on the type of job you have and the extent of surgery.

Returning to sport

Contact sports are to be avoided until discussed with your consultant. You may start swimming and cycling after six weeks.

Any further queries on returning to work or sport can be discussed at your clinic appointment.

Further advice

If you have problems after you have gone home contact your GP, out-of-hours - seek hospital advice.