Surgery for Disc Prolapse

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This leaflet aims to give you some information about what a prolapsed disc is and why surgery may be helpful to you. It will help you make your mind up whether surgery is what you want.

**What is a prolapsed disc?**

Your spine is one of the strongest parts of the body. It is made up of many bony blocks joined by discs to give it strength and flexibility. Behind these bony blocks there is a hollow canal, which runs from your head down to your pelvis. Inside this canal is your spinal cord. There are some holes along the length of the canal where the nerves to your arms and legs come out. As we mature many of us get bulges at the back of one or more of the discs. Sometimes these bulges are large and therefore press on the nerves in the canal or in the exit holes. This is known as a disc prolapse. If the disc prolapse is in the lower back then there may be pain down the leg. If the disc prolapse is in the neck then there may be pain down the arm.
Hospital treatment
Most patients will be admitted to the 23-hour unit. The time in hospital is usually 1 day, however a few people may require to stay up to 3 days. Once your wound is healing well and you are able to get around you will be allowed home.

After discharge from hospital
Before you go home your physiotherapist will tell you how to exercise. You should gradually increase your activities over time. Your spine is quite stable. You are unlikely to require formal physiotherapy initially. You will be reassessed at 6 – 8 weeks after the operation, in the clinic by the medical team, and the need for any further treatment decided then.

Driving earlier than 2 weeks after surgery, is probably not a good idea (as much for other peoples benefit as your own). The time you will require off work is very variable depending on your occupation, but it might be as little as 1 week or as much as 6 weeks.

What symptoms does a prolapsed disc cause?
The most common symptom from a disc prolapse is to have severe pain in your leg, which follows the line of the nerve, which is being compressed. The back pain is often less severe than the pain in the leg, or there may not be any pain in the back at all.
Most people have numbness in parts of their leg or arm, lose a reflex at their ankle or knee, and/or have weakness of some of the muscles in their leg or arm.
Many people find that it is difficult to go to the toilet normally because of the pain, or because their medication makes them constipated. However a few people have a disc prolapse, which is compressing the nerves to the bladder and/or bowel. This can cause difficulties with passing urine, or constipation. On rare occasions people may be completely incontinent.

Is my spine still strong?
You have many discs and blocks of bone in your back. These are reinforced by strong ligaments, and surrounded by large and powerful muscles that protect it. This means that despite the disc prolapse and the pain, your spine remains strong.
Why have I got a prolapsed disc?

- Around 30% of painfree people have a small disc bulge. It is thought that this is just normal aging.

- Most people have not done anything wrong they just get a disc prolapse. As yet we do not fully understand why.

- Rarely, disc prolapse occurs when the spine is overloaded.

- Typically, people with disc prolapse are between the ages of 20 and 60. A small number of teenagers and older people also get one but these are less common.

- Infection is always a risk with an operation. In disc surgery we give you antibiotics during the operation to aim to prevent the disc getting infected. Despite this it still happens in less than 1 out of 100 operations.

- The nerves that supply your bladder, bowel and control your sexual function and sensation can also be damaged, either because of the disc prolapse or during surgery. This is a serious but much less common risk occurring in around 1 out of 500 disc operations. This would cause you to be incontinent of the bladder and/or bowel and to be unable to/or have difficulty with sexual function.
What are the risks of surgery?

Unfortunately as with all operations although every effort is made to avoid complications, disc surgery carries important risks. Some of these are mentioned below:

- Unfortunately, however carefully we remove the disc; there is always a risk of recurrence. About 10 people out of 100, who have disc surgery, will get another disc prolapse after an operation (or indeed after an episode of pain without an operation).
- Damage to a nerve happens in less than 1 person out of 100 having disc surgery. This would mean that you might have numbness or weakness in part of your leg or arm.
- Damage to the lining of the nerves causing leakage of fluid occurs in less than 1 person out of 100. If this occurs during the surgery we can repair it. Sometimes we are not aware this has happened until after the operation and a second operation would be necessary to try and seal off the leak.

What can I do to help the pain?

- Most people with a disc prolapse have a lot of pain and painkillers have a key part in managing their pain. Most commonly people have a combination of a strong painkiller and an anti-inflammatory. Some people have a lot of muscle spasm in their back and therefore use a muscle relaxant or an antidepressant, which have a muscle relaxing effect.
- It is recommended that you remain active rather than rest for long periods. Obviously this is difficult when your pain is very bad. Many people find that it is best to do what they can, take a break in a comfortable position for around 15 minutes, and then get up and do a bit more. Although the pain is severe being active will not do any damage.
- Short-term relief can also be achieved by things like heat, ice, relaxation techniques, acupuncture or TENS machines. Although none of these cures the pain they may help you to cope better.

If your symptoms are sufficient for us to consider surgery we would recommend that you do not have a manipulation of your spine, as there is a risk that this may worsen the disc prolapse.
**Why would an operation help?**
The spinal surgeons can help people with disc prolapse by taking away the bulge that is pressing on the nerves. The operation is called a discectomy. If it is done via a microscope it is called a microdiscectomy. Removing the disc bulge takes the pressure off the nerve and removes or reduces the pain in your leg. There is no need to remove the whole disc, just the part that is bulging. Your surgeon will explain the type of operation that will be best for you.

**What will happen if I do not have an operation?**
- If is fairly common for people to improve or recover whilst they are waiting for surgery. If this happens then there will be no need to have an operation.
Some people do not want to have an operation. Many of these people improve over many months. Others live with their pain often using painkillers to help. A few people get a lot worse and then opt to have an operation.

**What are the benefits of surgery?**
- The main aim of surgery is to relieve the pressure on the nerve. This will mean that there is a good chance that the pain in your leg or arm will go or at least be much improved.
- Disc surgery does not always totally relieve the back pain, but often improves it.
If you have had pressure on the nerve for a long time or the nerve has become damaged by the pressure, you may not get a complete recovery of the nerve function. This means that you might always have some numbness in parts of the leg or arm, or weakness of some of the muscles.

**When is it best to have a surgery?**
If a disc prolapse has been diagnosed and you have a lot of pain, particularly in your leg and you are not getting better (with time or treatment) then disc surgery may be an option to help you recover more quickly.