Diagnosis & Management Of Failed Lumbar Disc Surgery

Essay

Submitted For Partial Fulfilment Of

Master Degree In General Surgery

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1996







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Acknowledgements

I like to record my indebtedness and express my gratitude to professor Dr: Mamdouh Salama, professor of neurosurgery, professor Dr: Adel Hussein Al Hakim, Professor of neurosurgery, professor Dr: Hossam Al Hossein, Assist professor of neurosurgery, and Dr: Hesham Fathy Saeed Afifi, Lecture of neurosurgery, for their supervision, help, encouragement and valuable suggestions for the improvement of this essay.

To My Mother who gave too much and recieved too little

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Chapter 1

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INTRODUCTION

Persistent or recurrent low back and Leg pain following operations for herniated Lumbar disc "Failed back syndrome" is a major health problem (Long, 1986).

Prevention is the best treatment of failed back syndrome. The initial operative approach to the patient with Lumbar disc disease should be made with this in mind. Fager and others believ that a substantial number of patients with the failed back syndrome had poor indications for their initial operative procedure (Fagr and Frediberg, 1980).

Burton and others found that frequently an inadequate procedure was performed leading to recurrence of pain (Burton, 1980) *.

Over 80 percent of patients with persistent pain or neurological deficit after initial operation had untreated central or lateral recess stenosis and presistent or recurrent disc herniation. The other 20 percent had adhesive arachnoiditis, dural or epidural fibrosis, nerve root injury caused by disc compression or previous operation, spinal instability, pseudoarthrosis, facet pain syndrome, pain from un recognized disease and even attempts to achieve secondary gain (Burton, 1985, wilkinson, 1983).

Evaluation of the patient with failed back syndrome requires an open mind, adequate time and a carefully planned approach, the evaluation includes the following:

- 1. Careful history and physical examination.
- A thorough review of previous records, operative reports and radiographs.
- Current plain X-Ray studies of the lumbar spine, highresolution positive - contrast computed tomography and a water soluble contrast myelogram to include the conus medullaris are necessary (Brown et al., 1986, Byrd et al., 1985).

Reoperation for failed back syndrome is indicated in patients with persistent symtoms and signs validated by the clinical examination, insufficient pain relief with adequate conservative therapy, myelographic and computed tomographic or magnetic resonance imaging evidence of neural compressive lesions and radiographic evidence of instability at the operated or degenerated site (Branch and Branch, 1987.)

The patient may undergo any of the following operative procedures.

- 1. Laminectomy.
- Laminectomy and discectomy with medial facetectomy and bilateral foraminotomy.
- Neural decompression and spinal fusion , posterior lumbar interbody fusion (Branch and Branch , 1987)

The Aim of the study is to review the common causes of failed lumbar disc surgery and the current methods of their management.