

# ***POST LAMINECTOMY SYNDROME***

*An Essay*

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In Orthopedic Surgery

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

﴿ قَالُوا سُبْحَانَكَ لَا عِلْمَ لَنَا إِلَّا مَا عَلَّمْتَنَا  
إِنَّكَ أَنْتَ الْعَلِيمُ الْحَكِيمُ ﴾

صدق الله العظيم

سورة البقرة . آية (٣٢)



*Dedicated*

***TO MY FAMILY***



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# INTRODUCTION



## ***Introduction***

The failed-back syndrome is euphemistic term used for a heterogeneous group of disorders in patients complaining of back and leg pain . The failure is more often in the therapy than in the back, and the use of this inexact term may obscure appropriate diagnosis and therapy. The incidence of the syndrome is unknown , but such patients form the majority of those admitted to comprehensive chronic pain treatment programs .(Don , 1988).

The failed back or post-laminectomy syndrome is obviously multi-dimensional . Failure of therapy may result from structural abnormalities in the back , psychosocial influence or a combination of both , the causes of back pain are largely unknown , correlation with diagnosis studies are uncertain (Wilkinson , 1984).

The best available evaluation , include thorough but not only minute investigations using the best current imaging techniques , these studies combined with the history and physical examination should provide a reasonable accurate assessment of the patient condition (Lancet , 1989).

Concomitant evaluation of psychosocial issues is mandatory , however , even when a potentially remediable lesion is found these

patient should undergo a reasonable attempt at physical rehabilitation with attention to both local factors and general function (Don , 1988)

The challenge of failed back surgery is in the decision of when to operate and how to do it completely . Specific neuroanatomic indications as a basis for surgical treatment should reduce surgical failure .

The surgeon should try to avoid becoming enmeshed in the psychodynamic problems of patients , he should use specific diagnostic tests in an effort to localize specific sources of pain (Pheasant & Dyck, 1982).

Results of surgical treatment in a group of failed back surgery patients were retrospectively reviewed to determine what factors influenced surgical outcome .

The usefulness of pedicle fixation and clinical improvement were high . The appropriate selection of patients for surgery and the proper identification of patient most likely to improve after fusion are probably the most difficult and important issues to resolve (Robert et al , 1998)