

An introduction to

Lumbar discectomy

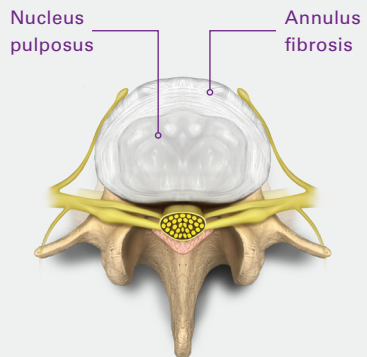
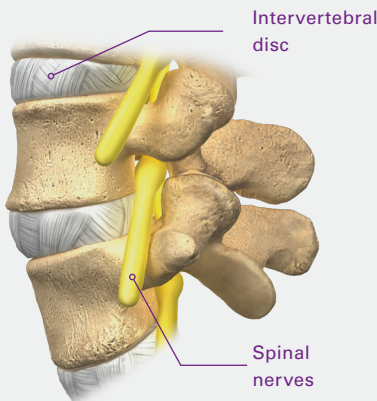
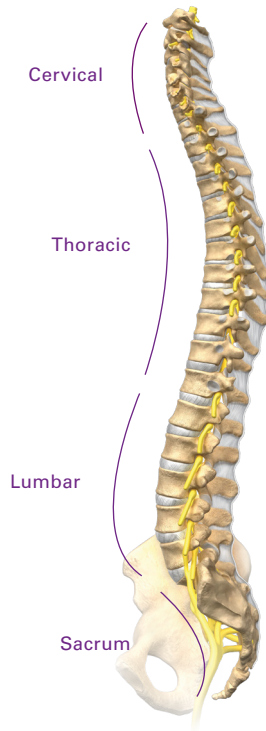
This booklet provides general information on discectomy. It is not meant to replace any personal conversations that you might wish to have with your physician or other member of your healthcare team. Not all the information here will apply to your individual treatment or its outcome.



About the spine

The human spine is made up of 24 bones or vertebrae in the cervical (neck) spine, the thoracic (chest) spine, and the lumbar (lower back) spine, plus the sacral bones.

Vertebrae are connected by several joints, which allow you to bend, twist, and carry loads. The main joint between two vertebrae is called an intervertebral disc. The disc is made of two parts, a tough and fibrous outer layer (annulus fibrosis) and a soft, gelatinous center (nucleus pulposus). These two parts work in conjunction to allow the spine to move, and also provide shock absorption.

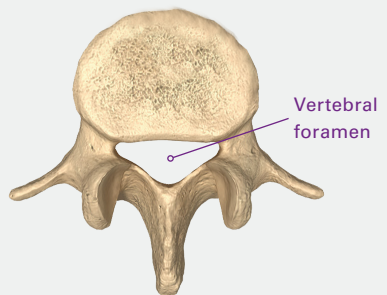
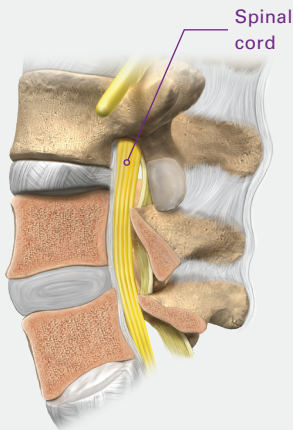
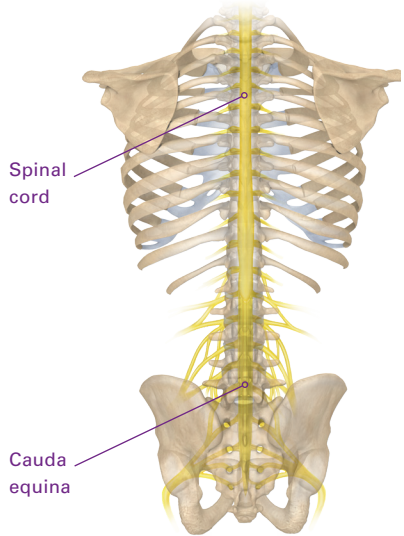


About the spinal cord and cauda equina

Each vertebra has an opening (vertebral foramen) through which a tubular nervous structure travels. Beginning at the base of the brain to the upper lumbar spine, this structure is called the spinal cord.

Below the spinal cord, in the lumbar spine, the nerves that exit the spinal cord continue to travel through the vertebral foramen as a bundle known as the cauda equina.

At each level of the spine, spinal nerves exit the bony spine then extend throughout the body.



What can cause pain?

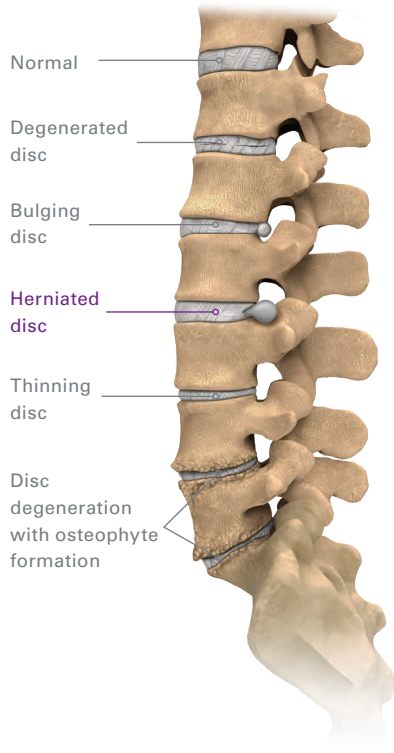
Herniated disc

Pain may be caused by a ruptured or herniated disc. When the gelatinous center of the intervertebral disc pushes out through a tear in the fibrous wall, the disc herniates. This disc herniation adds pressure to the surrounding spinal nerves causing mild to severe pain. It is one of the most common spinal disorders.

Herniated discs may be caused by simple wear and tear from repeated movement over time or disc degeneration. During the natural aging process, spinal discs lose some of their water content making it difficult to support the load from above vertebrae.

Other causes of a herniated disc may include the following:

- Long standing trauma
- Hereditary or congenital abnormalities
- Stress fractures
- A sudden heavy strain or increased pressure



What are treatment options?

Many symptoms can be treated without surgery including rest, heat, ice, medication, injections, and physical therapy. It is important to speak with a physician about the best option.

If symptoms do not improve with conservative treatment, physicians may recommend spinal surgery. Surgery is reserved for those who do not gain relief from non-operative forms of treatment, patients whose symptoms are increasing or worsening, and/or patients that present with a spinal condition which indicates the need for surgery.

What is a lumbar discectomy?

Lumbar discectomy is a spinal surgical procedure that attempts to relieve pressure on the nerve roots in the lumbar spine. It is most commonly performed to relieve the pain resulting from a ruptured or herniated disc.

Is a lumbar discectomy right for me?

Your physician might determine a lumbar discectomy procedure is a good option for you if non-surgical treatment has failed to improve your condition, you feel numbness or weakness in your legs that makes walking or standing difficult, and/or you experience loss of bowel or bladder control.

What to expect

Before surgery

Your physician will review your condition and explain all your treatment options, including medications, physical therapy, and other surgeries.

Should you have any questions regarding the procedure, do not hesitate to ask your surgeon. On the day of your surgery, you may be admitted to the hospital early in the morning. Your physician will provide thorough preoperative instructions.

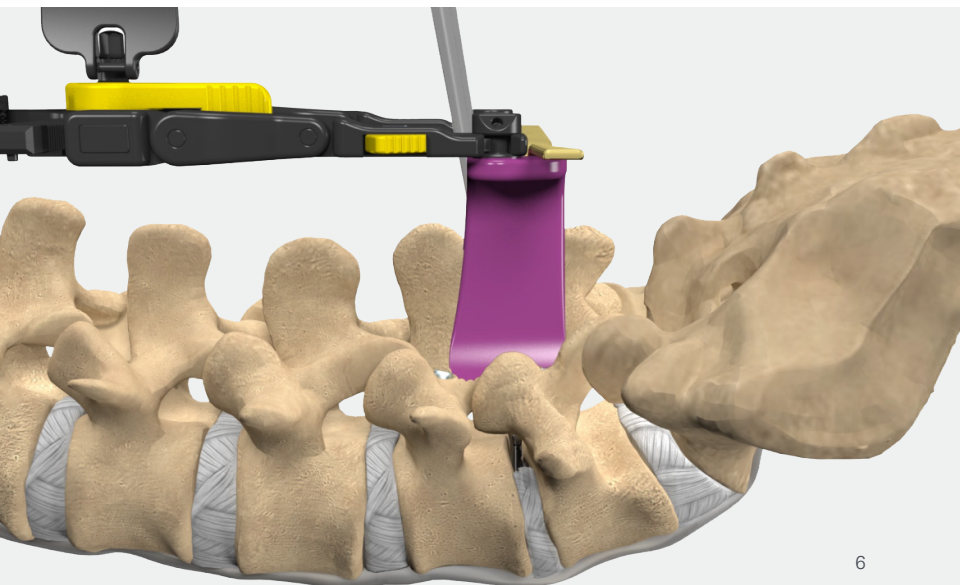
Once you have been admitted to the hospital, you will be taken to a pre-op room and prepared for surgery. This may include instruction regarding the surgery, cleansing of your surgical site, as well as instruction about the postoperative period.



During surgery

You will be sedated, positioned on the surgical table, and surrounded by the appropriate surgical draping. An x-ray image of your spine will be taken to show the appropriate operative level. Your surgeon will make a small incision along the middle of your lower back. A retractor may be used to provide your surgeon direct access to the affected area. Nerve monitoring can be used to monitor disturbances to nerves.

Your surgeon will remove the protruding or herniated portions of the intervertebral disc. The healthy portion of the disc is left intact. Pressure on the nerve root is relieved and pain is alleviated.



After surgery

After surgery, you will wake up in the recovery room where your vital signs will be monitored and your immediate postoperative condition will be carefully observed. Once the medical staff feels that you are doing well, you will be returned to your room in the hospital. The nursing staff will be checking to make sure that your vital signs are stable and that there is no problem with either the wound or nerve functions in your extremities.

Your physician will determine the best postoperative course for you, depending on your comfort and any other health problems you may have. Your physician will discuss with you any pain medications to take home, as well as a prescribed program of activities.

What are the risks?

Keep in mind that all surgery presents risks and complications are important to discuss with your physician prior to your surgery. Listening to your physician's guidance both before and after surgery will help you achieve the best possible outcome from your procedure.

Risks associated with the discectomy procedure include: bleeding, infection, blood clots, nerve injury, and spinal fluid leak. Please contact your physician to discuss all potential risks.

Frequently asked questions

Can I shower after surgery?

Depending on your surgical incision, you may have showering restrictions. Ask your physician for appropriate instructions.

Will I have a scar?

This surgery involves an incision on the middle of your back. The size and location of the incision will depend on which spinal level is symptomatic. Ask your physician for more information, as every patient is different.

When can I drive?

For a period of time after your surgery, you may be cautioned about activities such as driving. Your physician will tell you when you may drive again.



Notes

Resources

For more information about back surgery, please visit:

[nuvasive.com](https://www.nuvasive.com)

If you would like to learn more about patient support and education for chronic back, leg, and neck pain sufferers and their loved ones, please visit:

[thebetterwayback.org](https://www.thebetterwayback.org)

If you have any questions about discectomy or spine surgery, please call or visit your physician, who is the only one qualified to diagnose and treat your spinal condition. This patient information brochure is not a replacement for professional medical advice.

About **The Better Way Back**[®]

The Better Way Back[®] is a nationwide patient support program created by NuVasive[®], a leader in developing minimally invasive, procedurally-integrated spine solutions. The Better Way Back is a free community built on the power of empathy, and is dedicated to providing hope, support, and information to individuals suffering from chronic back, leg, or neck pain.

Through its Patient Ambassador Program, The Better Way Back pairs patients considering spine surgery with patients who have previously undergone a spine procedure. Ambassadors volunteer their time to discuss their experiences in order to provide additional, first-hand perspectives.

To learn more about The Better Way Back, please



call **1-800-745-7099**



visit **thebetterwayback.org**



text "TBWB" to **858-360-8292**

Lumbar discectomy

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