



## **Microdiscectomy and nerve root decompression**

Nerve root compression due to a protruded (slipped) disc causes pain in the part of your leg that is supplied by the nerve.

This often gets better on it's own given time, but occasionally the pain is too severe, or lasts too long and surgery is recommended.

Microdiscectomy and nerve root decompression is a common operation performed for leg pain (Sciatica).

In addition to the pain you will often experience numbness, tingling, pins & needles, and sometimes a feeling of weakness in the leg.

The operation is to remove the loose piece of disc that is compressing the nerve so as to improve the pain.

Spinal discs are shock absorbing joints in our spine. When we are young they are rubbery and tough. As we get older they dry out and get stiffer. Often as part of normal daily life a piece of the disc works loose and this can press on the nerve to your leg causing sciatica.

The operation is usually performed under general anaesthetic, with a small cut on your back along the spine about one inch long. Using a microscope (so as to see better) your surgeon makes a small window into your spine by removing a small amount of bone and ligament. When in the nerve tunnel inside your spine the nerve is moved to the side and the loose piece of disc is removed. The wound is then stitched with dissolvable sutures, and a wound dressing is applied. The wound heals very quickly and no stitches need removal. It is safe to shower after a few days.

The operation takes about 2 hours altogether and you will wake up in recovery. Your back will be a bit sore, but often your leg will feel much better straight away.

There is a 9 out of 10 chance that your leg will feel better after your operation.

All operations carry some risk. This is generally a very safe and effective operation, but carries a small risk of infection or bleeding (less than 1%). Unfortunately there is no guarantee that you will get better, and rarely it can make your back feel worse. There is a very small risk of nerve damage. This will NOT paralyse you, but could leave you with a numb, slightly weak ankle or foot.

Sometimes (less than 5%) there is a leak of spinal fluid from around the nerve, and this can mean you have to lie flat for 24 hours after the operation to allow this to settle.



Rarely scar tissue can form around the nerve after surgery, and this can mean a gradual return of pain over a period of a few months. This can be treated with medication or injections.

As only the loose portion of disc is removed, another piece can displace in the future causing recurrent symptoms.

Very rarely problems with the nerves to the bladder can cause incontinence.

A very rare complication of a slipped disc can cause pressure to the bladder nerves. This can cause numbness around your bottom or groin area, and difficulty in passing urine. If this occurs to you seek urgent medical advice at your local Accident and Emergency department.

After your operation you will be given pain killers to help your sore back. It is important to get your back going again to prevent stiffness from setting in. It is NOT dangerous to move around, and you will be encouraged to move around, stand up and walk as soon as possible. You will get a better result from you surgery, and be back to normal much quicker the sooner you start to move your back.

Your physio will show you some simple exercises to help, but the most important thing is to return to normal as soon as you can.

It is common to have twinges, and a sore leg to start with as it often takes time for the nerve to settle down. Typically any numbness that you have to begin with can take quite a while to improve, but it often resolves steadily. Most patients leave hospital the day after surgery, and you can return to work as soon as you feel able, generally at between 2 and 4 weeks.

After the surgery your back is NOT weaker than before, and it is safe to exercise, and play sport as soon as you feel able.

Your surgeon will arrange to see you in clinic after about 6 to 8 weeks to see how you are getting on, and often again at about 6 months after surgery.

You may be asked to fill in a questionnaire about your pain, and symptoms. This helps your surgeon advise you of your best options, charts your progress. We thank you for cooperation in this.