

## Lumbar decompression surgery

# Surgery eases lower back nerve pain

Pain varies from one patient to another, so it is critical to find a surgeon with broad experience.

One of the most common forms of back surgery is lumbar decompression surgery. The lumbar is the lowest section of the back, involving the five joints that rise upwards from the base of the spine.

It's no surprise that this section of the spine bears the brunt of injury, as it's an area that does a lot of work – supporting your whole body as you sit, walk and move.

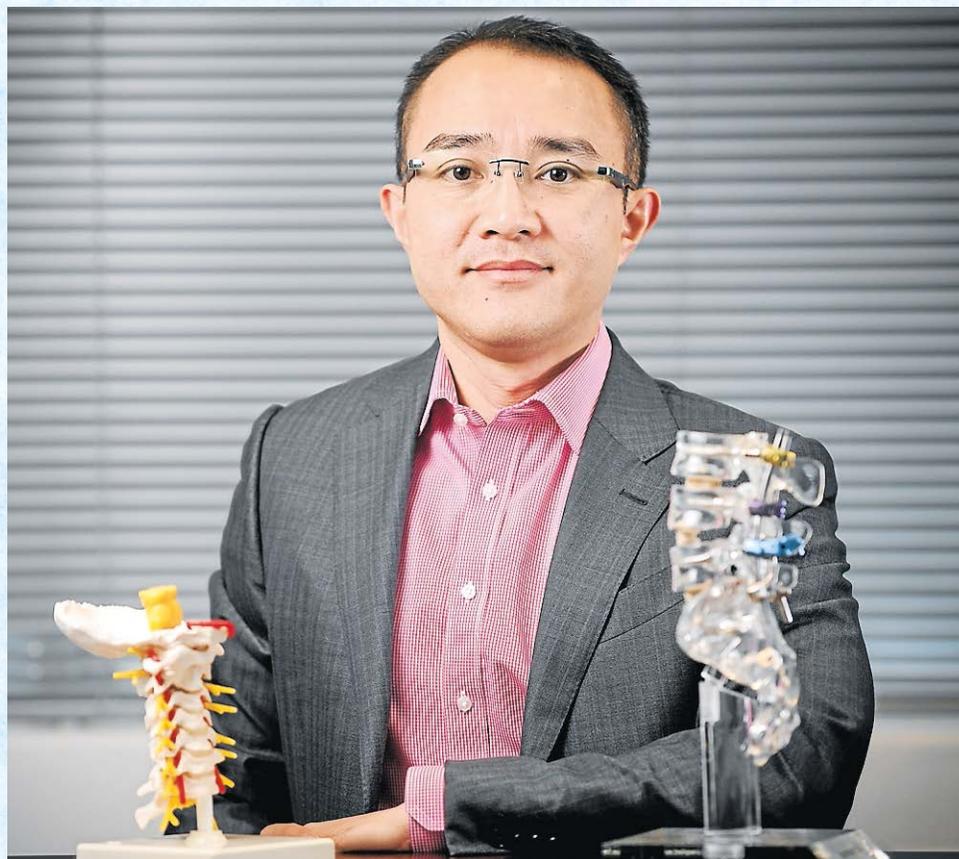
Decompression is exactly what it sounds like – surgery to release nerves under pressure from bone that has become old and defective, and so is causing pain.

Damaged nerves in this part of the body don't cause pain just in the back itself. They also send pain messages shooting out along the legs.

The extent of nerve damage in the lumbar spine varies among patients, but because we are all so different and each of us experiences pain in our own way, the amount of pain we feel can be unrelated to the size of the area damaged.

The two surgeries most commonly performed to decompress the lumbar nerves are discectomy and laminectomy.

In discectomy, a part or the whole of a disc between two vertebrae – the bones that make up the spine – is removed. In laminectomy, the back section of one or more vertebrae is removed to ease the pressure on the spinal cord or the nerves



Dr Michael Wong, with a model of the lower spine. Photo: Eddie Jim

that branch out of it. Results of surgery can vary, for a number of reasons.

“Those better able to assess what is needed tend to be the surgeons who’ve had the most experience,” says Dr Michael Wong, neurosurgeon and spinal expert at Melbourne’s EPC Health Clinic.

Surgeons need to accurately assess whether they have done the right amount of nerve decompression for each patient.

“But just as a surgeon can remove too little damaged bone, on the other hand, overzealous bone and soft tissue removal during decompression can lead to chronic

pain due to the removal of supporting structures in the spine,” Dr Wong says.

“It’s a delicate balancing act. The surgeon must remove the optimal amount of bone and soft tissue to free the nerves, but not so much that it destabilises the spine.”

Patients who have had too much tissue removed often experience initial improvement in their leg pain but quickly develop chronic low back pain instead, which is a very poor trade. “This is the reason why a lot of decompression surgeries have been considered failures in the past,” Dr Wong says.

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In cases where a high level of bone removal is anticipated, to prevent the crushing that is affecting the nerve, another option might be considered. In these patients, fusion of the spinal vertebrae could be offered instead.

Fusion involves surgery to brace the bones and bind them in together to prevent movement. Even though it sounds restrictive, experienced surgeons can perform this effectively, so that the patient still has considerable movement and doesn’t feel they’ve lost anything. Yet they are pain free.

“It is important to seek the advice of a surgeon who can tell you the right surgery to have,” Dr Wong says.